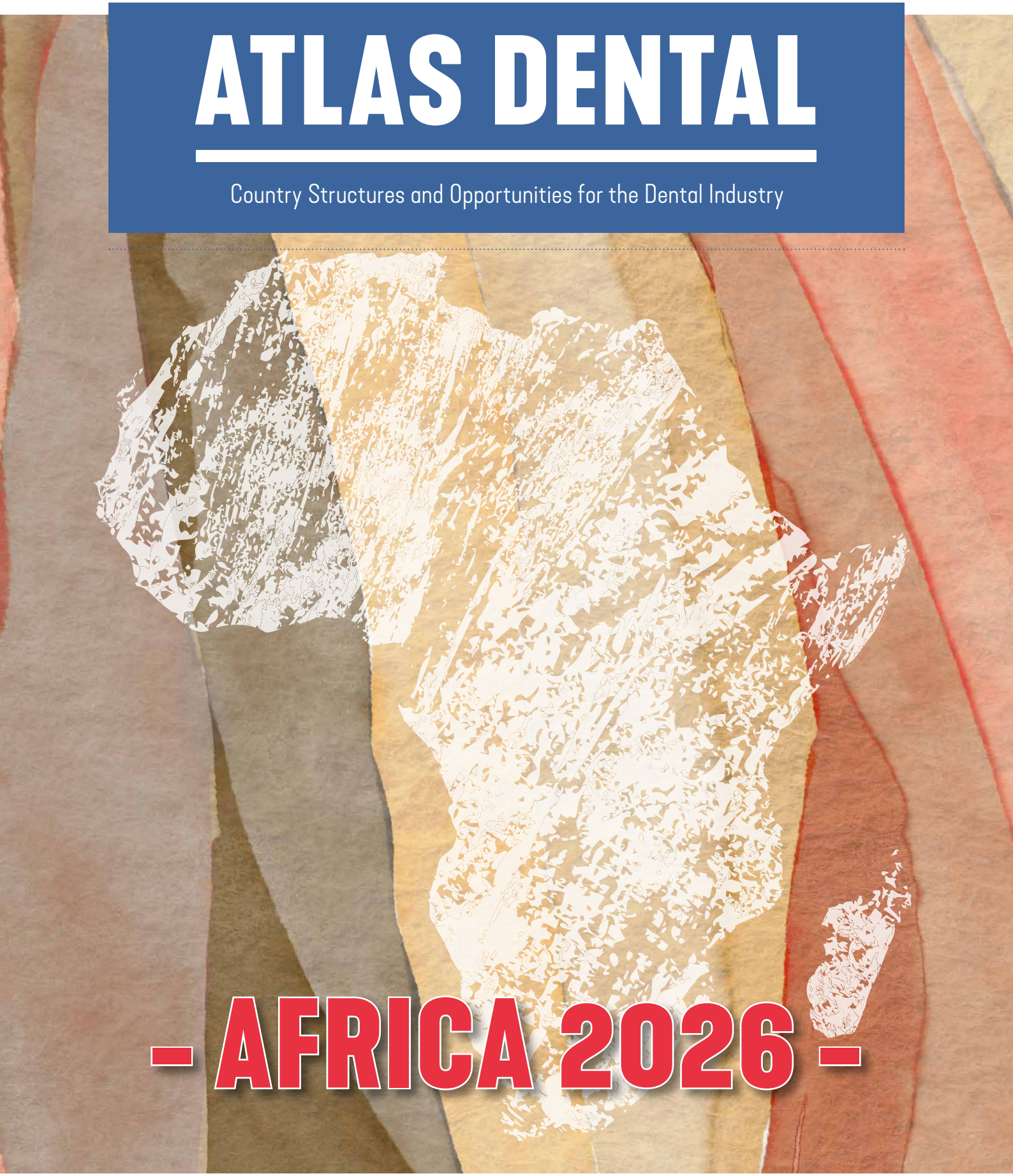
# ATLAS DENTAL

Country Structures and Opportunities for the Dental Industry



## – AFRICA 2026 –

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# FOREWORD BY THE **GFDI** EDITORS

*In the coming decades, Africa is likely to increasingly emerge as one of the world's most significant economic regions. Its comparatively young and rapidly growing population is simultaneously driving increasing demand for dental care. Many African dental markets remain largely untapped and therefore offer a wide range of development opportunities for companies in the dental industry. However, due to the continent's great economic, political, and social diversity, the framework conditions vary considerably from country to country—both in terms of the political and economic situation and with regard to health and insurance systems, as well as the respective demand for dental care.*

*In numerous member states of the African Union (AU), health care systems are currently undergoing comprehensive reform and transformation processes that also affect the dental sector. These developments in the health care sector, along with projected demographic and economic trends, suggest a growing demand for dental services and products from the dental industry in many countries. At the same time, many countries face a significant backlog in dental care. In addition to infrastructure deficits, shortages of personnel, equipment, and materials are frequently observed. Nevertheless, factors such as a growing middle class, comparatively low labor costs, and increasing digitalization—particularly in urban centers—open up interesting investment and market opportunities for German dental companies.*

*The present study, Atlas Dental Africa 2026, is an update and expansion of the previous study, Atlas Dental Africa 2020. The study examines the framework conditions for dental company activities in the five major African regions: Northern, Eastern, Western, Central, and Southern Africa. For each region, selected countries with particularly promising development prospects are presented in greater detail. The country profiles provide comprehensive information on the structural conditions and the development of the respective dental markets. In addition, maps using traffic-light colors, as well as clear index charts of key infrastructure, supply, and demand indicators, facilitate a quick assessment of market potential, risks, and opportunities.*

*The study is not intended to provide concrete recommendations or strategies for companies in the dental industry. Rather, it aims to serve as an analytical basis for strategic orientation. It aims to demonstrate that Africa will be an attractive market in the long term, offering development opportunities for the dental industry and the African health care sector.*

***IDS—The largest marketplace for dental medical technology***

*Over the decades, the International Dental Show (IDS) has established itself as the world's leading meeting place and marketplace for the dental industry, offering the widest and deepest range of products*

*and services. Every two years, Cologne hosts the world's leading dental trade fair. Manufacturers from around the world showcase their innovations, products, and system solutions that enable and facilitate the work of dentists, dental technicians, and their staff in practices and laboratories.*

*The IDS offers unique opportunities for professional exchange among the various professional groups dedicated to maintaining and restoring oral health: researchers and developers from the fields of science and technology exchange ideas with practitioners and laboratory technicians about the latest developments and trends. Dentists and dental technicians evaluate the quality and practical applications of products and system solutions to determine their suitability for their respective individual requirements and the diverse needs of patients. Every two years, the IDS showcases the full spectrum of modern, state-of-the-art dentistry and dental technology, ranging from practical, everyday solutions.*

***Africa at the IDS—Growing momentum, growing importance***
*The number of IDS visitors from Africa underscores the continent's growing importance: Trade visitors from the Africa/Middle East economic region represented the second-largest group of overseas visitors at the 41st IDS 2025, with nearly 6,700 attendees, behind only Asia (nearly 13,700 trade visitors). This strong interest reflects the high level of dynamism in the dental markets of the African continent's emerging economies.*

*Ever-larger segments of the population there are gaining access to dental health care and are also increasingly making use of dental services. In addition to traditional tooth preservation, patients' aesthetic preferences—are playing an increasingly important role, particularly in rapidly growing urban centers.*

***Oral health—a global challenge***
*The World Health Organization (WHO) has provided a significant impetus to the growing global awareness of the importance of oral health. At the first World Oral Health Assembly in 2024 in Bangkok, the WHO set ambitious goals for the year 2030 and underpinned its vision with concrete measures to implement oral health care for all segments of the population. The Bangkok Declaration, adopted at the event, bears the programmatic title: "No Health Without Oral Health."*

*This declaration includes an explicit call to policymakers around the world to ensure access to oral health care for everyone. In Germany, too, it took several decades for the dental profession to successfully convey to broad segments of the public and policymakers that oral health is an integral part of overall health. The path may seem long and challenging in many African countries—which makes it all the more important to pursue it with determination.*

*May the current Atlas Dental Africa  serve as a guide and resource in preparation for the 42nd IDS, taking place March 16–20, 2027, in Cologne, and inspire the dental industry, health care providers, and policymakers worldwide to improve and sustainably expand dental care in Africa and around the globe.*

*The Editors*

# OBJECTIVES OF THE ATLAS DENTAL STUDY

### Market Overview & Reference Guide

Similar to the GFDI study, Atlas Dental Latin America & Caribbean 2025, Atlas Dental Africa 2026 provides country-specific background information, insights, and trends regarding the dental sector. It provides an up-to-date overview of the dental industry, dental care, and the relevant framework conditions in Africa's most important markets.

### Pan-African Baseline Analysis

In addition to a pan-African overview of general and dental conditions, the five major regions of the African Union are examined in greater detail. For nine selected countries, the study provides a detailed analysis covering general information on the country, its population, and its economy, supplemented by information on oral health, the state of dental care, the financing of dental services, and

import regulations for medical devices. In addition, potential opportunities and risks associated with activities in the dental market are discussed.

### Compact, Easy-to-understand Presentations

Given the large number of AU member states, the sometimes significant differences in the state of dental care, and the limited availability of data, the study focuses on Africa's major dental markets. The aim is to enable readers to grasp as much of the information relevant to them as possible at a glance. This is achieved through maps that follow the established format of the Atlas Dental country maps. Regional differences can be quickly identified through the traffic-light color coding. Structural profiles supplement the country profiles and enable the rapid classification, evaluation, and comparison of various supply- and demand-side indicators and infrastructure indices.

# ATLAS DENTAL AFRICA IN CONTEXT

### Africa: A Diverse Continent

The African continent is characterized immense diversity in terms of languages, societies, ethnic groups, religions, and ways of life. The 54 African countries exhibit a wide variety of political systems, income levels, geographic and infrastructural conditions, demographic structures, and health care systems. Consequently, even the dental market cannot be considered homogeneous. It is particularly important to be aware that the national borders of most African countries were drawn during the colonial era and usually do not correspond to actual cultural, ethnic, or social identities. Even within individual countries, conditions are often highly heterogeneous.

With regard to health care, the pronounced urban-rural disparities are striking. On the one hand, there are highly developed, modern urban centers with internationally competitive private clinics and high-income segments of the population. Metropolises such as Lagos, Nairobi, Accra, and Johannesburg serve as regional high-tech hubs and some are also attractive destinations for medical tourism. At the same time, however, rural and peripheral regions generally suffer from structural undersupply.[1] For the majority of the population, access to dental care remains completely or largely limited.

In the dental sector, several dynamic growth regions can be identified. While West African countries such as Ghana and Nigeria are experiencing significant growth in private dental services, East Africa is increasingly investing in training and infrastructure. North African countries such as Egypt and Morocco have comparatively well-established dental markets. Dental practices and clinics in these countries, increasing digitalization and the use of practice management software can be observed.[1]

This significant structural heterogeneity must be taken into account in comparative analyses, when drawing conclusions, and when developing universally applicable strategies for the dental market and dental care.

**Africa Centers for Disease Control and Prevention**

The Africa Centers for Disease Control and Prevention (Africa CDC) were founded in 2016 by the African Union (AU) and serve as the Union's central public health agency—comparable to the European Centre for Disease Prevention and Control (ECDC). The organization has five Regional Collaborating Centers that coordinate cooperation with member states across Africa's various regions. Africa CDC plays a central role in disease prevention and control, strengthening health systems, and raising awareness among policymakers and the public about health policy issues. Promoting oral health is also becoming increasingly important as part of strategies to prevent noncommunicable diseases. Its headquarters are located in Addis Ababa, Ethiopia.[2]

# AFRICA: A GROWTH MARKET

## Countries and Population

Atlas Dental Africa 2026 focuses on the 55 African member states of the African Union, founded in 2002.[3]

With a land area of over 30 million km²and a population of approximately 1.5 billion people, Africa is the second-largest continent after Asia (45 million km², 4.8 billion people), representing about 59% of the world's population. The African continent is not only characterized by the world's highest proportion of young people (39% of the population is under 15 years of age), but also features the lowest proportion of older adults (only 4% are over 64; see Fig. 1). In contrast to the stagnating populations of industrialized nations with a high proportion of older people, the comparatively young African population (median age in Africa in 2026: 19.5 years; in Europe: 43.1 years) is projected to grow by about 2.3% annually through 2050—significantly faster than that of any other region of the world (Europe: -0.1%). Currently, 19% of the world's population lives on the African continent. By 2050, this figure is expected to exceed one-quarter.[4]

## Economy, Politics, Infrastructure

**Africa's economy is growing faster than Europe's**

Africa—much like Europe—is an economically and structurally extremely heterogeneous continent. Economic performance and economic structures vary, in some cases considerably, between individual regions and countries. South Africa, Egypt, and Nigeria are considered the continent's economic powerhouses and together account for a significant share of Africa's economic output. The ten largest African economies also include Algeria, Morocco, Kenya, Ethiopia, Ghana, Ivory Coast, and Angola.

**Fig. 1 /// Total population and population density (2025)**


**African Union (total): 1,548,000,000**

Source: United Nations (2026) /// Graphic: REBMANN RESEARCH /// Status: 2025

For the year 2026, the International Monetary Fund forecasts a total economic output of US$3.32 trillion for Africa. The ten countries mentioned account for 68% of this total. Economic development is driven not only by demographic trends but also by structural reforms, greater diversification, and improved macroeconomic stability.[5] The World Bank forecasts a median GDP growth rate of 4.4% for the region.[6] For Europe, the European Commission projects GDP growth of 1.4% for 2026 (as of before the start of the Iran war).[7]

**Young, growing middle class drives consumption and demand for health care services**

Africa is experiencing sustained growth in its middle class. Estimates suggest that by 2030, this group will already number over 500 million people. According to projections, it could reach more than 40% of the total population by 2060. Combined with a growing economy, this opens up opportunities for the young, tech-savvy population to increase consumption, drive a structural shift toward service- and quality-oriented markets, and boost investment. As the middle and upper classes grow, demand for medical services is also expected to rise. Obstacles to this middle-class boom include inflation, unemployment, and social inequality, as well as infrastructure deficits and political instability. However, this positive trend is expected to continue, primarily due to the young, growing population and increasing urbanization. Governments and private investors recognize the importance of the middle class and support this development through investments in infrastructure, education, and digitalization.[8, 9]

Research for the country profiles revealed that many governments plan to increase investment in health care, often in collaboration with private actors. This is especially important since there is still a significant need to expand and modernize health care infrastructure across much of Africa. A key focus in this regard is the expansion and enhancement of health insurance systems.

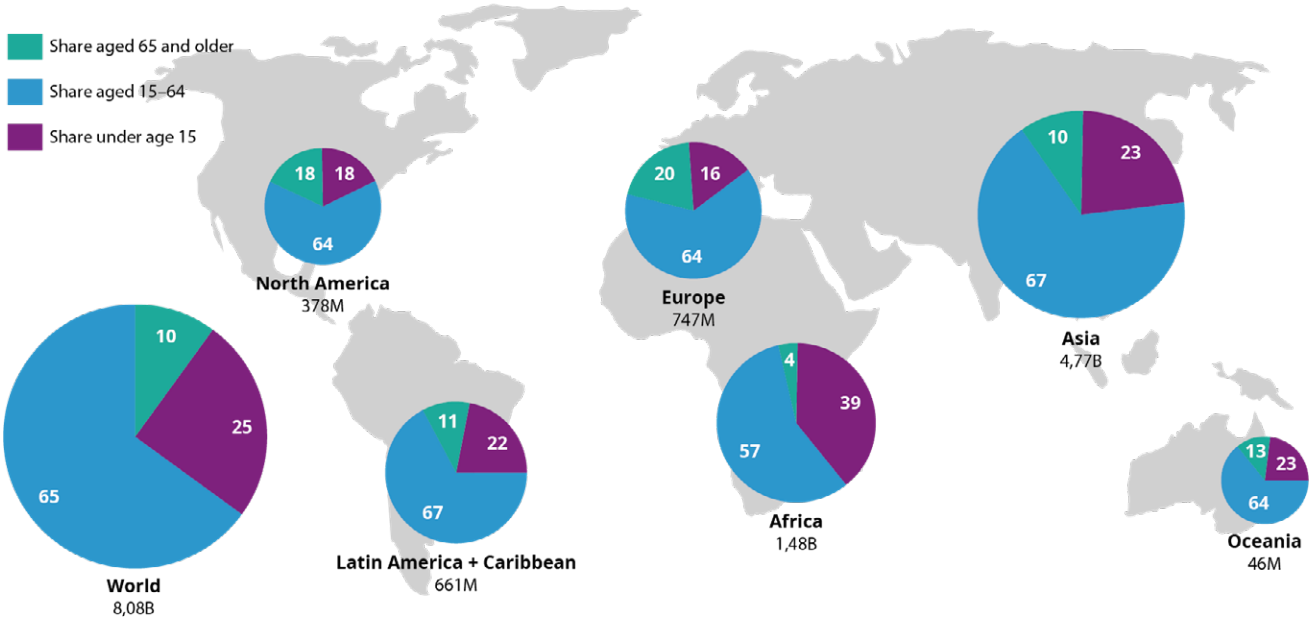
## Free Trade Agreements, Economic and Monetary Unions

**EU economic agreements with African countries**

As a member of the European Union (EU), Germany is party to a number of trade agreements with countries on the African continent. In addition, Germany maintains several bilateral investment, development, and energy partnerships with African countries, though these are of secondary importance for trade.

The EU seeks to strengthen its autonomy and economic position through intensive economic cooperation with countries on the African continent. This effort is driven primarily by the fact that other major countries, such as China (particularly through investments and infrastructure projects), Russia, and the United States are also deepening their relations with Africa.[10, 11, 12]

**Fig. 2 /// World population by age and continent (2024, %)**




Source: PRB World Population Data Sheet 2024 Graphic: REBMANN RESEARCH Status: 2024

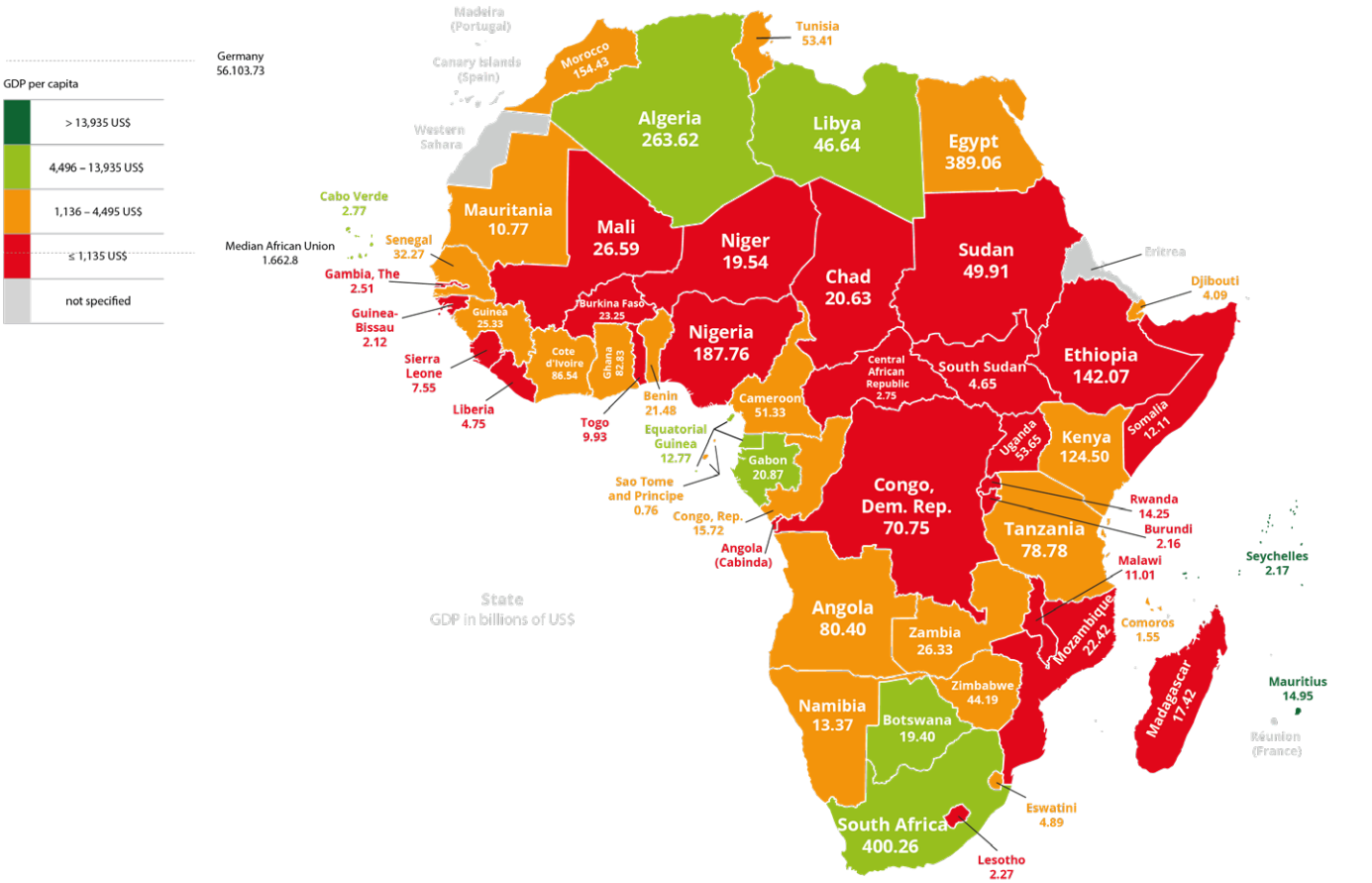
**Preferential agreements**

Currently, the EU has preferential agreements with 19 African countries. These include:

1. **Economic Partnership Agreements (EPAs) with sub-Saharan African countries**
   The EU has trade and development agreements with 15 African countries. These are asymmetric agreements in which the EU opens its market by granting duty-free and quota-free access for all products from EPA partner countries. The African partners, on the other hand, open their markets only partially and gradually.

   The EU's[13] most important Africa-EPA are:
   - **EU-Central Africa EPA** (implemented to date only by Cameroon)
   - **EU-SADC EPA** (Botswana, Lesotho, Mozambique, Namibia, South Africa, and Eswatini)
   - **EU-ESA EPA** (Madagascar, Mauritius, Comoros, Seychelles, and Zimbabwe)
   - **EU-West Africa EPA** (with the 16 West African states of the Economic Community of West African States (ECOWAS) and the West African Economic and Monetary Union (WAEMU); as Nigeria has not yet signed, the agreement is not currently in force)
2. **EU Association Agreements with North African countries**
   The association agreements govern political, economic, and trade cooperation. In the area of trade, they primarily establish free trade areas (particularly for industrial goods) or gradually eliminate tariffs.
   The EU has agreements with Morocco, Algeria, Tunisia, and Egypt.
3. **Preferential arrangements under the Generalised Scheme of Preferences (GSP)**
   In addition to the formal agreements, the EU operates the GSP. Under this scheme, the EU grants developing and emerging economies lower import tariffs, typically for specific product groups. However, African countries are opening their markets only gradually and to a limited extent. There are three types of preferential agreements:

**Fig. 3 /// Gross domestic product by country (2024, USD billions)**




**African Union (total): 2,795.5**

Source: World Bank (2026) Graphic: REBMANN RESEARCH Status: 2024

- **Standard GSP arrangements** (e.g., with the Republic of the Congo and Nigeria)
- **GSP+** (with Cabo Verde): a special preferential status granted to countries that implement certain international agreements (e.g., on human rights, labor rights, environmental protection, and good governance). In return, the EU eliminates tariffs on more than two-thirds of tariff lines.
- **Everything But Arms (EBA)** Agreement (with 34 African countries): This agreement guarantees duty-free and quota-free access to the EU market for all goods except arms and ammunition.

**4. Other EU–Africa partnership agreements**

- **Samoa Agreement:** The Samoa Agreement serves as the overarching partnership framework between the EU and the 47 member states of the Organisation of African, Caribbean, and Pacific States (OACPS).

**Intra-African economic integration**

In addition to EU agreements, intra-African economic integration initiatives may also be of interest to German and European companies looking to streamline trade and supply chains. When establishing a branch office, it often makes sense to choose a regional "hub" from which to operate in other countries within these economic zones.[14]

**African Continental Free Trade Area (AfCFTA)**

The AfCFTA is a free trade agreement that encompasses all member states of the African Union. To date, all 54 sovereign African states have signed the agreement, and 48 of them have already ratified it. The goal is to facilitate trade among African countries within the framework of Agenda 2063, gradually eliminate tariffs, and harmonize rules for trade in goods and services. Phase 1 focuses on trade in goods and services, while other long-term areas of negotiation include investment, competition, intellectual property, and e-commerce. The full implementation of the free trade area is expected to bring about a sustained change in trade dynamics.[15, 16]

**Regional Economic Communities (RECs)**

In addition, the AU also recognizes RECs. These are regional associations of African countries that have existed for some time and serve as building blocks for African integration and the AfCFTA. Not all regional agreements are at the same stage of development. Depending on their level of integration, they may include free trade areas, customs unions, common markets, or arrangements governing the free movement of people.

The RECs recognized by the African Union are:

- **ECOWAS** = West Africa
- **EAC** = East Africa
- **SADC** = Southern Africa
- **COMESA** = Eastern and Southern Africa
- **ECCAS** = Central Africa
- **IGAD** = Horn of Africa / East Africa
- **AMU/UMA** = Maghreb
- **CEN–SAD** = Sahel-Sahara region

ECOWAS, COMESA, EAC, as well as SADC to some extent, are considered to be well advanced in terms of trade integration. They have already implemented key integration measures such as free trade area and, in some cases, common external tariffs.[17, 18]

## Infrastructure

The general infrastructure conditions are of central importance for assessing market potential and business activities in the dental industry in Africa. These include, in particular, transportation systems, energy supply, digital infrastructure, and institutional factors such as governance and corruption levels. The extent of these factors varies considerably across Africa's major regions and significantly influences market access, logistics, investment security, and operational efficiency.

**Transportation infrastructure** remains fragmented in many parts of Africa and varies in its level of development from region to region. In **North Africa** (e.g., Morocco, Egypt), there are comparatively well-developed road, port, and, in some cases, rail networks with strong connections to international trade routes. In contrast, the situation in **West and Central Africa** is often characterized by underdeveloped road networks, low rail density, and logistical bottlenecks. In landlocked countries in particular, high transportation costs and long transit times lead to structural barriers to trade. East Africa is showing increasing integration through infrastructure corridors (e.g., the Mombasa port–hinterland corridor), while **Southern Africa** (e.g., South Africa, Namibia) has comparatively efficient logistics systems.

**Energy infrastructure**[19] is one of the most critical constraints on economic activity. In sub-Saharan Africa, approximately 600 million people still lack access to reliable electricity, while even in industrialized economies, supply disruptions occur regularly. Companies are therefore often reliant on costly backup solutions, which increase operating costs and constrain investment.

**Urbanization** represents a key megatrend that brings with it both opportunities and infrastructural challenges. The proportion of the population living in urban areas has risen from about 28% (1990) to around 44% and is projected to continue growing significantly through 2050.[20] Urban centers serve as economic hubs with higher purchasing power and better infrastructure, yet they are often

characterized by overburdened transportation systems and informal settlement patterns.

**Digital infrastructure** is developing rapidly but remains heterogeneous. Mobile communications, in particular, enable access to digital services and new business models in many regions. Nevertheless, significant gaps persist in broadband connectivity, data infrastructure, and nationwide network coverage, especially in rural areas. Digital infrastructure is therefore increasingly viewed as a key component of economic transformation and integration.

**Institutional infrastructure** is another crucial factor, particularly with regard to governance and corruption. In several African countries, opaque administrative processes, inefficient regulatory systems, and corruption pose significant business risks—for example, in the context of infrastructure projects or public tenders. At the same time, there are marked regional differences: Some countries have made significant progress in improving their governance structures.

In summary, it is evident that the infrastructural conditions for business activities in Africa vary widely and require a clear regional differentiation. While urban centers and certain countries already offer viable operating conditions, structural deficits persist in many markets, particularly in the areas of energy, transportation, and institutional stability. At the same time, urbanization and digitalization are creating new market dynamics that—with appropriate adjustments of business models—enable significant growth potential.[21, 22, 23, 24]

## Oral Health and Dental Care Needs

### Prevalence of oral diseases

According to the WHO[25], the following oral diseases are most prevalent in African countries:

- Dental caries—28.5% of people over the age of five suffer from untreated dental caries
- Periodontal disease—22.8% of people over the age of 15 are affected by a severe periodontal disease, which leads to tooth loss in its advanced stages
- Oral cancer—an estimated 0.4 to 6.6 per 100,000 people are affected
- Oral manifestations of HIV and AIDS—affect between 30 and 80% of people living with HIV, depending primarily on whether they receive antiretroviral therapy (ART)
- Orofacial trauma caused by accidents and violence
- Cleft lip and palate ten
- Noma (see info box)

**Noma** (also known as cancrum oris) is a severe infectious disease that primarily affects children between the ages of two and six. It is associated with poor hygiene and nutritional conditions, as well as an immune system weakened by pre-existing health conditions. The disease is particularly prevalent in developing countries and affects the mucous membranes of the cheeks and the surrounding tissue. As the disease progresses the more severe the effects. Potential health consequences range from damage to facial muscles and bone tissue to the death and detachment of the affected tissue.

If detected early, noma can be effectively treated with a combination of antibiotics, topical antiseptics, and the correction of nutritional deficiencies. Without treatment, the disease is almost always fatal. After recovering from the disease, those affected often require reconstructive surgery at specialized clinics. Noma does not occur uniformly across African countries. Particularly affected are the countries of the so-called "Noma Belt" in the Sahel region and parts of East Africa—a region characterized by extreme poverty, malnutrition, and limited access to health care.[26, 27, 28]

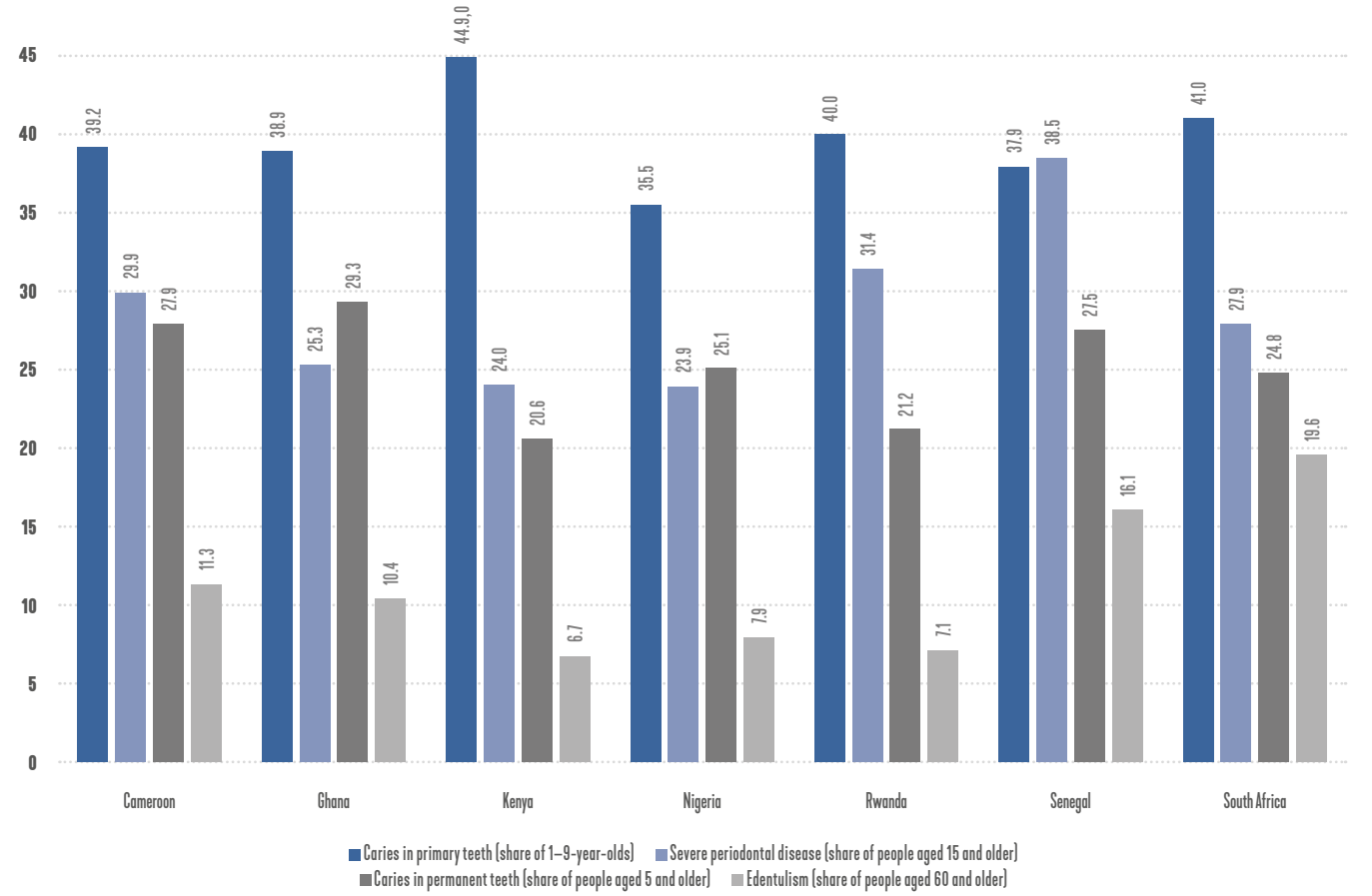
## Demand for Dental Care

The demand for dental care in Africa is high, but only a fraction of this demand is actually being met. Despite the high prevalence of oral diseases, only about 17% of the population has access to essential dental care, while spending on oral health in many African countries is less than US$1 per capita per year. This points to substantial latent and unmet demand, driven primarily by cost barriers, low levels of insurance coverage, and limited availability of dental care.

Current demand is heavily concentrated on **basic and emergency care**. Dental services are often sought only when acute symptoms arise while preventive care and routine checkups remain uncommon. As a result, extractions predominate over tooth-preserving treatments. In South Africa for example, a ratio of 15:1 between extractions and fillings has been observed in public facilities, reflecting delayed utilization of dental care and resource constraints.

Demand for **preventive care** is currently low but offers long-term growth potential. Utilization of preventive dental care is strongly influenced by income, education, and insurance coverage and remains underdeveloped in many countries. At the same time, the WHO emphasizes the need to place greater focus on preventive approaches, including fluoride application and the reduction of sugar consumption.

**Fig. 4 /// Prevalence of oral diseases in selected African countries (%)**




Source: WHO (2023) Graphic: REBMANN RESEARCH Status: 2019[29]

There is structural demand for **prosthetics and rehabilitative care** as a result of high rates of tooth loss, although much of this demand remains unmet. High costs, limited laboratory capacity, and the prioritization of acute treatment mean that functional rehabilitation remains inadequate, particularly among low-income populations.

**Advanced and aesthetic treatments** are largely concentrated in urban private markets with a growing middle class. In these segments, demand for high-quality and technologically advanced solutions is increasing, but overall it remains a niche market compared with basic dental care.

**Digital and data-driven approaches** are becoming increasingly important, particularly in teledentistry, screening, and care coordination. Mobile technologies offer potential to overcome barriers to access and improve efficiency, while highly digitized treatment methods (e.g., CAD/CAM) have so far been used primarily in urban premium segments.

Demand is shaped by several factors. **Key drivers** include urbanization, rising health care spending, growing health awareness, and the increasing adoption of digital technologies. These are counterbalanced by **obstacles** such as low purchasing power, high out-of-pocket spending, a shortage of skilled workforce, and infrastructure deficits. Overall, this creates a dual market structure: a high-volume basic care segment characterized by substantial unmet demand, alongside smaller but dynamically growing premium segments in urban centers.[30, 31, 30, 32, 33]

## Dental Care Landscape

Dental care in Africa is generally characterized by structural undersupply, a high concentration of personnel and facilities in urban areas, and a heavy reliance on acute and pain-oriented treatment. Based on the WHO country data presented in Fig. 5, the total number of dentists across Africa is approximately 95,000 (by comparison: according to the German Dental Association, Germany alone had

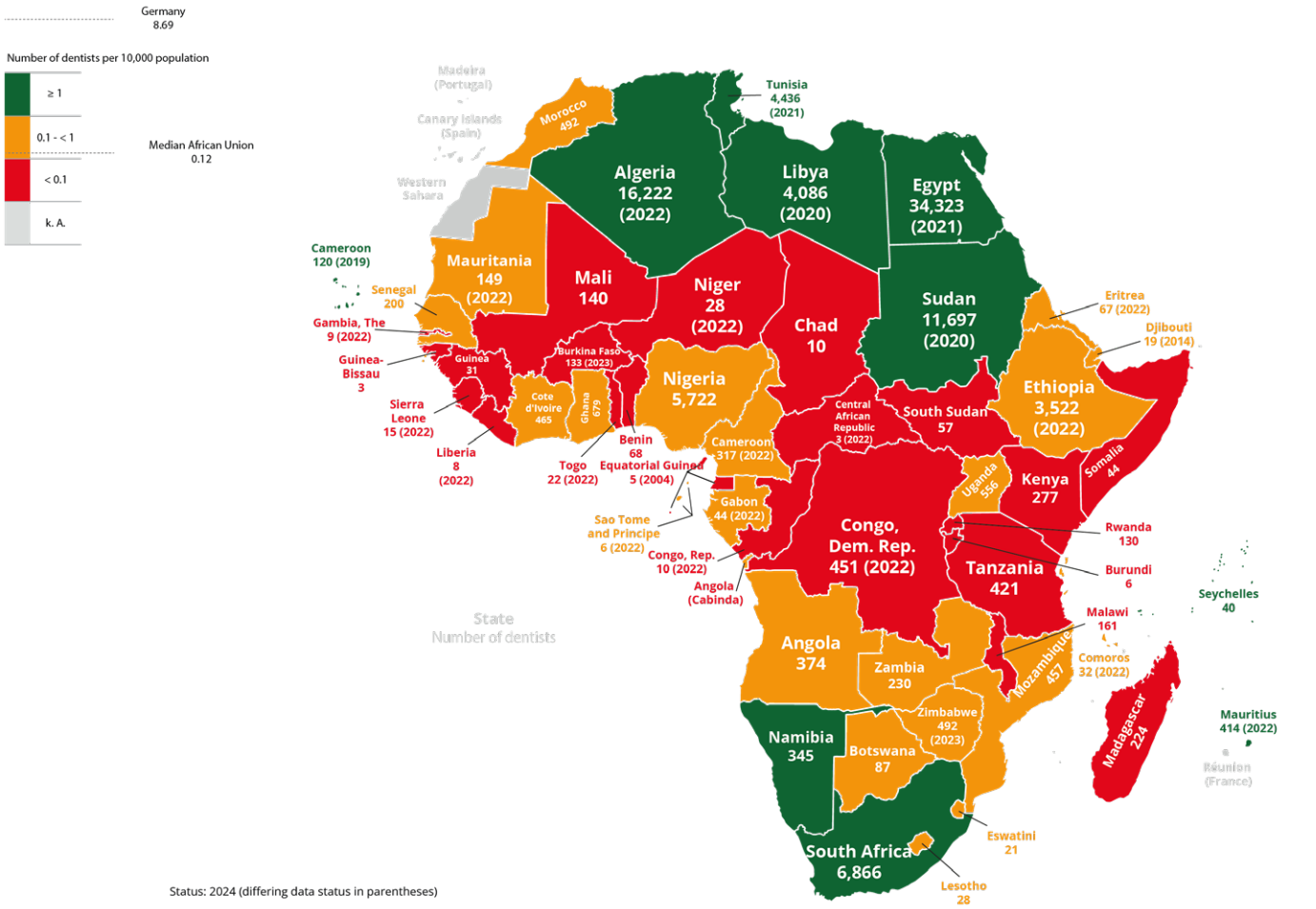
73,511 dentists in 2024[34]). This results in a dentist density of 0.63 dentists per 10,000 population for Africa as a whole in 2024. Excluding the considerably better-served North African region and considering Sub-Saharan Africa alone, dentist density is significantly lower, at just 0.19 per 10,000 population.[35] According to the WHO, however, a density of 1.33 per 10,000 population would be required to provide basic care. In addition, while the region has more than 4,000 health training institutions, there are only 84 dental training institutions across 26 member states. At the same time, only 17% of the population has access to essential oral health services under the largest government health financing schemes.[30] In addition to dentists, the documented oral health workforce mix also includes dental therapists, dental hygienists, dental assistants, and dental technicians, although data on non-medical professions in particular is incomplete. Overall, the number of dentists only slightly exceeds that of dental assistants and therapists, which shows that in many countries, the "skill mix" required for primary care-oriented models has not yet been systematically developed.

Compared to the rest of Africa, **North Africa** has the most well-developed dental care infrastructure, particularly in urban centers. This region features relatively dense networks of public and private facilities, as well as greater availability of dentists and specialized services. Nevertheless, gaps remain, particularly in preventive care and the equitable geographic distribution of services.

**West and Central Africa** have the weakest dental care infrastructure. Services are is heavily concentrated in a few urban centers, while rural areas often have minimal or no access to dental care. Treatment is fequently limited to acute cases involving pain and infection. Mobile dental services and NGO-based programs play a particularly important role here in bridging structural gaps.

**East Africa** presents a heterogeneous picture, with functioning dental education systems and initial efforts to expand the skill mix (e.g., dental therapists). At the same time, dental care is heavily concentrated in urban areas; in some countries, a substantial share of the population lives outside the realistic catchment areas of dental facilities.

**Fig. 5 /// Number of dentists and dentist density in Africa**




Source: WHO (2026) Graphic: REBMANN RESEARCH Status: 2020–2024

In **Southern Africa**—particularly South Africa—dental care structures are the most differentiated. There is a broad spectrum of specialized dental professionals and services, though with a pronounced dichotomy between well-equipped private care and limited public services. Here, too, there exist significant disparities between urban and rural areas.

Across all regions, the urban-rural disparity remains the central structural characteristic: While urban areas are comparatively well-served, rural areas face substantial gaps in access to dental care. Overall, the dental landscape remains fragmented. Mobile models, international aid organizations, and new approaches to care delivery provide as important complementary services, but have so far been unable to fully compensate for the underlying structural deficits.

## Financing

Africa contributes significantly to the global burden of oral diseases, yet it is also one of the world's most underfunded markets for dental care. According to WHO data, approximately 44% of the African population is affected by oral diseases.[36] Nevertheless, total spending across Africa on dental care in 2019 (the most recent data available) amounted to only about US$ 3.7 billion. In the same year, a total of US$ 30.877 billion was spent on dental care in Germany alone. Per capita spending in Germany thus amounted to US$372.2 per year, whereas in Africa it was only US$2.7. At US$0.3 per capita, the median figure for African countries is significantly lower again. In about two-thirds of African countries, less than US$1 per person per year is spent on oral health.[37]

Although health expenditure has risen in many African countries over the past two decades—particularly in middle-income countries—his growth continues to be driven largely by private health expenditure (out-of-pocket payments, OOP) and international development aid. From 2012 to 2020, development aid accounted for an average of 20% of total health expenditures. The share of government health expenditures remains limited or stagnant in many countries, leaving financing systems structurally fragile. As a result, there is often insufficient financial coverage in the event of illness, meaning that medical and dental services must be financed primarily through private means. OOP payments remain the dominant form of health care financing in many African countries, particularly for outpatient and dental services, which are often not included in public benefit packages. Between 2012 and 2020, the share of OOP payments in total health care spending in Africa averaged 35.8%. This high OOP share leads to necessary treatments being postponed or avoided altogether. Furthermore, when people do seek care, it poses a significant risk of financial hardship.[38] The proportion of people who must spend more than 10% or even more than 25% of their household income on health care expenses has risen in recent years, reaching 8.6% and 2.6%, respectively, in 2019.[39]

Formal health insurance systems do exist in many African countries, often as a historical legacy of colonial structures or as part of new reforms toward universal health coverage (UHC). In practice, however, access often remains limited to formally employed workers, civil servants, and urban populations. A large proportion of the population—particularly in the informal sector and in rural regions—has no coverage or only inadequate coverage. The results of the latest Demographic and Health Survey (DHS) show that in the 23 countries surveyed in sub-Saharan Africa, only 10.6% of women and 14% of men have universal health coverage (UHC).[39, 40, 41, 42]

The expansion of insurance systems is constrained by structural factors: large informal labor markets, limited administrative capacity, and the inability of large segments of the population to pay contributions. In many regions, therefore, informal risk-sharing mechanisms continue to play a central role. These include family networks as well as rotating savings and credit associations (ROSCAs, also known als tontines[43]), which serve to collectively mitigate individual risks and are widespread in many countries. In addition, voluntary and community-based health insurance schemes exist in numerous countries, particularly so-called Mutual Health Organizations (MHOs), which are especially common in Francophone countries. These operate on the principle of mutuality and organize risk pooling within defined groups, such as occupational groups or local communities. However, their reach is often limited, and many systems struggle with financial sustainability, small risk pools, and administrative challenges. In parallel, provider-based models also exist in which health centers simultaneously act as insurers. These systems can be effective at the local level but are heavily dependent on management, adequate financing, and public trust.[44]

Overall, it is evident that the financing of dental care in Africa continues to be strongly characterized by out-of-pocket payments, limited insurance coverage, and informal protection systems. Despite policy initiatives to introduce universal health coverage, financial affordability—particularly in the area of dental care—remains one of the central challenges for the continent's health care systems.

For the dental industry, this implies that the African dental market is primarily a volume-driven, cost- and access-sensitive market with isolated premium segments. Successful business models therefore need to be scalable, adapted to local price levels, and resilient to infrastructure constraints.

## Opportunities and Risks for European Dental Companies

Against the backdrop of the demographic and economic dynamics described above, Africa is emerging as one of the most attractive long-term growth markets for the medical technology and dental industries. The young, rapidly growing population, increasing urbanization, and the expansion of health care and insurance systems are leading to a structural increase in demand for medical services and, consequently, for the corresponding equipment.

With a total African market potential of approximately US$3.7 billion, based on spending on dental care, the following countries offer the greatest market potential according to WHO data for 2019[45]:

**Top 5 African countries by dental practice expenditure:**

- South Africa (US$2.286 billion)
- Egypt (US$329.3 million)
- Algeria (US$323.7 million)
- Nigeria (US$137.5 million)
- Morocco (US$82.1 million)

The African medical technology market is currently heavily import-driven. In many countries, 80–90% of medical technology are imported, as local production capacities remain limited. No consolidated total figures are available for the dental sector. However, the following country analyses provide the latest available data for selected relevant product groups in those countries covered by detailed country profiles, including total imports and the share of imports from Germany.

The most important supplier countries have traditionally been the United States and European countries, particularly Germany, which are especially well positioned in technologically advanced segments such as diagnostics, dental technology, and medical imaging. At the same time, China is becoming increasingly important and is systematically expanding its market share through competitively priced products, government-backed financing models, and infrastructure partnerships. Countries such as India and Turkey are also increasingly emerging as suppliers in the mid-price segment. Russia has so far played a minor role in the medical technology sector but is selectively engaged through geopolitical partnerships.[43]

For German and European companies, this results in a two-tiered competitive environment: While they remain technological leaders in the premium segment, they face increasing price competition in the high-volume basic-care segment.

Market entry is predominantly facilitated through local distributors, often supplemented by regional hubs, such as South Africa, Kenya, or Morocco. A local presence is becoming increasingly important, particularly for service, maintenance, and training. At the same time, some countries are pursuing policies to promote local production to reduce dependence on imports—though so far with limited scope.

The regulatory environment remains fragmented and heterogeneous. National approval procedures are often time-consuming and vary considerably from country to country. Harmonization initiatives, for example within the framework of the African Medicines Agency or regional economic communities, are still underdeveloped.

Despite the considerable market potential, structural challenges remain. These include, in particular, high price sensitivity, heavy reliance on out-of-pocket payments in the health care system, infrastructure deficits, and political and regulatory uncertainties. At the same time, these very conditions open up opportunities for tailored business models, particularly in the areas of cost-effective technologies, mobile care solutions, and digital applications.

Overall, it is clear that Africa is not a homogeneous market but requires a differentiated regional approach. While export models dominate in the short term, local value creation, partnerships, and digital business models are gaining importance in the medium to long term.

German companies that already maintain business relationships with African countries or aim to do so in the future can receive support from, among other sources, the Africa Business Network, which links German foreign trade promotion with development cooperation organizations. The Africa Business Guide, published jointly by the Africa Business Network and Germany Trade & Invest (GTAI) with support from the Federal Ministry for Energy, provides information on potential African markets and industries, as well as on support instruments such as consulting vouchers (see also info box), export credit guarantees (Hermes Cover), and investment guarantees, which can facilitate market entry.[46] Further useful contacts and resources can be found in Part Three of this study, immediately following the country analyses.

Through the **Africa Consulting Vouchers**, SMEs in particular receive support for market entry and the expansion of their business activities in African countries. Funding is provided for external consulting services, such as market analysis, business development, partner and location searches, as well as legal and regulatory frameworks. The goal is to provide companies with a sound basis for decision-making and to reduce the risks associated with operating in

complex and heterogeneous markets. Funding is provided in the form of a grant toward consulting costs: The grant covers 85% of the costs for up to 15 consulting days. Depending on the nature of the consulting project, a maximum of €1,296 net per consulting day is eligible for funding. Projects are typically implemented through specialized consulting firms.[47]

For companies in the dental and medical technology industries, the consulting vouchers offer, in particular, the opportunity to analyze market access, regulatory requirements, and suitable distribution structures early on and in a structured manner.

## SWOT Analysis of the African Dental Market

**Strengths**
- Rapidly growing and young population
- High and rising disease burden → structural demand
- Increasing urbanization and a growing middle class
- Low market penetration → high growth potential

**Weaknesses**
- Very low per capita spending on dental care
- Dominance of out-of-pocket payments
- Shortage of skilled personnel and an inadequate skill mix
- Fragmented markets and regulatory heterogeneity
- Infrastructure deficits (energy, logistics, services)

**Opportunities**
- Growing private health care markets in urban centers
- Expansion of health insurance systems
- Demand for cost-effective and robust solutions
- Digitalization (teledentistry, mobile applications)
- Public-private partnerships and internationally funded projects

**Threats**
- High price sensitivity and limited ability to pay
- Increasing competition from low-cost suppliers (especially China)
- Political and regulatory uncertainties
- Currency risks and dependence on imports
- Dependence on international donors and public budgets

# COUNTRY ANALYSES

## Regions and Countries

Geographically, Africa is divided into five regions, with each country assigned to its respective region.

The following sections examine each of the five region in greater detail, and present the countries considered most attractive for activities in the dental sector in individual country profiles. To facilitate comparison of the countries' potential, the country profiles include structural profiles featuring key metrics. In addition indicators covering the economic, demographic structure, infrastructural, and dental service provider metrics, various indices (see below) are used to compare the countries.

### Regulatory Quality Index (RQI) and Ease of Doing Business Index (EDBI)

The RQI measures the perceived quality of government regulation in a country. It indicates the extent to which regulations promote or hinder business start-ups and investment. Scores range from 0 (very low quality, inefficient, and growth-inhibiting) to 100 (excellent, transparent, and supportive regulation). The index thus enables an international comparison of regulatory performance and a country's attractiveness as a business location.

The EDBI measures how easy it is to start and operate a business in a country. It takes into account aspects such as starting a business, access to credit, taxation, investment protection, and contract enforcement. Scores range from 0 (very difficult conditions) to 100 (optimal, transparent, and efficient conditions).

Both indices provide potential market participants with valuable information on a country's attractiveness for economic activity.

### Network Readiness Index (NRI)

The World Economic Forum's NRI assesses how well a country is prepared for the opportunities and challenges of digital transformation. It takes into account aspects such as infrastructure, digital skills, the use of information and communication technologies (ICT), innovation capacity, and the regulatory and social framework. The scale ranges from 0 (very low digital connectivity and preparedness) to 100 (optimal conditions for a connected, digital economy and society).

### AI Index (Global Index on Responsible AI – GIRAI)

The GIRAI, developed by the Global Center on AI Governance, measures how responsibly countries around the world are developing and regulating artificial intelligence. It evaluates, among other things, human rights, transparency, data protection, fairness, and governance structures. The scale ranges from 0 (very low implementation of responsible AI practices) to 100 (optimal framework conditions and comprehensive implementation). The index thus enables international comparisons and highlights both the strengths and the areas for improvement in individual countries.

### Corruption Perceptions Index (CPI)

Transparency International's CPI measures the perceived level of corruption in a country's public sector. It is based on assessements by experts and businesses, as well as additional data collected by independent institutions. The scale ranges from 0 (the country is considered highly corrupt) to 100 (very clean, with hardly any perceived corruption).

### Gini Index

The Gini Index measures the degree of income inequality within a country. A value of 0 represents perfect equality, while a value of 1 (or 100%) represents perfect inequality. The higher the Gini value, the greater the inequality in income distribution. For better comparability and visualization, the Gini values for the individual countries are converted to a scale from 0% to 100%.[48]

# NORTH AFRICA

The North Africa region comprises Egypt, Libya, Tunisia, Algeria, Morocco (including Western Sahara), and Sudan. About 276 million people live in North Africa.[49] In relation to its population, the region is the strongest economy in Africa: In 2024, all of its countries were among the 20 African nations with the highest gross domestic product (GDP per capita: €4,167), with Egypt and Algeria ranking second and third, respectively.[50]

**Fig. 6 /// Africa: regions and countries**


Note: The regions are defined bypolitical boundaries and not necessarily by geographical or topographical criteria. Graphic: REBMANN RESEARCH

North Africa's economic performance exceeds the pan-African average: the countries in the region have higher per capita incomes than many parts of sub-Saharan Africa, even though the figures vary widely among individual countries (e.g., according to World Bank/UN data). North Africa's population continues to grow, with an annual increase of about 1.4%, which is below the overall African average. About one-third of the population is under 15 years of age, while less than 10% are over the age of 60. About half of the population lives in urban areas.[51, 52, 53]

North Africa remains one of the most important target regions for German exports within Africa. Egypt and Morocco, in particular, continue to gain in importance and contribute significantly to the growth of German trade with Africa, while Algeria and Tunisia, which rank next, also represent important export markets. Due to ongoing political and economic instability, Sudan currently plays only a minor role in German trade with Africa. In addition to its comparatively strong economic performance, the region benefits from its geographical proximity to Europe.[54]

Overall, the region's medical device market is characterized by a significant need for modernization. Countries such as Egypt and Morocco exhibit particularly high import demand for modern medical technology, while Tunisia is increasingly positioning itself as a pioneer in the field of e-health and digitalization. Algeria, too, is investing more heavily in the expansion of its health care infrastructure. Local production remains largely limited to less complex devices. Preventive dental visits are less common in North Africa than in Germany. People generally do not visit the dentist until they are already experiencing dental problems.[55, 56]

Despite structural challenges, Algeria ranks among North Africa's major markets. The country is the largest in Africa by land area and, with a GDP of approximately US$269 billion (2024), is one of the continent's largest economies.[57] Economic development is largely driven by the oil and gas sector. In recent years, rising energy prices have led to higher government revenues, which has created additional scope for public investment, including in the health sector. At the same time, the economy remains poorly diversified, and structural reforms are progressing only slowly.[58]

The health care system is predominantly state-run and provides largely free basic health care. Nevertheless, there are shortcomings in terms of equipment, efficiency, and regional availability of services. In urban centers, a growing private health care sector is developing in parallel, driven by rising demand for modern medical technology and specialized treatments. Algeria therefore remains a relevant target market for imported medical and dental technologies.[59]

In addition to Egypt and Morocco, which are profiled below, Tunisia is also of interest for activities by German dental companies. Within North Africa, Tunisia represents a comparatively advanced health care market and has a well-developed medical infrastructure, as well as the highest density of dentists in North Africa at 3.68 (closely followed by Algeria at 3.57). With a population of around 12 million, the domestic market is smaller than that of Egypt or Algeria, but it offers a comparatively high standard of care. Particularly in the field of dentistry, Tunisia is considered one of the more developed markets in the region. The private health care sector is well-established and also plays an important role in medical tourism. Patients from neighboring countries, particularly Libya, take advantage of the high-quality treatment options available. At the same time, structural challenges remain, such as ensuring equitable access to care and health care financing.[60]

For Tunisia, as for the other Francophone countries of North Africa (Morocco and Algeria), France is a key partner in the health sector due to longstanding historical, linguistic, and institutional ties. At the same time, European suppliers—including German companies—continue to have attractive market opportunities, particularly in high-quality medical technology and dental equipment.

Sudan has in principle significant market potential due to its population of approximately 52 million and a considerable pent-up demand across key economic and infrastructure sectors. Structural demand is particularly high the health sector, as large parts of the population has only limited access to medical care and many health care facilities are often inadequate equipped. At the same time, the country's economic development is currently severely constrained. Since 2023, political instability and armed conflict have plagued the country, leading to a significant weakening of government structures and economic activity. High inflation, currency devaluation, and limited import opportunities pose additional barriers to investment and market access.[61, 62]

The **Middle East and North Africa (MENA) region** is becoming increasingly important as an economic and strategic partner for Europe. Due to its geographic location, it serves as a central hub between Europe, Asia, and Africa and plays a key role in global supply chains. At the same time, the region is of great relevance to Germany both as a sales market and as a source of procurement. With over 570 million inhabitants and rising investment, the MENA region offers growing potential for international companies.[63]

Against this backdrop, the European Union intensifying its economic cooperation with countries in the region. Initiatives such as "Global Gateway," aim to expand investment, infrastructure projects, and sectoral partnerships in the region. The goal is to strengthen market integration and increase the involvement of European companies in the region's key growth sectors.[64]

**Why is there no data on Western Sahara?**

Since the withdrawal of the former colonial power Spain from Western Sahara in 1975, this territory on the Atlantic coast of Northwest Africa has been largely controlled by Morocco, which claims the area as part of its national territory. However, the territory's status under international law remains unresolved. On October 31, 2025, the United Nations Security Council voted by a majority in favor of Western Sahara becoming an autonomous part of Morocco.[65] Although the Sahrawi Arab Democratic Republic (SADR), proclaimed by the Polisario Front, is a recognized as a member state of the African Union, the available data does not allow for a reliable assessment of the dental market there. Atlas Dental Africa 2026 therefore does not report separate data for this region. However, the key figures for Morocco are likely to include data from the Moroccan-administered areas of Western Sahara.

# EGYPT

Capital..... **Cairo**
Currency..... **Egyptian pound (EGP)**
Official languages... **Arabic**[66]

## General Information About the Country

With a population of approximately 118.4 million, Egypt is not only the most populous country in North Africa but also the second-most populous on the entire African continent, after Nigeria. The population is currently growing by about 1.4% per year and is projected to reach approximately 136.1 million by 2035.[67]

With a GDP of approximately US$389 billion (as of 2024), Egypt is North Africa's largest economy.[57] However, this economic size is substantially offset by the country's large population: GDP per capita currently stands at about US$3,339—a figure that ranks among the lowest in North Africa—and a large portion of the population lives below the poverty line.[68]

Following a period of economic reforms and high inflation rates resulting from currency devaluations and global price increases in 2022 and 2023, the Egyptian economy is increasingly stabilizing. Declining inflation rates, a more stable exchange rate, and rising foreign investment point to an improvement in macroeconomic conditions. For 2026, the World Bank forecasts GDP growth of 4.3% for Egypt.[6] Despite structural economic challenges, Egypt remains one of the more politically stable countries in North Africa by regional standards and plays a central role in the region due to its population size, geostrategic location, and economic significance.[69]

## Oral Health and Dental Care Needs

The prevalence of dental caries is particularly high among children. For example, 44.1% of children aged one to nine are affected by caries in their primary teeth, while 30.4% of the population show untreated caries in their permanent teeth. At 29.6%, the proportion of people aged over 60 who are edentulous in Egypt is only slightly below the German rate (27.5%). At 14.2%, the proportion of Egyptians over the age of 15 with severe periodontal disease is comparatively low.[70] This is likely due primarily to the relatively young age structure of the Egyptian population. Although the median age of Egyptians—at 24.5 years—is above the African median (19.1), Egypt's population is significantly younger than Germany's (45.5).[71]

An analysis of data from 1992 to 2021 on the global and regional burden of severe periodontal disease by age cohorts shows that the incidence increases with age and is highest among those aged 50 to 60.[72]

A 2020 survey provides insights into the oral health status of Egypt's rural population and into possible causes and influencing factors. Of the 50 patients surveyed as part of the study, 79% were women and 21% were men. 50% of the study participants had a high school diploma, 35.5% were illiterate, and only 27.5% had an regular income. Only 34.3% of the participants reported brushing their teeth. 45% suffered from partial edentulism. The study authors attribute the poor oral health of the survey participants primarily to a lack of oral hygiene.[73]

## Dental Care Landscape

Egypt benefits from its large number of highly trained dentists and has a long tradition of dental training institutions. However, a large proportion of dental graduates emigrate abroad.[43] According to the WHO, there were 34,323 dentists practicing in Egypt in 2021.[74] In the private sector, 1,398 dentists were registered in 2020 (+5.53% since 2011).[75]

The dental degree program (Bachelor of Dental Surgery, BDS) in Egypt takes a total of five years. Egypt has a recognized and accredited dental education system. Modern facilities, including state-of-the-art dental clinics and equipment, provide students with hands-on experience using the latest dental technologies. In addition, tuition fees are relatively affordable compared with many Western countries, making Egypt an attractive option for high-quality dental education. Some dental schools offer programs in multiple languages, such as English and Arabic. BDS degrees from Egypt are widely recognized internationally. The average annual salary for dentists in Egypt is the equivalent of US$7,357. The hourly wage is US$3.53 (as of September 2024). The ratio of dental graduates per 100,000 population in Egypt is 1.8.[76]

Prices for dental treatment in Egypt are, on average, significantly lower than in Germany. For example, a crown costs the equivalent of about €240, and an implant, including the abutment, costs about €530. This makes dental treatment in Egypt quite attractive for tourists as well.[77]

Looking ahead, Egypt could gain importance as a destination for medical tourists, particularly for patients from North, East, and West Africa, the Gulf States, and Europe. Framework agreements are already in place with some countries, such as Turkey and Hungary, to facilitate medical tourism.[78]

## Dental Care Financing and Insurance Coverage

The Egyptian health care system is divided into public and private sectors. Approximately 30% of health care facilities are privately operated, 20% are run by the military, and 50% are public. Despite government efforts to reform the public health care system, its quality falls short of expectations and does not meet Western standards. This is primarily due to structural deficiencies such as staff shortages, an uneven regional distribution of medical services, and comparatively low public funding.[78] As of 2023, government health care spending amounted to only 1.6% of GDP, which is low by international standards.[79]

Although public health care is free for all residents (including dental care), estimates suggest that 40% of Egyptians prefer private facilities. While patients must pay for services out of pocket, private health care facilities generally offer a higher standard of care with shorter waiting times for appointments. There are significant disparities in the availability of health services between rural areas and urban centers such as Cairo, where a large share of specialized medical care is concentrated.[80]

As early as 2018, the government launched its "Vision 2030" program (investment volume: US$990 million) to implement far-reaching reforms aimed at improving the quality of care and the popula-

**Fig. 7 /// Structural profile Egypt**

| | CRITERION | VALUE | FROM | MEDIAN AFRICAN UNION | TO | Germany |
|---|---|---|---|---|---|---|
| Demand structures | GDP per capita<br>in US$ | 3,339 | 1,000 | | 6,267 | 56,104 |
| | Total population | 118,365,995 | 14,569,341 | | 237,527,782 | 84,075,075 |
| | Population share 65+<br>in % | 5.3 | 2.8 | | 8.5 | 23.7 |
| | Population growth up to 2035<br>in % | 15.0 | 7.2 | | 26.8 | -2.9 |
| | Median age of population<br>in years | 24.5 | 18.0 | | 29.8 | 45.5 |
| | Productivity loss caused by 5 oral diseases<br>in US$ per capita | 7.68 | 20.61 | | 1.57 | 232.12 |
| Dentists/Practices | Dental practice healthcare expenditure<br>in US$ million | 329.3 | 0.0 | | 2,286.1 | 30,877.3 |
| | Per capita expenses for dental services<br>in US$ | 3.3 | 0.0 | | 38.9 | 372.2 |
| | Practicing dentists | 34,323 | 130 | | 34,323 | 73,511 |
| | Dentists<br>per 10,000 population | 3.09 | 0.05 | | 3.09 | 8.69 |
| Dental Labs | Dental technicians | 2,428 | 11 | | 2,498 | 61,113 |
| | Dental technicians<br>per 10,000 population | 0.23 | 0.00 | | 0.23 | 7.23 |
| Manufacturer/Retailer | Global dental technology imports<br>in US$ million | 20.259 | 0.106 | | 20.259 | 677.641 |
| | Share of dental tech imports from Germany<br>in % | 28.3 | 0.5 | | 28.3 | |
| | Ease of Doing Business Index (EDBI)<br>100 = best possible score | 60.0 | 50.3 | | 78.2 | 45.0 |
| | Regulatory Quality Index (RQI)<br>100 = best possible score | 27 | 17 | | 56 | 92 |
| Infrastucture | Population density<br>inhabitants per km² | 116.4 | 52.5 | | 541.3 | 233.6 |
| | Network Readiness Index (NRI)<br>100 = best possible score | 44.4 | 34.6 | | 47.8 | 73.5 |
| | AI Index<br>100 = best possible score | 15.8 | 4.0 | | 27.6 | 82.8 |
| | Corruption Perceptions Index (CPI)<br>100 = best possible score | 30 | 26 | | 58 | 77 |
| | Gini Index<br>0 = best possible score | 28.5 | 63.0 | | 28.5 | 32.4 |

Sources: See "Sources and explanations of the key figures presented in the structural profiles and the overview maps of Africa," p. 64 Graphic: REBMANN RESEARCH, generated with ATLAS MEDICUS®

tion's access to health services. Since 2019, a universal, mandatory health insurance system has been phased in. In addition, the Egyptian government plans to invest in health care infrastructure and digitalization to meet the anticipated rise in demand for health care services from the growing population. To implement and finance modern solutions, the government is also relying on public-private partnership (PPP) models. International aid also plays a significant role in financing health care projects. Non-governmental organizations (NGOs) and international organizations frequently collaborate with the Egyptian government to address urgent public health challenges.[81, 78]

Egypt's spending on oral health—totaling US$329.3 million, or US$3.3 per person annually (as of 2019)—is about 100 times lower than Germany's, even though Egypt's population is roughly a quarter larger than Germany's.[45]

## Opportunities for the German Dental Market

Government investments in primary care facilities and hospitals planned as part of "Vision 2030," and especially the private health care market, offer companies attractive business opportunities. In addition to its strategically favorable location between Europe, Africa, and Asia, Egypt stands out for its well-trained workforce, some of whom even speak German.

Egypt's economy is well-developed and diversified by regional standards. Only basic medical devices are manufactured domestically, but these meet high quality standards. The country is heavily reliant on imports.[82, 83]

Germany is one of Egypt's most important trading partners in the medical technology sector, even though the market is increasingly dominated by other international suppliers, particularly from China and the United States. An established distribution structure is in place, with a regional focus on urban centers such as Cairo and Giza.[84]

The import structure for medical technology in Egypt shows broad overall demand across various product groups (see Fig. 7), with German suppliers playing a significant role in several segments. Germany's position is particularly strong in dental instruments (SITC 8721), with a share of just under 30%, as well as in X-ray equipment (SITC 7742), accounting for around 26% of imports. In other technology-driven sectors as well, such as electrodiagnostic equipment (SITC 7741), sterilization equipment (SITC 74183), and other medical instruments (SITC 87229), German market shares are in the double digits, underscoring Germany's importance as a supplier of high-quality medical technology. In contrast, German suppliers play only a minor role in standardized consumables such as syringes, needles, and catheters (SITC 87221), with a share of around 2%.

**Table 1 /// Imports of selected medical devices to Egypt in 2024 (US$1,000s)**

| SITC | Product group | Worldwide | of which from Germany |
|---|---|---|---|
| 7741 | Electro-medical equipment | 50,747.2 | 6,039.4 (11.9%) |
| 7742 | X-ray apparatur and equipment, accessories, and parts, nes | 101,565.3 | 26,791.3 (26.4%) |
| 74183 | Medical, surgical or laboratory sterilizers | 9,402.7 | 1,090.3 (11.6%) |
| 8721 | Dental instruments nes | 18,042.3 | 5,356.4 (29.7%) |
| 87221 | Syringes, needles, catheters, cannulas, etc. | 59,374.5 | 1,195.9 (2.0%) |
| 87229 | Other medical, surgical or veterinary instruments and appliances | 207,786.3 | 27,428,5 (13.2%) |
| 8724 | Medical, dental, surgical or veterinary furniture | 11,960.4 | 1,438.3 (12.0%) |

Source: UN Comtrade Database (2026): Trade[85]

Egypt is not only a member of the African Union (AU) but also of the Arab League and the Greater Arab Free Trade Area (GAFTA). The Association Agreement with the EU has been in force since 2004.[83]

## Legal Framework for Medical Devices

Before manufacturers can market their medical devices in Egypt, they must register them with the Egyptian Drug Authority (EDA).[86] Between 2019 and 2022, the regulatory system underwent a fundamental reform and was centralized, replacing the previously responsible bodies, such as the Central Administration of Pharmaceutical Affairs (CAPA). The goal of the reforms was to achieve greater alignment with international standards and to ensure more efficient and transparent regulation. Today, the regulatory framework is more closely aligned with international guidelines and is based on a risk-based classification of medical devices. A prerequisite for market authorization is generally ISO 13485 certification, among other requirements. The registration process is handled by a local representative (Registration Holder), who acts as the point of contact for the authorities. The scope and duration of the procedure vary depending on the risk class and product type. After market launch, there are post-market surveillance and reporting obligations, including the reporting of safety-related changes.[84, 87]

# MOROCCO

Capital ..... **Rabat**
Currency ..... **Dirham (MAD)**
Official Languages . **Arabic**[43]

## General Information About the Country

With a population of approximately 38.4 million (2024), the Kingdom of Morocco is one of the most populous countries in North Africa and, after Egypt, has the second-highest population density in the region at about 85 people per km².[88]

The population is characterized by a comparatively high median age, which sets it apart significantly from many other African countries. At about 30 years, the average age is the highest among the countries considered here. At the same time, the birth rate is declining significantly.[89] Moderate population growth of around 7% is projected through 2035, giving Morocco the lowest population growth in the region.[67]

Morocco is considered one of the most politically stable countries in North Africa, but structural factors such as high youth unemployment, inflation risks, and external dependencies remain key challenges. With a GDP of US$4,153 per capita, Morocco ranks among the leading economies of the countries under review and is surpassed only by South Africa. Growth is moderate at around 3.2%.[68]

Morocco's socioeconomic structure is characterized by significant regional disparities. Urban areas such as Casablanca and Rabat exhibit a significantly higher standard of living, while rural regions show comparatively lower levels of economic and social development. This socioeconomic disparity has also shown an upward trend in recent years. The differences in access to education and health care are particularly pronounced.[90]

## Oral Health and Dental Care Needs

Oral health in Morocco is characterized by a high prevalence of dental caries and periodontal disease. The country has exceptionally high rates of caries in primary teeth among children under five, a trend that continues in the prevalence of caries in permanent teeth. Among children, 44.4% of those under five and 36% of those aged five and older suffer from dental caries. Furthermore, Morocco has the highest rate of edentulism among the countries considered here. About one-tenth of the population over the age of 20 is edentulous. The high rate of periodontal disease among children is attributable to high sugar consumption combined with poor brushing habits, which are often influenced by parental example.[91]

While the prevalence of severe periodontal disease, at 19.7%, is comparatively low to moderate, the prevalence of periodontitis and gingivitis among adolescents is strikingly high. According to a national study on the oral health of students aged 12–18, approximately 12.3% (about 360,000 adolescents) are affected by periodontitis, of whom 10.8% have Stage I, 2.9% have Stage II, and 6.1% have Stage III/IV. Nearly half of adolescents (46.9%) suffer from gingivitis, and about 5% have aggressive periodontitis (AgP). The prevalence varies little by gender. However, certain regions exhibit particularly high rates of AgP.[92]

The unfavorable oral health indicators in Morocco have led to an increased focus on preventive strategies, which are to be expanded in the future beyond the mere treatment of existing dis. The Moroccan Association of Oral Prevention (AMPBD) is particularly active in the areas of education, prevention, and early detection of oral diseases in Morocco. Its core activities include nationwide prevention campaigns such as the "Tour du Maroc", which are primarily aimed at children and socially disadvantaged population groups and encompass measures such as training, screenings, and programs to improve oral hygiene. In addition, further initiatives have been launched in recent years to place greater emphasis on the importance of prevention and health education and to improve access to dental care.[93, 94]

## Dental Care Financing and Insurance Coverage

Health care spending has risen significantly in recent years and, according to the World Bank, amounted to 6.06% of Morocco's gross domestic product in 2023.[95] Morocco's health care system has a dual structure, comprising both a public and a private sector, with the public sector overseen by the Ministry of Health. In recent years, the system has been significantly expanded as part of comprehensive reforms, with US$3.2 billion allocated to the introduction of universal health insurance. Mandatory health insurance (Assurance Maladie Obligatoire, AMO) has been gradually extended to additional population groups, including the self-employed and previously uninsured individuals. In this context, the former RAMED support program has been largely integrated into the AMO system. Despite this progress, many health services—particularly in the area of oral health—still must be paid for privately, meaning that out-of-pocket expenses for the population remain comparatively high.[43, 96]

Despite rising government spending, Moroccan households still bear 38% of total health expenditure, which is well above the WHO's recommended maximum of 25%. Out-of-pocket payments thus remain the primary source of funding, particularly for medications and out-

patient services. Expenditures on dental care amounted to US$82 million in 2019.[97] Recent developments include the expansion of large university hospitals in Rabat and Agadir (2025), which are part of the national strategy to modernize the health care system and, in addition to providing advanced medical care and conducting research, also play a key role in the training of physicians and dentists.[98]

The AMO reimburses part of the cost of basic dental care. Coverage primarily includes conservative treatments such as cavity fillings, extractions, and root canal treatments, as well as crowns, bridges, plastic or cast model dentures. Children receive orthodontic services upon prior approval. In general, the AMO covers 70 or 80% of the Tarification Nationale de Référence (TNR) service list.[99] Reimbursement for dental prostheses is subject to a cap.

Despite significant progress, the Moroccan health care system continues to face several challenges. These include, above all, the unequal distribution of health resources between urban and rural regions, insufficient funding, and a shortage of medical personnel, particularly doctors and nurses. These factors lead to limited access to medical care, longer waiting times, and limited availability of specialized treatments, especially in rural areas.[100]

**Fig. 8 /// Structural profile Morocco**

| | CRITERION | VALUE | FROM | MEDIAN AFRICAN UNION | TO | Germany |
|---|---|---|---|---|---|---|
| Demand structures | GDP per capita in US$ | 4,153 | 1,000 | | 6,267 | 56,104 |
| | Total population | 38,430,770 | 14,569,341 | | 237,527,782 | 84,075,075 |
| | Population share 65+ in % | 8.5 | 2.8 | | 8.5 | 23.7 |
| | Population growth up to 2035 in % | 7.2 | 7.2 | | 26.8 | -2.9 |
| | Median age of population in years | 29.8 | 18.0 | | 29.8 | 45.5 |
| | Productivity loss caused by 5 oral diseases in US$ per capita | 12.47 | 20.61 | | 1.57 | 232.12 |
| Dentists/Practices | Dental practice healthcare expenditure in US$ million | 82.1 | 0.0 | | 2,286.1 | 30,877.3 |
| | Per capita expenses for dental services in US$ | 2.3 | 0.0 | | 38.9 | 372.2 |
| | Practicing dentists | 492 | 130 | | 34,323 | 73,511 |
| | Dentists per 10,000 population | 0.13 | 0.05 | | 3.09 | 8.69 |
| Dental Labs | Dental technicians | k. A. | 11 | | 2,498 | 61,113 |
| | Dental technicians per 10,000 population | k. A. | 0.00 | | 0.23 | 7.23 |
| Manufacturer/Retailer | Global dental technology imports in US$ million | 18.330 | 0.106 | | 20.259 | 677.641 |
| | Share of dental tech imports from Germany in % | 6.1 | 0.5 | | 28.3 | |
| | Ease of Doing Business Index (EDBI) 100 = best possible score | 67.8 | 50.3 | | 78.2 | 45.0 |
| | Regulatory Quality Index (RQI) 100 = best possible score | 51 | 17 | | 56 | 92 |
| Infrastucture | Population density inhabitants per km² | 85.3 | 52.5 | | 541.3 | 233.6 |
| | Network Readiness Index (NRI) 100 = best possible score | 45.9 | 34.6 | | 47.8 | 73.5 |
| | AI Index 100 = best possible score | 23.0 | 4.0 | | 27.6 | 82.8 |
| | Corruption Perceptions Index (CPI) 100 = best possible score | 39 | 26 | | 58 | 77 |
| | Gini Index 0 = best possible score | 39.5 | 63.0 | | 28.5 | 32.4 |

Sources: See "Sources and explanations of the key figures presented in the structural profiles and the overview maps of Africa," p. 64 Graphic: REBMANN RESEARCH, generated with ATLAS MEDICUS®

Patients with sufficient financial means tend to seek care from private doctors and private clinics, whereas a large portion of the population cannot afford such treatment. They rely, among other things, on the assistance of socially committed doctors who offer free consultations or treatments. Structural factors such as disrupted supply chains, rising costs, and regulatory hurdles also regularly cause drug shortages.[101]

## Dental Care Landscape

According to the WHO, the density of dentists in 2024 was 0.13 dentists per 10,000 inhabitants. However, this figure deviates significantly from earlier data, and the reasons for this discrepancy are not clearly apparent. In 2023, the dentist-to-population ratio was still 1.44 per 10,000 inhabitants, indicating a comparatively well-developed dental care system.[102]

Primary health care in Morocco is primarily provided by approximately 140 public hospitals and about 2,600 health centers, supplemented by about 400 private clinics.[103] Private health care (including dental care) is significantly more concentrated in the major urban centers—particularly Casablanca, Rabat, Tangier, Agadir, and Marrakesh—while rural regions are significantly less well-served by private providers. Major private players such as the Saham Group play an important role in the health care sector. At the same time, there remains a considerable need for action, particularly in rural areas, with regard to the equipment of health care facilities human resources, and staff qualifications.[104]

## Opportunities for the German Dental Market

Overall, the government-initiated expansion and modernization of the health care infrastructure and health insurance coverage are driving increasing demand for health care services and a growing need for medical and dental equipment. Targeted government investments in the health care system—both in the renovation of existing facilities and in the construction of new hospitals and health care facilities—as well as measures to improve medical care in rural areas are driving the development of the health care sector. At the same time, imports of medical technology have increased in recent years, the procurement of which is predominantly government-funded. Another significant factor is the expansion of universal health insurance, which is intended to extend coverage to a larger portion of the population in the future. The resulting increase in the number of medical treatments, in turn, is leading to rising demand for medical services and the corresponding medical technology.[104] This trend is already evident in the growing value of public tenders for medical technology: In 2025, this amounted to €744 million and is projected to grow by approximately 7% per year in nominal terms through 2030.[105]

Opportunities for European dental companies arise in particular from the fact that Morocco is generally highly dependent on imports of medical technology and surgical instruments, as only basic equipment and consumables are manufactured locally.[106] Approximately 90% of the medical technology used in the health care sector is imported from abroad.[105]

Medical technology is imported primarily from China, Germany, and the United States. In addition, imports from Italy, Turkey, and South Korea are also on the rise.[106] German medical devices exports to Morocco in the category "Dental Instruments, Apparatus, and Equipment" increased by 77.3% between 2021 and 2023 alone, rising from €928,000 to €1.645 million.[104]

As in many other African countries, German products are in high demand in Morocco as well. The import structure for medical devices shows broad demand across various product segments, with German suppliers particularly well-positioned in certain technically sophisticated areas. Of particular note is Germany's high market share in other medical instruments and appliances (SITC 87229 at around 28%, making Germany one of the most important supplier countries in this segment. German suppliers also hold significant market shares in X-ray technology (SITC 7742) and electrodiagnostic equipment (SITC 7741), at approximately 18% and 15%, respectively. Overall, this reveals a typical pattern: Germany is primarily present in technology-intensive and higher-value segments, while standardized mass-market products are more heavily dominated by other suppliers.[85]

**Table 2 /// Imports of selected medical devices to Morocco in 2024 (US$1,000s)**

| SITC | Product group | Worldwide | of which from Germany |
|---|---|---|---|
| 7741 | Electro-medical equipment | 60,243.5 | 8,712.7 (14.5%) |
| 7742 | X-ray apparatur and equipment, accessories, and parts, nes | 107,731.3 | 19,808.2 (18.4% |
| 74183 | Medical, surgical or laboratory sterilizers | 10,026.5 | 673.7 (6.7%) |
| 8721 | Dental instruments nes | 15,060.8 | 1,037.0 (6.9% |
| 87221 | Syringes, needles, catheters, cannulas, etc. | 76,407.7 | 1,335.4 (1.7%) |
| 87229 | Other medical, surgical or veterinary instruments and appliances | 110,539.3 | 30,945.4 (28.0% |
| 8724 | Medical, dental, surgical or veterinary furniture | 41,752.4 | 2,110.6 (5.1%) |

Source: UN Comtrade Database (2026); Trade[85]

According to GTAI, the positive trend in import figures will continue in 2026. Government spending on medical infrastructure in

Morocco is expected to rise by approximately 30% compared to the previous year. About €1.45 billion are projected to be invested in medical technology. The health care market thus represents one of the country's most significant sectors.[105]

### Legal Framework for Medical Devices

A distinctive feature of the Moroccan market is that, under a 2017 law, the sale of used medical equipment is prohibited. In practice, therefore, medical devices are predominantly imported as new products.[106] Since 2026, the approval of medical devices has been handled centrally by the Agence Marocaine du Médicament et des Produits de Santé, which regulates both approval and importation. Registration with the competent authority, the Direction du Médicament et de la Pharmacie (DMP), is mandatory for the import and marketing of medical devices in Morocco. Without such registration, products may neither be imported nor placed on the market. Foreign manufacturers must also appoint a local authorized representative through whom all registration applications are submitted. Morocco uses a risk-based classification system for medical devices (Classes I, IIa, IIb, and III) that is aligned with international and European standards. The registration process officially takes about 120 days, but this may vary depending on the product and the scope of the dossier. In addition, an import license is required for each individual import, and all products must be labeled in accordance with regulatory requirements. The labeling and instructions for use must generally be provided in French or Arabic, and in some cases also in English.[107, 108]

# EAST AFRICA

The East Africa region includes the countries of Ethiopia, Burundi, Djibouti, Eritrea, Kenya, the Comoros, Madagascar, Malawi, Mauritius, Mozambique, Rwanda, Zambia, the Seychelles, Zimbabwe, Somalia, South Sudan, Tanzania, and Uganda.[49] With a population of approximately 512 million, East Africa is the most populous region in Africa. The region's most populous countries are Ethiopia, Tanzania, Kenya, and Uganda (each with over 50 million inhabitants). East Africa's population is projected to rise to approximately 646 million by 2035.[67] With an average GDP per capita of only US$1,160, East Africa is the second-poorest African region from an economic perspective, ahead of only to West Africa (US$1,107 per capita).[115]

In recent years, some East African countries have made remarkable political and economic progress.[149] These include **Rwanda**, which (alongside **Kenya**) is now featured in a separate country profile below.

The economic and security situations are challenging in many countries. This is also the reason why **Ethiopia** is no longer featured as a seperate country profile in the current Atlas Dental Africa 2026. Nevertheless, with a GDP of US$149.74 billion (as of 2024)[111], Ethiopia remains the region's most economically significant country. Ethiopia's economy has grown very dynamically over many years. However, inflation and currency devaluation are hindering economic development. Nevertheless, GDP growth of 7.1%[6] is still expected in 2026. Ethiopia is the second-most populous country in sub-Saharan Africa and thus also one of the most significant African domestic markets.[150] As of 2022, according to WHO data, the country has 3,544 dentists[124] and 180 dental technicians[151]. The medical technology market is considered "emerging"—still relatively small, but with high growth potential. There is a high degree of dependence on China.[150]

In addition, **Tanzania**, with a population of approximately 71 million, is also an attractive target market for the German dental industry, in part due to its growing, affluent middle class. With its port in Dar es Salaam and due to its membership in the East African Community (EAC) and the Southern African Development Community (SADC), the country has established itself as a trade hub for shipments throughout the region.[152] Tanzania's education and health care systems were once exemplary in Africa. However, due to the country's overall unfavorable economic development—particularly during the 1980s—these sectors also experienced a massive decline. Currently, however, major projects in mining and infrastructure are driving growth.[153] According to the WHO, there were 421 dentists practicing in Tanzania in 2024.[154] A national survey revealed that, about half of Tanzanian adults and roughly 80% of children have never had a dental examination. Reasons for this include cost, long distances to clinics, and a lack of knowledge about oral hygiene.[155] Aid organizations are working to ensure dental care even in Tanzania's remote areas through mobile clinics. Reform efforts and debt relief have enabled significant improvements in both the education and the health sector. The Tanzanian government has prioritized the expansion of the health care system in the context of the introduction of universal health insurance[156] and, since 2022, the expansion of oral health services[155]. This continues to generate a range of public tenders. In addition, the Tanzanian government is actively promoting foreign investment in the health care sector.[157] However, (relatively low-cost) products from China and India account for a very high share of imports, as the market is under enormous cost pressure.[158] A simple search on Google Maps reveals modern, private dental practices and dental clinics—particularly in the Dar es Salaam region—some of which specialize in areas such as implantology. These facilities are comparable to modern German practices in terms of both appearance and equipment. However, it can be assumed that only a small, affluent minority can afford treatment there.

# KENYA

Capital..... **Nairobi**
Currency..... **Kenyan shilling (KES)**
Official languages... **Swahili, English**[159]

## General Information About the Country

The Republic of Kenya is home to over 57.5 million[88] people. As the fourth-largest economy in sub-Saharan Africa and a center for trade, finance, and logistics, the country is considered a regional hub for East Africa.[160] Kenya has a diversified economy and is classified as a lower-middle-income country (GDP per capita: US$2,132[68]). The World Bank forecasts an economic growth rate of 4.9% for 2026.[153] The Kenyan shilling is now considered stable again, and major government projects are finally starting to be implement. However, growth in recent years has lagged significantly behind the pace seen in the 2010s. This is due to high public debt, rising tax burdens, and limited fiscal flexibility. In addition, stagnant wages and a high cost of living are weighing on private consumption. Elections are scheduled for 2027, and foreign investors and companies have so far adopted a wait-and-see approach.[161]

Despite these challenges, Kenya also has several strengths and offers companies a relatively favorable business environment in comparison with other African countries. For example, the country has a well-educated, English-speaking young population with a strong affinity for technology. In addition, the strong growth in smartphone usage is driving e-commerce and digitalization.[160] Kenya has the second-highest concentration of German companies in sub-Saharan Africa, after South Africa—about 120 German firms are active in the country. Kenya's startup scene is among the most dynamic in Africa. Dental imports still have significant room for growth. To differentiate themselves from Chinese competitors, German companies often focus on affluent customers.[161, 162]

## Oral Health and Dental Care Needs

Oral hygiene in Kenya is considered inadequate. Less than half of the population (42%) brushes their teeth twice a day.[163]

According to the WHO, nearly one-quarter of the population suffers from dental caries. In particular, the rate of primary tooth caries among 1–9-year-olds is comparatively high at 44.9%. More than one in five Kenyans over the age of 15 is affected by severe periodontal disease. Only 6.7% of those over 60 are considered edentulous.[164] Statements by a Kenyan undersecretary of state largely confirm the WHO figures on the prevalence of primary tooth caries but suggest a significantly higher prevalence of gum disease. In addition, due to drinking water shortages, 41% of children are affected by dental fluorosis.[165, 166]

## Dental Care Landscape

Dental care for the Kenyan population is inadequate. According to WHO data—used uniformly across all country profiles—there are a total of 277 dentists in Kenya (as of 2024). For 2019, however, the WHO estimated that there were 1,300 dentists.[154] The Kenyan Dental Association counted 1,506 dentists in 2020.[167] This figure appears more realistic than the WHO's estimates. Even so, purely mathematically, one dentist is responsible for providing care to approximately 20,000 people, a scenario that the WHO considers unsustainable. The WHO recommends a minimum ratio of 1:7,000.

Only 13% of health care facilities in the country offer dental treatments. In primary care, the figure is significantly lower (6%). Only 2% of health care facilities offer specialized dental treatments, and all of these are located in urban centers.[165]

**An example of German dental initiatives:**
For more than 25 years, the aid organization Dentists for Africa e. V. has focused particularly on underserved rural areas in the western part of the country, because—as in many other African countries—about 80% of practicing dentists work in large cities, leaving rural areas inadequately served. Dentists for Africa has set itself the goal of improving dental care by establishing dental practices, implementing preventive measures, and promoting local dental education. To this end, the organization has carried out several social and sustainable dental care projects in collaboration with various hospitals. Every year, dentists, dental assistants, dental technicians, and dental students from Germany and other European countries travel to Kenya to support local dental staff at dental clinics and schools. Dentists for Africa operates 14 dental clinics in Kenya, which are supplied by their own dental supply depot. The donated dental equipment can now be operated and maintained largely by Kenyan professionals. A visible sign of success is the steadily improving oral health in the regions supported, particularly among the young population.[168]

## Dental Care Financing and Insurance Coverage

Public health facilities in Kenya are considered good by regional standards. Public health care accounts for approximately 60% of total care.[169] Many patients lack access to public health care, which is why the government has in the past provided support in the form of vouchers through the National Hospital Insurance Fund (NHIF).[43] The Kenyan government has initiated a health care reform aimed

at introducing universal health coverage (UHC). In 2023/2024, the NHIF was replaced by the Social Health Authority (SHA).[170, 171] Currently, the health care system is still in transition, but the number of insured individuals is increasing. As of June 2025, according to the Ministry of Health, over 23.6 million Kenyans were already registered with the SHA.[172] However, this means that 61% of the population still lack health insurance coverage.[173]

About 47% of Kenyans live below the poverty line.[174] Consequently, this segment of the population can hardly afford medical treatment. Reforming the health care system is therefore a high priority. The key challenge in implementing this reform is the scarcity of financial resources. At present, the gaps in the Kenyan health care system can currently be addressed by services provided by private or church-affiliated institutions. However, given a projected population growth of nearly 20% by 2035[175] this model will not ensure adequate health care provision in the long term. There is a massive shortage of skilled workforce, medications, and effective health care management.[176]

The private sector is divided into purely private hospitals and socially oriented health care providers (including for-profit, nonprofit, and church-affiliated organizations). The country's leading hospitals, such as the Aga Khan University Hospital and the Nairobi Hospital, are nonprofit institutions. They are equipped with state-of-the-art medical technology.[177] Thanks to high levels of investment and a well-trained medical workforce, Kenya's private sector attracts medical tourists from across the East African region.[178]

Out-of-pocket expenditure on dental care is very high,[167] as universal health coverage (UHC) provides only limited coverage for dental services. Even private health insurance plans offer only minimal dental coverage despite high premiums.[166]

## Opportunities for the German Dental Market

The Kenyan health care market is an attractive market for German companies. It is growing significantly faster than the overall economy—driven, among other factors, by rapid population growth and increasing government investment in the training of skilled health care workers, better equipment, and digitalization initiatives. According to BMI forecasts, the medical technology market is expected to grow by 6–7% annually through 2029. The total market value of the Kenyan health care sector amounts to approximately US$180 million annually.[169]

Currently, the Kenyan health care sector is undergoing a comprehensive digitalization process, partly in the context of the ongoing insurance reform. According to government data, about half of all health care facilities have already been digitized.[179] The conditions for e-health and telemedicine are favorable. E-banking and e-commerce are also experiencing comparatively rapid growth in the country.[160]

At present, Kenya does not produce any medical devices domestically and only a limited range of medical consumables. The country imports medical devices with a total value of US$150 million. China is Kenya's most important import supplier of medical technology. China's share of imports has risen steadily in recent years and now accounts for nearly 40% of total imports.[169] It is followed by India, France, Germany, the Netherlands, and, in sixth place, the United States (that account for 6.5% of imports).[178]

Kenya's dental market has significant unmet demand. However, German companies have so far had only a limited presence there. This is also reflected in Germany's import shares for selected product groups, as shown in Table 3. Even among the dental technology imports listed in the structural profile—based on three HS codes—the share of dental medical technology originating from Germany is only 2.2%.[85] Experts expect rising demand, particularly for drills, dental chairs, X-ray machines, instruments, materials such as cement, artificial teeth, and other dental components.[178]

**Tab. 3 /// Imports of selected medical devices to Kenya in 2024 (US$1,000s)**

| SITC | Product group | Worldwide | of which from Germany |
|---|---|---|---|
| 7741 | Electro-medical equipment | 15,243.9 | 2,200.7 (14.4%) |
| 7742 | X-ray apparatur and equipment, accessories, and parts, nes | 26,503.0 | 1,025.6 (3.9%) |
| 74183 | Medical, surgical or laboratory sterilizers | 1,708.5 | 6.8 (0.4%) |
| 8721 | Dental instruments nes | 848.4 | 9.6 (1.1%) |
| 87221 | Syringes, needles, catheters, cannulas, etc. | 19,717.0 | 1,152.7 (5.8%) |
| 87229 | Other medical, surgical or veterinary instruments and appliances | 42,430.1 | 4,138.2 (9.8%) |
| 8724 | Medical, dental, surgical or veterinary furniture | 7,332.9 | 282.6 (3.9%) |

Source: UN Comtrade Database (2026)[85]

For German companies, the private health care sector in particular offers attractive business opportunities. It is considered the second-largest in sub-Saharan Africa, due to the country's relatively large middle- and upper-income by African standards, the numerous medical tourists, and the strong presence of international organizations in the country. Private buyers (such as hospitals, laboratories, or medical practices) generally prioritize quality, provide reliable information, and adhere to agreed-upon targets. In addition, many of these private health care facilities are interested in offering dental services as well.[169] Non-profit and for-profit institutions, as well as church-affiliated providers, may also represent attractive customers

for German manufacturers, as they typically procure high-quality equipment. Church-affiliated organizations account for about 40% of the private sector and account for about 17% of procurement in the health care sector. However, due to frequent cost pressures, there is strong competition from Asian (primarily Chinese and Indian) suppliers in many product categories.[169]

The public health sector is particularly attractive due to its large-volume procurement. Key points of contact include the state procurement agency KEMSA, the Ministry of Health, individual counties, and institutions such as the military and the police, which conduct their own tenders. Public tenders can be influenced by corruption and are often extremely price-driven. With the introduction of the mandatory, solidarity-based Social Health Insurance Fund (SHIF) under the SHA and higher contributions from Kenyans, government agencies are expected to have a higher investment volume at their disposal in the future. The current budget allocates US$1.1 billion to public health. However, there is a risk of payment default.[169] KEMSA procures approximately 95% of its goods through national or international tenders. The agency is also increasingly using framework agreements that enable rapid reordering from local suppliers under previously negotiated terms.[180]

**Fig. 9 /// Structural profile Kenya**

| | CRITERION | VALUE | FROM | MEDIAN AFRICAN UNION | TO | Germany |
|---|---|---|---|---|---|---|
| Demand structures | GDP per capita<br>in US$ | 2,132 | 1,000 | | 6,267 | 56,104 |
| | Total population | 57,532,493 | 14,569,341 | | 237,527,782 | 84,075,075 |
| | Population share 65+<br>in % | 3.0 | 2.8 | | 8.5 | 23.7 |
| | Population growth up to 2035<br>in % | 19.4 | 7.2 | | 26.8 | -2.9 |
| | Median age of population<br>in years | 20.0 | 18.0 | | 29.8 | 45.5 |
| | Productivity loss caused by 5 oral diseases<br>in US$ per capita | 3.74 | 20.61 | | 1.57 | 232.12 |
| Dentists/Practices | Dental practice healthcare expenditure<br>in US$ million | 0.0 | 0.0 | | 2,286.1 | 30,877.3 |
| | Per capita expenses for dental services<br>in US$ | 0.0 | 0.0 | | 38.9 | 372.2 |
| | Practicing dentists | 277 | 130 | | 34,323 | 73,511 |
| | Dentists<br>per 10,000 population | 0.05 | 0.05 | | 3.09 | 8.69 |
| Dental Labs | Dental technicians | 129 | 11 | | 2,498 | 61,113 |
| | Dental technicians<br>per 10,000 population | 0.02 | 0.00 | | 0.23 | 7.23 |
| Manufacturer/Retailer | Global dental technology imports<br>in US$ million | 1.334 | 0.106 | | 20.259 | 677.641 |
| | Share of dental tech imports from Germany<br>in % | 2.2 | 0.5 | | 28.3 | |
| | Ease of Doing Business Index (EDBI)<br>100 = best possible score | 69.0 | 50.3 | | 78.2 | 45.0 |
| | Regulatory Quality Index (RQI)<br>100 = best possible score | 38 | 17 | | 56 | 92 |
| Infrastucture | Population density<br>inhabitants per km² | 97.2 | 52.5 | | 541.3 | 233.6 |
| | Network Readiness Index (NRI)<br>100 = best possible score | 47.1 | 34.6 | | 47.8 | 73.5 |
| | AI Index<br>100 = best possible score | 8.8 | 4.0 | | 27.6 | 82.8 |
| | Corruption Perceptions Index (CPI)<br>100 = best possible score | 30 | 26 | | 58 | 77 |
| | Gini Index<br>0 = best possible score | 37.7 | 63.0 | | 28.5 | 32.4 |

Sources: See "Sources and explanations of the key figures presented in the structural profiles and the overview maps of Africa," p. 64 Graphic: REBMANN RESEARCH, generated with ATLAS MEDICUS®

In public tenders, the involvement of international donor organizations in the financing offers greater payment security, reduces compliance risks, and enables the procurement of higher-quality medical technology. It is therefore advisable to maintain direct contact with donor organizations. However, international donors are currently facing budget reductions, while there is also a growing tendency to require goods to be procured from suppliers in the donor organization's country of origin.[169]

It is advisable to invest resources in building personal contacts and networks. Collaborating with a local representative or distributor for both the public and private markets is helpful. This can also be combined with establishing a local branch office.[169] Market entry can also be achieved through local franchise or licensing agreements, as well as through direct sales via social media and targeted marketing campaigns.[160] However, a local presence is preferable, as after-sales services are of great importance.[169]

## Legal Framework for Medical Devices

The certification of medical devices in Kenya is handled by the Pharmacy & Poisons Board (PPB). Although the processes are officially based on international standards, certification is often very slow in practice. Companies typically work with local sales representatives. Prior to importation, a Pre-Export Verification of Conformity (PVoC) conducted by the service provider Intertek may also be required or recommended. Not having a PVoC, can lead to payment delays by government agencies later on. On the positive side, imports of medical technology are exempt from value-added tax.[169]

# RWANDA

Capital ..... **Kigali**
Currency ..... **Rwandan franc (RWF)**
Official languages ... **Kinyarwanda, French, English**[181]

## General Information About the Country

Rwanda is a small country, but one that is very attractive for business activities in the dental sector. Following the end of the civil war (1990–1994) and the subsequent economic reconstruction, the country is now considered politically stable. Between 2001 and 2025, the Rwandan economy grew by an average of 7–8% annually.[182] GDP growth of 7.2% is expected for 2026.[6]

Under President Paul Kagame, who has been in office since 2000, the country is pursuing an ambitious development strategy. The capital, Kigali, is well on its way to establishing itself as a conference hub and attracting foreign capital and companies with its favorable investment climate.[183, 158]

The country is considered comparatively progressive. Women are highly involved in economic and political life[184] and over 90% of the population has health insurance—the highest proportion among all African countries.[185] There is very little corruption.[186]

Despite this positive development, the country faces challenges such as high public debt, low purchasing power (GDP per capita is around US$1,000), and regional conflicts that may deter investors. Nevertheless, entrepreneurs assess the business environment as stable. The government is pursuing long-term development plans, including making Rwanda a middle-income country by 2035.[158, 187]

## Oral Health and Dental Care Needs

Although Rwanda has a comparatively advanced health care system, oral health and dental care remain a challenge. Studies show that a large portion of the population has only limited access to dental care. According to a national health survey, for example, about 57% of the population has never received dental treatment, and only about 11.5% has visited a dentist within the past year. Only about 1% undergoes annual checkups. In most cases, people do not visit the dentist until acute problems and pain have already arisen.[188] Preventive measures and oral hygiene also have room for improvement among the population. For example, only about 19% of people brush their teeth twice a day, although two-thirds do so at least once a day. There are significant differences between urban and rural areas: In rural areas, 38% of the population does not brush their teeth regularly, compared with only 11% in urban areas.[188]

This also has consequences for oral health: According to the WHO, the caries rate among children aged one to nine is 40%, and 31.4% in the general population aged five and older.[189] Other scientific studies found untreated caries in more than half of the population.[190] According to the WHO, periodontal diseases requiring treatment affect 21.2% of the population. Only 7.1% of people over the age of 65 are edentulous. Overall, only US$0.3 per capita is spent on dental care. For the entire country, the total is US$3.5 million.[189]

Government agencies and health organizations are working to improve oral hygiene through educational campaigns and programs.[191]

## Dental Care Landscape

Rwanda lacks dental professionals and infrastructure. There are comparatively few dentists—according to WHO data, there were 130[154] in 2024—which is why a large proportion of treatments are performed by specially trained dental therapists.[192] The most recent WHO data available on the number of dental technicians working in the country dates back to 2006. At that time, there were 60.[193]

Dental care is primarily offered in larger hospitals and primarily provided in the capital, Kigali. In rural areas, access is significantly more limited. As a result, many oral diseases go untreated, leading to a high need for basic dental care.[192]

In the public system, dental services are predominantly provided in medical facilities (primarily in district hospitals) and are sometimes limited to the administration of analgesics (pain-relieving medications). The majority of services are curative or rehabilitative—in most cases, the full range of treatments cannot be offered. In large hospitals, some dental equipment and devices do not function properly because they are not adequately maintained. In some cases, there is also a shortage of the materials and instruments needed for treatment. In addition to the public sector, there is also a private sector with many dental practices and polyclinics.[191]

## Dental Care Financing and Insurance Coverage

Medical treatment in Rwanda is largely financed through the public health system and various insurance models. As of 2023, approximately 90% of the population in Rwanda had health insurance. The most important role is played by Community-Based Health Insurance (CBHI), also known as "Mutuelle de Santé." With a low annual premium and a copayment of usually only 10%, it is primarily aimed at low-income households. For very poor households, the government covers the full cost of treatment.[194, 195] A large portion of the funding for this comes from international donor organizations (60–80%).[157]

In addition to global organizations such as the WHO and the World Bank, as well as government donors through development cooperation, national and international nongovernmental organizations (NGOs) also contribute to financing Rwanda's health care system.

The following donor organizations, among others, are or have been active in Rwanda:[191]

- Harvard School of Dental Medicine
- FADA (Fondation Aide Dentaire en Afrique)
- TUG (Dental Health without Borders)
- SOS Children's Villages Rwanda
- FDI – World Dental Federation

Although dental care is part of the public health and insurance system, the costs are only partially covered. Furthermore, specialized dental care are only available at large hospitals in urban centers. The rural population is thus faced with additional costs or long travel distances, which can hinder access to care.[191]

Private health insurance is generally expensive and is mostly offered by companies or to individuals with high incomes. In some cases, private insurance also covers dental services. The standard range of services includes, for example, dental fillings, X-rays, and tooth extractions.[196]

## Opportunities for the German Dental Market

The demand for modern medical and dental equipment in Rwanda is growing. Since local production is minimal, the country imports a large proportion of the medical devices it needs. This creates attractive export and collaboration opportunities for international manufacturers of medical and dental products and devices.[197] Most medical devices imported into Rwanda originate from the United States, followed by China, Germany, and Belgium.[157]

In the field of dental technology, Rwanda's import value—at US$763,000 (see Fig. 10; only three product groups are included)—is still very small but offers room for growth. Germany's share of imports is only 2,7%.[198] Table 4 lists the most recent Rwandan import value available in the UN Comtrade database for several medical product groups, including medical devices for dental use.

**Table 4 /// Imports of selected medical devices into Rwanda in 2022 (US$1,000s)**

| SITC | Product group | Worldwide | of which from Germany |
|---|---|---|---|
| 7741 | Electro-medical equipment | 1,764.7 | 189.2 (10.7%) |
| 7742 | X-ray apparatur and equipment, accessories, and parts, nes | 4,668.1 | 749.3 (16.1%) |
| 74183 | Medical, surgical or laboratory sterilizers | 971.6 | 343.4 (35.3%) |
| 8721 | Dental instruments nes | 600.7 | 20.5 (3.4%) |
| 87221 | Syringes, needles, catheters, cannulas, etc. | 6,215.2 | 1,395.8 (22.5%) |
| 87229 | Other medical, surgical or veterinary instruments and appliances | 21,957.3 | 4,714.0 (21.5%) |
| 8724 | Medical, dental, surgical or veterinary furniture | 5,047.1 | 103.2 (2.0%) |

Source: UN Comtrade Database (2026)[198]

The Rwandan government is currently planning to expand its health care infrastructure, which involves investments in specialized clinics, diagnostic centers, and modern medical facilities.[197] Public tenders are issued through the Medical Procurement and Production Division (MPPD).[157]

While the public sector is very price-sensitive, the private sector places greater emphasis on product durability and consulting services. This presents opportunities for German manufacturers. Although the private health care sector is still small at present, it is growing significantly.[199] It is common to collaborate with a local distributor. One of the largest private importers is Africa Medicals. Institutions run by religious organizations can also be attractive customers.[157] When developing their market strategies, companies should take into account the sometimes substantial co-financing of projects by international donor organizations.[199] Furthermore, it can be advantageous to focus not only on the sale of medical devices but also to offer pre- and after-sales services. There is a growing need for training and education, as well as for maintenance and technical support for medical devices. Companies that offer pre- and after-sales services in addition to actual sales—for example, in cooperation with training centers and local clinics—not only generate additional revenue potential but also enhance their reputation and thereby strengthen their market position.[200]

**Fig. 10 /// Structural profile Rwanda**

| | CRITERION | VALUE | FROM | MEDIAN AFRICAN UNION | TO | Germany |
|---|---|---|---|---|---|---|
| Demand structures | GDP per capita<br>in US$ | 1,000 | 1,000 | | 6,267 | 56,104 |
| | Total population | 14,569,341 | 14,569,341 | | 237,527,782 | 84,075,075 |
| | Population share 65+<br>in % | 4.0 | 2.8 | | 8.5 | 23.7 |
| | Population growth up to 2035<br>in % | 21.8 | 7.2 | | 26.8 | -2.9 |
| | Median age of population<br>in years | 19.9 | 18.0 | | 29.8 | 45.5 |
| | Productivity loss caused by 5 oral diseases<br>in US$ per capita | 1.57 | 20.61 | | 1.57 | 232.12 |
| Dentists/Practices | Dental practice healthcare expenditure<br>in US$ million | 3.5 | 0.0 | | 2,286.1 | 30,877.3 |
| | Per capita expenses for dental services<br>in US$ | 0.3 | 0.0 | | 38.9 | 372.2 |
| | Practicing dentists | 130 | 130 | | 34,323 | 73,511 |
| | Dentists<br>per 10,000 population | 0.09 | 0.05 | | 3.09 | 8.69 |
| Dental Labs | Dental technicians | 60 | 11 | | 2,498 | 61,113 |
| | Dental technicians<br>per 10,000 population | 0.06 | 0.00 | | 0.23 | 7.23 |
| Manufacturer/Retailer | Global dental technology imports<br>in US$ million | 0.763 | 0.106 | | 20.259 | 677.641 |
| | Share of dental tech imports from Germany<br>in % | 2.7 | 0.5 | | 28.3 | |
| | Ease of Doing Business Index (EDBI)<br>100 = best possible score | 78.2 | 50.3 | | 78.2 | 45.0 |
| | Regulatory Quality Index (RQI)<br>100 = best possible score | 56 | 17 | | 56 | 92 |
| Infrastucture | Population density<br>inhabitants per km² | 541.3 | 52.5 | | 541.3 | 233.6 |
| | Network Readiness Index (NRI)<br>100 = best possible score | 43.2 | 34.6 | | 47.8 | 73.5 |
| | AI Index<br>100 = best possible score | 18.1 | 4.0 | | 27.6 | 82.8 |
| | Corruption Perceptions Index (CPI)<br>100 = best possible score | 58 | 26 | | 58 | 77 |
| | Gini Index<br>0 = best possible score | 39.4 | 63.0 | | 28.5 | 32.4 |

Sources: See "Sources and explanations of the key figures presented in the structural profiles and the overview maps of Africa," p. 64 Graphic: REBMANN RESEARCH, generated with ATLAS MEDICUS®

In the field of e-health, Rwanda is the region's innovative pioneer: telemedicine, online training, and a drone system for delivering medications and medical supplies are already in use.[199, 197] Kigali Innovation City (KIC) in the capital is currently developing into a local tech hub.[157]

With a score of 78.2 points, Rwanda achieves the highest Ease of Doing Business Index score among all countries compared in the Atlas Dental Africa 2026.[201] Rwanda is pursuing a targeted economic policy to attract foreign investment and companies in the health care sector in order to establish local production. Companies receive support and close guidance in this process. Major investors are assisted in hiring international specialists. Investors benefit from tax incentives, including tax exemptions on imported medical devices and tax breaks for large investment projects. Particularly in the Kigali Special Economic Zone (KSEZ), companies can expect a wide range of economic benefits.[202, 157]

Rwanda's participation in regional economic integration initiatives is another advantage. The country is a member of the East African Community (EAC) and is also a party to the African Continental Free Trade Area (AfCFTA). As a result, companies operating in Rwanda can potentially reach a regional market of hundreds of millions of consumers. Rwanda is therefore an attractive logistics hub for medical technology and dental companies looking to distribute their products in East and Central Africa.[203] Currently, however, companies still serve the market predominantly via Nairobi or Dar es Salaam, as Rwanda's landlocked location presents logistical challenges.[158]

### Legal Framework for Medical Devices

Rwanda ranks highest among the countries covered in Atlas Dental Africa 2026 on the Regulatory Index.[204] Companies wishing to import medical devices into Rwanda or sell them on the Rwandan market must register and obtain approval for them from the Rwanda Food and Drugs Authority (Rwanda FDA). The authority bases its regulatory procedures on international standards for medical devices. For products with established certifications, such as the CE mark, market entry is generally easier.[205]

The registration of investors and companies is a fairly simple process and can be completed quickly online (or in person) through the Rwanda Development Board's One Stop Centre (https://rdb.rw/one-stop-centre/).[203]

# SOUTHERN AFRICA

The Southern Africa region comprises the countries of Botswana, South Africa, Eswatini (officially Swaziland until 2018), Lesotho, and Namibia[49], with a total population of approximately 74 million.[268]

Botswana, South Africa, Eswatini, Lesotho, and Namibia together also form the **Southern African Customs Union (SACU)**, a common customs territory that allows for the free movement of goods. A uniform external tariff applies to foreign trade. More favorable trade conditions apply to the member states of the European Union and the European Free Trade Association (EFTA) (members: Iceland, Liechtenstein, Norway, and Switzerland), as well as to the Southern African Development Community (SADC) and the MERCOSUR countries. Free trade agreements are in place with each of these groups. Regardless of customs duties, however, import value-added tax (VAT)—which is sometimes specific to certain product groups—must be paid on every import, and in some countries, an environmental levy is also due. This levy is not harmonized among the SACU countries.[269, 270]

**Political and economic situation**

Although Southern Africa is among the continent's relatively politically stable regions and is more developed in terms of its economy and infrastructure, there are also significant country-specific differences within the region:

**South Africa** is the economic heart of the region, home to 87%[271] of the population of Southern Africa. The country, which has one of the most diversified economies on the African continent, is considered a well-established democracy; nevertheless, high unemployment, high energy costs, and extreme income disparities pose major challenges for the government. This is likely also the main cause of the country's significant social and security problems (see the country profile below for further information).[272]

**Namibia**, with a population of approximately 3.1 million[268] and a per capita GDP of US$4,413[68], and **Botswana**, with a population of 2.6 million[268] and a per capita GDP of US$7,696[68] are also potentially attractive target countries for European dental companies. Botswana, for example, is considered one of Africa's most stable democracies, with well-established institutions and low levels of corruption. The country, which is relatively prosperous thanks to its diamond mining and tourism, ranks second among all African countries on the Regulatory Quality Index with a score of 67, behind Mauritius (83).[273, 204] To boost the faltering economy, the government has launched eco-

nomic reforms and a diversification program. In Namibia, which also derives its revenue primarily from tourism, mining, and fishing, the economy is currently growing at the fastest rate in the region (projected GDP growth for 2026: +3.5%[6]).

**Eswatini** and **Lesotho**: These two small and economically weak kingdoms are almost entirely, or completely, surrounded by South African territory. In Eswatini, the last absolute monarchy on the African continent, opportunities for democratic participation are limited. Political tensions and protests occur regularly, as parts of the population demand democratic reforms. Lesotho is a constitutional monarchy with a parliamentary democracy, but here, too, the political situation is considered unstable due to frequent government crises. The economic situation in both countries is characterized by heavy dependence on South Africa and a limited number of export commodities.[274]

The **quality of and access to health care** in the Southern Africa region is better than in most other sub-Saharan African countries. In particular, the three larger countries—South Africa, Botswana, and Namibia—have made significant progress in this area in recent years. Here, too, structural, country-specific differences are evident:

Overall, **South Africa** has the highest health care capacity in the region; however, a large proportion of medical professionals work in the (more lucrative) private sector, which is accessible only to a wealthy minority of the population but offers a high standard of care and equipment. These facilities are primarily located in the major cities of Pretoria, Cape Town, and Johannesburg. The public health care system is responsible for providing (basic) care to the vast majority of the population, but is considered overburdened, and care is inadequate, particularly in rural areas.[275, 276]

**Namibia** has a fairly well-developed three-tiered health care system (primary, secondary, and tertiary care) under the direction of the Ministry of Health. Approximately 76% of the population has access to a health care facility within ten kilometers, and 85% use public health services. Here, too, the private sector is primarily accessible to higher-income individuals.[277]

**Botswana** has a particularly dense, three-tiered public health care network for providing basic care to the population, although it is often overburdened and characterized by long waiting times. The vast majority of the population lives within five kilometers of the nearest health care facility. Even remote regions are served by mobile clinics and telemedicine. Private health care facilities offer high-quality care and complement the public system.[278]

Opportunities for the dental industry arise primarily from the growing demand among private practices and clinics for modern dental technology, particularly in metropolitan areas, where demand is driven not only from the local population but also by dental tourism. Medical technology companies are primarily active in the Southern African market through subsidiaries and representative offices based in South Africa. In some cases, sales for the entire sub-Saharan region are also managed from South Africa.[276]

# SOUTH AFRICA

Capital..... **Pretoria**
Currency..... **Rand (ZAR)**
Official languages... **Afrikaans, English, others**[43]

## General Information About the Country

With a population of approximately 65 million, the Republic of South Africa is the most populous country in the Southern Africa region. The country is organized as a federation of nine provinces. Of the nine countries profiled in Atlas Dental Africa 2026, South Africa continues to rank first among the most innovative economies in sub-Saharan Africa in 2025.[279] As in many other countries worldwide, GDP growth declined significantly in 2020 in the wake of the COVID-19 pandemic but has since recovered.[280] Overall, however, economic development over the past ten years—apart from pandemic-related catch-up effects—has been weak. With projected GDP growth of 1.4% for 2026, South Africa has one of the lowest rates in all of Africa.[111] In particular, inadequate infrastructure, a weak financial situation, and corruption have a negative impact on economic growth.[281, 282] Despite these shortcomings, the infrastructure is well-developed by regional standards, particularly in the digital sector. About three-quarters of the population uses the internet , and South Africa has the highest Network Readiness Index among the countries examined, at 47.94.[283] In addition, there are major problems with energy supply. Many residents live in difficult economic circumstances, and about one-third are unemployed.[43] The Gini index value of 63 indicates a high level of income inequality.[116]

Health care spending accounted for 8.91% of South Africa's GDP in 2023.[284] This means that, of all the countries analyzed in Atlas Dental Africa 2026, South Africa spends the highest percentage of its GDP on health care.

Despite a decline in trade volume, South Africa remains an important trading partner for Germany.[285] South Africa accounts for one-third of German medical technology exports to Africa.[282]

## Oral Health and Dental Care Needs

According to the South African Ministry of Health, approximately 50–60% of preschool-aged children suffer from primary tooth caries, a large proportion of which remains untreated.[286] The WHO estimates the caries rate in South Africa to be significantly lower—according to its figures, 41% of children have primary tooth caries and 30% of people aged 15 and older have caries in permanent teeth. According to the WHO, the prevalence of periodontal disease is 24.8%, while that of edentulism is 8.4%.[287]

## Dental Care Landscape

According to the WHO, there are 6,866 dentists in South Africa.[154] As of October 31, 2024, the Health Professions Council of South Africa (HPCSA) reports 6,756 dentists, 3,621 dental assistants, 1,305 dental hygienists, and 928 dental therapists.[288]

Dental studies are offered at the following five universities in South Africa:

- at the University of Pretoria,
- at Sefako Makgatho Health Sciences University,
- at the University of the Western Cape,
- at the University of the Witwatersrand
- and at the University of KwaZulu-Natal.

The program typically lasts five years and leads to either a Bachelor of Dental Surgery (BChD) or a Bachelor of Dental Science (BDS). After graduation, students must complete an additional year of mandatory community service in the public health system before they can be registered as dentists. The five universities mentioned above also offer bachelor's degree programs in oral hygiene, which typically take three years to complete. Dental therapy is currently offered as a three-year bachelor's degree program at the University of KwaZulu-Natal and Sefako Makgatho Health Sciences University.[289, 290]

The registry of the South African Dental Technicians Council (SADTC) lists a total of 1,129 active dental technicians and 585 dental laboratories, as well as 86 in-house dental laboratories, for the 2024/2025 reporting year. The number of laboratories has declined in both categories. Most dental laboratories (241) are located in the Gauteng province, followed by the Western Cape province (155).[291] The number of dental technicians published by the SADTC stand in stark contrast to the figure of only 51 dental technicians reported by the WHO for South Africa.[255]

With 1.07 dentists per 10,000 inhabitants, South Africa has the highest dentist density in sub-Saharan Africa after Namibia (1.14). Dental care is concentrated in cities and areas close to cities, resulting in limited dental care in rural regions.[292]

The high prevalence of oral diseases and inadequate dental care pose major challenges for South Africa. Dental care is characterized by structural underprioritization, inefficient management, and staffing and training structures that do not meet actual needs. This particularly affects primary as well as specialized (secondary and tertiary) care. To date, the government has been largely unsuccessful in ensuring comprehensive, cost-effective primary dental prevention. Primarily basic treatments are provided.[293] To address these shortcomings, the National Department of Health is developing a National Oral Health Policy and Strategy for the period 2024–2035, which adopts a holistic and cross-sectoral approach to strengthening oral health. Key objectives include integrating oral health into the general health care system, improving standards of care, ensuring more equitable access to dental services across all population groups, and providing needs-based training and deployment of oral health professionals, including the targeted involvement and training of non-dental professional groups.[294]

To meet the high demand for dental care, aid organizations are also active, offering basic treatment to low-income individuals, particularly in rural areas. Some aid organizations also collaborate with government health programs, for example, as part of prevention campaigns in schools or in the training of health care personnel.[295]

## Dental Care Financing and Insurance Coverage

Recent surveys show that only about 15% of the population has private health insurance ("medical scheme"),[296] while 85% of South Africans rely on the public health care system. Despite the comparatively small number of patients, the private sector accounts for more than half of total health care spending (approx. 52%).[297] Care in private facilities often meets international or European standards,[43] while public hospitals are frequently inadequately equipped and face staff shortages,[298] which is why sometimes foreign specialists are recruited.

Major private health insurers such as Discovery Health (with 1.34 million premium payers) manage the reimbursement of health services through so-called Designated Service Providers (DSPs). In addition, the insurer maintains internal lists of preferred products and suppliers. Smaller insurers generally follow similar structures.[296, 299]

To address pronounced social inequality, the South African government has been pursuing the introduction of a National Health Insurance (NHI) for several years. The goal of this reform is to gradually establish (planned for 2028) universal health insurance with mandatory enrollment for certain income groups, as well as greater regulation of the private sector. A state-run National Health Insurance Fund will cover the cost of services and, for this purpose, enter into contracts with public and private providers. Members will then be able to receive treatment at these facilities without having to pay out of pocket. Basic dental care is also expected to be covered.[300] The introduction of this universal health insurance system is likely to significantly improve access to health care. However, the timeline is considered unrealistic.[299]

## Opportunities for the German Dental Market

Given the optimistic outlook, South Africa's medical technology and dental market is extremely attractive to German companies. Per capita spending on dental services, at US$38.90 in 2019, is relatively high by African standards.[301]

Imports account for approximately 90% of the medical technology sector. Germany accounts for 34.6% of South Africa's medical device imports, making it the third-largest supplier after the U.S. and China. For the German medical technology industry, South Africa is the largest sales market on the African continent.[299]

### BRICS and its significance for South Africa's trade

BRICS stands for Brazil, Russia, India, China, and South Africa and is an economic and geopolitical cooperation framework among major emerging economies. South Africa has been a member since 2010; most recently (2024), Egypt, Ethiopia, Iran, and the United Arab Emirates joined the group. The goal of the cooperation is to strengthen economic collaboration among member states and to increase the influence of emerging economies in the global economic order. Among the most important institutions is the New Development Bank (NDB), which finances infrastructure and development projects.

While BRICS membership strengthens South Africa's economic ties—particularly with the Asian emerging economies of China and India—and thereby increases competitive pressure from suppliers in these markets to some extent, it does not fundamentally alter the trade conditions for European companies. These conditions are largely shaped by the **EU–SADC Economic Partnership Agreement (EPA)**, which creates a stable framework for bilateral trade. On November 20, 2025, the EU and South Africa also signed the **Clean Trade and Investment Partnership (CTIP),** which is intended to promote bilateral trade and investment in clean supply chains.[302]

Local production of medical technology amounts to only approximately US$200–300 million. Slightly more than half of exports are destined for countries in the Southern African region, but Germany is also a significant buyer, with a value of around US$9 million. South African medical technology companies primarily produce disposable products and hospital furniture, but in some cases also manufacture high-tech devices for international markets.[303] This also offers German and European companies the opportunities to establish strategic partnerships.

There is a small local production of dental instruments and implants. However, 85% are imported, primarily from the U.S. and Germany, but also from China and Switzerland. To meet the demand for treatment, public clinics must increase their capacity to provide basic dental care. Demand for dental equipment and staff training is therefore particularly high in the public health sector. Overall, the market is growing, although the market for high-quality equipment for complex procedures remains comparatively small.[304]

The market research firm Build Your Report estimates the South African dental equipment market at U$480.54 million in 2025 and forecasts an annual growth rate of 7.88% through 2032.[305] The structural profile of South Africa (see Fig. 11) shows an import value of US$19.37 million for the dental technology sector, based on three product groups. Germany accounts for 19.4% of these imports.[306] Table 5 shows total imports, as well as the import value and share accounted for by Germany, for several relevant product groups.

In the digital health sector as well, the market is gaining momentum—primarily due to the COVID-19 pandemic—but lags behind other emerging markets such as India and Brazil. South Africa's digitalization strategy calls for the comprehensive digitization of records and processes, the introduction of digital platforms, and the adoption of telemedicine. Digital technologies are also part of the universal health insurance system currently being implemented.[299]

Demand for new and complex medical devices and equipment is significantly higher in the private sector than in the public sector. It is growing moderately but is being constrained by low income growth and the small proportion of privately insured individuals. Although the public sector is the largest purchaser—particularly in the area of primary care—it has been subject to cost-cutting measures in recent years. While the introduction of the National Health Insurance (NHI) has been delayed, it promises substantial investment. South Africa is also increasingly relying on public-private partnerships.[299]

Distribution channels are highly fragmented. Public health care facilities are under the jurisdiction of their respective provinces, and procurement takes place through public tenders published in the national tender database, Government Tender Bulletin. Large private

hospital operators have central procurement offices or rely on lists of pre-registered suppliers. Smaller health care facilities turn to the National Hospital Network (NHN). In addition, health insurance companies (e.g., the largest private insurer, Discovery Health) are major buyers. Compliance with criteria for the economic empowerment of the Black population (Broad-Based Black Economic Empowerment, B-BBEE), which is mandatory in the public sector, is also becoming increasingly more important for private health care companies.[299]

According to the SADTC Report 2024/25, there are seven dental distributors in South Africa, two of which are located in the province of Gauteng, three in the Western Cape, and two in KwaZulu-Natal.[291]

The framework conditions for European companies operating in South Africa are comparatively favorable. The country can also serve as a regional hub for accessing attractive neighboring markets, such as Namibia. This is due, among other things, to the Southern Afri-

**Fig. 11 /// Structural profile South Africa**

| | CRITERION | VALUE | FROM | MEDIAN AFRICAN UNION | TO | Germany |
|---|---|---|---|---|---|---|
| Demand structures | GDP per capita<br>in US$ | 6,267 | 1,000 | | 6,267 | 56,104 |
| | Total population | 64,747,319 | 14,569,341 | | 237,527,782 | 84,075,075 |
| | Population share 65+<br>in % | 6.9 | 2.8 | | 8.5 | 23.7 |
| | Population growth up to 2035<br>in % | 10.0 | 7.2 | | 26.8 | -2.9 |
| | Median age of population<br>in years | 28.7 | 18.0 | | 29.8 | 45.5 |
| | Productivity loss caused by 5 oral diseases<br>in US$ per capita | 20.61 | 20.61 | | 1.57 | 232.12 |
| Dentists/Practices | Dental practice healthcare expenditure<br>in US$ million | 2,286.1 | 0.0 | | 2,286.1 | 30,877.3 |
| | Per capita expenses for dental services<br>in US$ | 38.9 | 0.0 | | 38.9 | 372.2 |
| | Practicing dentists | 6,866 | 130 | | 34,323 | 73,511 |
| | Dentists<br>per 10,000 population | 1.07 | 0.05 | | 3.09 | 8.69 |
| Dental Labs | Dental technicians | 51 | 11 | | 2,498 | 61,113 |
| | Dental technicians<br>per 10,000 population | 0.01 | 0.00 | | 0.23 | 7.23 |
| Manufacturer/Retailer | Global dental technology imports<br>in US$ million | 19.370 | 0.106 | | 20.259 | 677.641 |
| | Share of dental tech imports from Germany<br>in % | 19.4 | 0.5 | | 28.3 | |
| | Ease of Doing Business Index (EDBI)<br>100 = best possible score | 77.9 | 50.3 | | 78.2 | 45.0 |
| | Regulatory Quality Index (RQI)<br>100 = best possible score | 44 | 17 | | 56 | 92 |
| Infrastucture | Population density<br>inhabitants per km² | 52.5 | 52.5 | | 541.3 | 233.6 |
| | Network Readiness Index (NRI)<br>100 = best possible score | 47.8 | 34.6 | | 47.8 | 73.5 |
| | AI Index<br>100 = best possible score | 27.6 | 4.0 | | 27.6 | 82.8 |
| | Corruption Perceptions Index (CPI)<br>100 = best possible score | 41 | 26 | | 58 | 77 |
| | Gini Index<br>0 = best possible score | 63.0 | 63.0 | | 28.5 | 32.4 |

Sources: See "Sources and explanations of the key figures presented in the structural profiles and the overview maps of Africa," p. 64 Graphic: REBMANN RESEARCH, generated with ATLAS MEDICUS®

can Customs Union (SACU) and the SADC Free Trade Area. Leading medtech multinationals are active in South Africa and generally maintain at least one local sales and service office. Some companies also operate local production facilities. European and German dental companies market dental equipment, diagnostic systems, and hygiene products, among other items, in South Africa.[303]

For companies wishing to export to South Africa, it is recommended to collaborate with a local distributor and to cultivate personal relationships.[297]

**Table 5 /// Imports of selected medical devices to South Africa in 2025 (US$1,000s)**

| SITC | Product group | Worldwide | of which from Germany |
|---|---|---|---|
| 7741 | Electro-medical equipment | 112,081.4 | 19,846.6 (17.7%) |
| 7742 | X-ray apparatur and equipment, accessories, and parts, nes | 123,676.4 | 23,931.6 (19.4%) |
| 74183 | Medical, surgical or laboratory sterilizers | 4,510.4 | 385.1 (8.5%) |
| 8721 | Dental instruments nes | 15,855.5 | 3,514.7 (22.2%) |
| 87221 | Syringes, needles, catheters, cannulas, etc. | 190,987.9 | 10,906.2 (5.7%) |
| 87229 | Other medical, surgical or veterinary instruments and appliances | 454,944.5 | 45,025.5 (9.9%) |
| 8724 | Medical, dental, surgical or veterinary furniture | 28,757.8 | 3,797.5 (13.2%) |

Source: UN Comtrade Database (2026)[288]

## Legal Framework for Medical Devices

In 2017, the South African Health Products Regulatory Authority (SAHPRA) was established as the regulatory agency. According to its guidelines (Classification Rules for Medical Devices and In Vitro Diagnostics), medical devices are classified into four risk classes. A license is required for the manufacture, import, and distribution of devices in Classes B through D (low, medium, and high risk, respectively). As with the approval of medical devices in Europe, a quality management system compliant with ISO 13485 is required when applying for or renewing a license. Only licensed companies are permitted to import and distribute medical devices. A local representative is required to obtain the Medical Device Establishment License. Distributors may specialize in certain products or a specific sector (public/private). Long processing times should be expected at SAHPRA. However, existing EU certification (CE marking) can simplify the approval process. No customs duties are levied on the majority of medical technology and medical goods imported from Europe.[299, 304]

# WEST AFRICA

The region West Africa comprises the countries of Benin, Burkina Faso, Côte d'Ivoire (Ivory Coast), The Gambia, Ghana, Guinea, Guinea-Bissau, Cape Verde, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo. The total population of West Africa is approximately 467 million.[88] With a per capita GDP of just US$1,107 (in 2024)[115], West Africa is the poorest region in Africa. At the same time, the West African economy recorded the strongest GDP growth among the five African regions, with a median growth rate of +5.5%[206] in 2024.

In addition to Ghana, Nigeria, and Senegal—which are profiled in detail below—Côte d'Ivoire is also an attractive target market for products from European dental companies. Compared to other West African countries, Côte d'Ivoire has by far the strongest economy, with a GDP of US$87.11 billion (in 2024).[57] Côte d'Ivoire stands out for its diversified economy and favorable investment climate. With a score of 76.6 on the Ease of Doing Business score, the country offers favorable conditions.[207] The World Bank forecasts GDP growth of 6.4% for the country in 2026.[208] With a population of nearly 33 million, it is considered a gateway to Francophone West Africa for business activities. Health care spending in Côte d'Ivoire amounted to US$87.68 per capita in 2023 and has risen sharply in recent years.[209] The Ivorian dental market is also growing rapidly, driven by increasing investment in health care, growing awareness of oral health, and rising demand for advanced dentistry.[210]

Côte d'Ivoire's health care system is primarily modeled after the European systems, but traditional healers and Islamic medical practices continue to be used. As a result of colonization, hospitals and health centers were built mainly according to the French model: with ESPCs (Etablissements Sanitaires de Premier Contact) at the local level and CHRs (Centres Hospitaliers Régionaux) at the regional level, as well as central CHUs (Centres Hospitaliers Universitaires). However, very few people can afford treatment at a CHU. As a result, many people are turning back to traditional medicine. Due to a lack of government funding, the health care system suffers from infrastructure problems, a shortage of equipment, and staffing challenges. Treatments generally must be paid for privately, which many cannot afford. Since 2019, Ivorians are covered by universal health insurance (Couverture Médicale Universelle = CMU), which is intended to provide all residents with access to basic health care. The mandatory standard contribution to the Régime Général de Base (RGB) is approximately 1,000 CFA (equivalent to about €1.53) per person per month. Through the premium-free Régime d'Assistance Médicale (RAM), individuals in need receive free (government-funded) medical care. The CMU generally covers 70% of the costs for medical services, including basic dental treatments such as consultations, conservative therapies, and extractions; low-income households may receive 100% coverage. The costs of prosthetic and orthodontic treatments are generally paid out of pocket.[211] Dental services are provided in both public hospitals and private practices, although access varies greatly by region.[212]

Health care in Côte d'Ivoire is better than in many other African countries—particularly in the significantly better-equipped private health care facilities. As part of the National Health Development Plan (PNDS), the equivalent of US$11 billion was allocated to expanding the health sector from 2021 to 2025.[213]

# GHANA

Capital ..... **Accra**
Currency ..... **Cedi (GHS)**
Official languages ... **English**[43]

## General Information About the Country

The Republic of Ghana is currently home to over 35 million people.[88] With a Gini index of 43.5%, Ghana ranks in the middle among the countries compared.[116] With its high population growth and comparatively strong purchasing power (per capita GDP: US$3,339),[68] this West African country represents an attractive market for investment.

Ghana currently offers favorable economic policy conditions. GDP growth is projected to reach 4.6% in 2026.[208] Reform measures and debt restructuring under IMF supervision are showing results. Inflation is declining, and the foreign exchange and gold reserves of the central bank (Bank of Ghana) have risen significantly. In addition, growing private consumption and rising revenues from commodity exports are supporting the economy. Ghana ranks among the top ten export markets for German companies in Africa, although it now trails Nigeria, Liberia, and Côte d'Ivoire. German exports to Ghana are growing rapidly and increasing by just under 34% in 2025 compared to the previous year.[214, 215] Ghana is also home to the headquarters of the African Continental Free Trade Area, a free trade area comprising 54 member states.[216] However, with a score of 50.3 on the Ease of Doing Business Index, Ghana ranks low compared to the other countries considered here.[201]

In Accra and the other major cities, the domestic political situation is relatively stable; however, the security situation in the Northern, North East, Savannah, Upper West, and Upper East regions is affected by occasional violent clashes between local ethnic groups.[217]

## Oral Health and Dental Care Needs

The health status of the Ghanaian population and life expectancy have improved significantly since the 1980s. Although the country generally has sufficient capacity to train medical personnel, a structural shortage persists due to emigration.[43]

The need for dental care is high. According to surveys, 40.4% of the population suffer from untreated dental caries,[218] while the WHO estimates a significantly lower caries rate of 25.3% among those over the age of five.[219] It is estimated that slightly more than half of the population brushes their teeth twice a day. Nevertheless, 29% of Ghanaians aged 18 to 69 report oral health problems. Only 3.4% of them sought dental treatment within the last 12 months. Dental problems thus often remain untreated. In addition, one in every hundred adults is edentulous.[220]

## Dental Care Landscape

84.9% of the population has never received dental treatment; this proportion is even higher in rural areas.[322] Dentists tend to practice

**Fig. 12 /// Structural profile Ghana**

| | CRITERION | VALUE | FROM | MEDIAN AFRICAN UNION | TO | Germany |
|---|---|---|---|---|---|---|
| Demand structures | GDP per capita<br>in US$ | 2,391 | 1,000 | | 6,267 | 56,104 |
| | Total population | 35,064,273 | 14,569,341 | | 237,527,782 | 84,075,075 |
| | Population share 65+<br>in % | 3.8 | 2.8 | | 8.5 | 23.7 |
| | Population growth up to 2035<br>in % | 18.1 | 7.2 | | 26.8 | -2.9 |
| | Median age of population<br>in years | 21.3 | 18.0 | | 29.8 | 45.5 |
| | Productivity loss caused by 5 oral diseases<br>in US$ per capita | 5.16 | 20.61 | | 1.57 | 232.12 |
| Dentists/Practices | Dental practice healthcare expenditure<br>in US$ million | 0.8 | 0.0 | | 2,286.1 | 30,877.3 |
| | Per capita expenses for dental services<br>in US$ | 0.0 | 0.0 | | 38.9 | 372.2 |
| | Practicing dentists | 679 | 130 | | 34,323 | 73,511 |
| | Dentists<br>per 10,000 population | 0.20 | 0.05 | | 3.09 | 8.69 |
| Dental Labs | Dental technicians | 52 | 11 | | 2,498 | 61,113 |
| | Dental technicians<br>per 10,000 population | 0.02 | 0.00 | | 0.23 | 7.23 |
| Manufacturer/Retailer | Global dental technology imports<br>in US$ million | 0.618 | 0.106 | | 20.259 | 677.641 |
| | Share of dental tech imports from Germany<br>in % | 9.5 | 0.5 | | 28.3 | |
| | Ease of Doing Business Index (EDBI)<br>100 = best possible score | 50.3 | 50.3 | | 78.2 | 45.0 |
| | Regulatory Quality Index (RQI)<br>100 = best possible score | 45 | 17 | | 56 | 92 |
| Infrastucture | Population density<br>inhabitants per km² | 144.3 | 52.5 | | 541.3 | 233.6 |
| | Network Readiness Index (NRI)<br>100 = best possible score | 44.0 | 34.6 | | 47.8 | 73.5 |
| | AI Index<br>100 = best possible score | 6.3 | 4.0 | | 27.6 | 82.8 |
| | Corruption Perceptions Index (CPI)<br>100 = best possible score | 43 | 26 | | 58 | 77 |
| | Gini Index<br>0 = best possible score | 43.5 | 63.0 | | 28.5 | 32.4 |

Sources: See "Sources and explanations of the key figures presented in the structural profiles and the overview maps of Africa," p. 64 Graphic: REBMANN RESEARCH, generated with ATLAS MEDICUS®

in urban areas, resulting in a significant shortage of care in rural areas. Paradoxically, however, dental problems are more prevalent in urban areas. The density of dentists is highest in southern Ghana.[218] Some facilities are located near airports and are also used by affluent patients from other West African countries.

## Dental Care Financing and Insurance Coverage

A national health insurance program was introduced in Ghana in 2005, covering (as of 2025) more than half of the population.[221] When the twelve private insurance providers are included, it is estimated that approximately 70% of the population has health insurance. However, key issue is that many patients must pay copayments for medications, as health insurance covers only a portion of medical services.[222] Many people living in poverty rely on aid from charitable organizations due to financial hardship. The church-run Poor and Sick Fund supports these individuals by, among other things, paying outstanding medical bills.[43]

## Opportunities for the German Dental Market

Since Ghana's population is projected to grow by 18% by 2035,[175] investment in and imports of medical devices are expected to increase. The medical device market is projected to reach US$111 million by 2026,[223] while the market for dental equipment is expected to grow to US$2.2 million by 2027.[224]

**Table 6 /// Imports of selected medical devices to Ghana in 2023 (US$1,000s)**

| SITC | Product group | Worldwide | of which from Germany |
|---|---|---|---|
| 7741 | Electro-medical equipment | 5,771.6 | 3,347.6 (58.0%) |
| 7742 | X-ray apparatur and equipment, accessories, and parts, nes | 11,270.3 | 603.3 (5.4%) |
| 74183 | Medical, surgical or laboratory sterilizers | 1,595.5 | 32.4 (2.0%) |
| 8721 | Dental instruments nes | 472.4 | 58.9 (12.5%) |
| 87221 | Syringes, needles, catheters, cannulas, etc. | 6,569.7 | 71.2 (1.1%) |
| 87229 | Other medical, surgical or veterinary instruments and appliances | 13,765.7 | 4,385.5 (31.9%) |
| 8724 | Medical, dental, surgical or veterinary furniture | 3,157.2 | 316.0 (10.0%) |

Source: UN Comtrade Database (2026)[142]

The country, with an area of 227,540 km², is one of the largest markets for imported medical technology in sub-Saharan Africa. 90% of medical devices is imported, and import value could reach as much as US$110 million by 2026[222]. It is difficult to make a definitive forecast, as import figures fluctuate. Chinese manufacturers have a strong presence in the in the Ghanaian dental market, but the Ghanaian market also offers lucrative opportunities for German companies:

- German companies account for a growing share of imports in some market segments: Ghana's imports of dental technology (selected HS codes) totaled approximately US$618,000 in 2023. With a 9.5% share, Germany was a major supplier in this product group.[142]
- In competition with Chinese offerings in the dental sector, opportunities exist for German suppliers, particularly for high-quality and premium products.
- A financially secure middle class is increasingly emerging in Ghana, with growing purchasing power for more sophisticated health care services.[222]
- As a result of Agenda 111, health care facilities are being expanded across the country and health care spending is rising sharply. Compared to the previous year, spending increased by 13.4% to 17.8 billion cedis in 2025.[223]
- The private sector accounts for 60% of health care spending, is growing rapidly and offers significant opportunities for businesses.[222]
- Ghana is already benefiting from innovative technologies: The country has the world's largest medical drone delivery system (operated by Zipline) and an electronic pharmacy platform.[223]
- E-commerce platforms such as Alibaba and Jumia are available in Ghana.[216]
- To date, very few medical devices have been manufactured in Ghana. German suppliers typically collaborate with local partners.[43]

## Legal Framework for Medical Devices

When importing goods under HS heading 901890 (e.g. dental instruments, apparatus, and equipment) into Ghana, an import duty of 5% applies.[225] In addition, companies wishing to import medical devices must obtain approval from the Ghana Food and Drugs Authority (FDA) for entering the market and appoint a local representative.[226]

# NIGERIA

Capital..... **Abuja**
Currency..... **Naira (NGN)**
Official languages.... **English**

## General Information About the Country

With a population of approximately 238 million, Nigeria is the most populous country in Africa.[88] Nigeria is one of the world's richest countries in terms of natural resources and Africa's largest oil producer. However, the vast majority of the population benefits little from the country's natural resources. While the country was still considered Africa's strongest economic power ten years ago, it is currently in the midst of a deep economic crisis marked by high inflation. However, gradual economic stabilization is now emerging as a result of the reforms initiated in 2023 under President Bola Ahmed Tinubu. In 2026, the economy is projected to grow by 4.4%—the highest rate in ten years. The country plays a key role in the Economic Community of West African States (ECOWAS) and its regional trade framework. For Germany, Nigeria is the most important export market in sub-Saharan Africa after South Africa. German exports to Nigeria increased by 30.5% in 2025 compared with the previous year.[227]

The market researcher Fitch Solutions forecasts annual growth of 9% for the Nigerian medical device market between 2022 and 2027. A total market value of US$311 million is projected for 2027. A value of US$10 million is expected for dental products.[228]

## Oral Health and Dental Care Needs

Although Nigeria has a national oral health policy as well as strategies for integrating oral health into primary care, practical implementation remains limited.[229] Per capita, just US$0.7—or a total of US$137 million (as of 2019)—is spent on dental care.[230] According to estimates, more than 80% of the population lacks access to dental health services. Just under one-fifth of Nigerians have never visited a dentist.[231] Dental care is often sought only after symptoms of disease have already appeared or in cases of extreme emergencies. Only 12% of the population undergoes an annual checkup.[232] Key factors contributing to the underutilization of oral health services include cultural and ethical factors, a lack of knowledge about oral hygiene, low socioeconomic status, and limited access to care, particularly in rural areas.[233]

Over 90% of the population suffers from dental caries, most of which goes untreated. Approximately 80% of Nigerians are affected by gum disease, and more than 40% by tooth loss.[233] The WHO, however, estimates the prevalence of oral diseases to be significantly lower: According to WHO figures, dental caries in permanent teeth affects 23.9% of the population, while severe periodontal disease affects 25.1% of those over 15 years of age.[230] Nigeria is among the countries with the highest incidence of noma in sub-Saharan Africa. Most cases occur in the northern region of the country. In 2018, according to a survey in northwestern Nigeria, 3,300 out of every 100,000 children were affected by noma.[234] Specialized treatment centers are available for affected patients.[235]

## Dental Care Landscape

There is a severe shortage of dental personnel in Nigeria. With a total of 5,722 dentists[154], or 0.25 dentists per 10,000 inhabitants (as of 2024), dental care in Nigeria is inadequate.[236] In addition, in 2021, 2,498 dental technicians were active.[237] According to estimates, approximately 10,000 doctors and nurses left the country between 2022 and 2024.[238] Furthermore, access to care is distributed very unevenly. Dental professionals and facilities are concentrated in urban centers. Only about 40% of Nigerian states have functioning dental care facilities, and in some rural areas people must travel more than 50 km for dental treatment or rely on traditional medicine. Public dental health services in Nigeria are often underfunded and lack qualified staff. In addition, more than half (60%) of these services are hampered by significant infrastructure gaps, such as an unreliable power supply or a lack of or insufficient equipment. Private clinics also lack diagnostic equipment and well-trained professionals. Furthermore, 82% of private facilities are located in metropolitan areas such as Lagos, Abuja, and Port Harcourt.[232]

## Dental Care Financing and Insurance Coverage

In 2023, health care spending in Nigeria amounted to US$66.82 per capita. By international standards, the country spends relatively little on health care. Health care spending as a share of GDP was only 4.19% in 2023—a slight increase compared to previous years. Notably, the private sector accounts for a very high 72% of health expenditures.[239] Per capita spending on dental care is US$0.7 (US$137.5 million in absolute terms).[240]

As in South Africa, Nigeria has significant social and geographic disparities in access to medical care. Access is particularly poor in the north. The situation is highly precarious in rural areas. Medical facilities such as hospitals are mostly funded by the government and only occasionally by church-affiliated or private organizations. Only people with higher incomes can afford the comparatively expensive treatments at private clinics.[231]

Although the national health insurance program has expanded its coverage to about 10–12% of the population[241], only 4% of the population has insurance that covers dental care.[230] An estimated three-quarters of Nigerians therefore cannot afford conventional medical or dental care.[232] This is one of the reasons why traditional healers are often preferred over expensive visits to the doctor.[242]

Medical tourism has a negative impact on the country's health care facilities: Many Nigerians who have the necessary financial means prefer to seek treatment abroad due to the inadequate state of medical care in Nigeria. As a result, an estimated US$1 billion or more flows out of the country annually.[243] The government is striving to curb this trend, for example by establishing the African Medical Center in Abuja.[228]

Given the high investment needs in the health sector, the government plans not only to improve and digitize the health care system but also to expand the National Health Insurance Scheme (NHIS) as the payer for public health care services. The 2026 national budget allocates US$1.7 billion[227] to the health sector. In addition, the government is making significant efforts to improve health care provision through foreign investment and public-private partnerships. The initial successes of these modernization measures became apparent during the COVID-19 pandemic. In light of the planned measures, an increase in the utilization of public benefits as well as a rising demand for dental products is expected.[241, 243, 228]

## Opportunities for the German Dental Market

Due to its large population—which is projected to continue growing rapidly—and the often unmet need for dental care, Nigeria is a dental market with great potential.[228] In recent years, however, major multinational companies have withdrawn from the Nigerian health care market due to high inflation, declining purchasing power, and inadequate infrastructure. Some reforms are now however starting to show signs of improvement.[244] Nigeria is considered the second-largest market in Africa for digital health, after South Africa.[245]

Nigeria sources nearly 99% of its required health care products from abroad.[246] German medical devices, in particular, are valued for their high quality.[46] GTAI estimates Germany's share of medical device imports at 3.5%, making Germany the seventh-largest supplier.[228] China has the largest market share (40%), but primarily supplies low-tech products.[243] Some local distributors, such as AfricaMed, collaborate closely with Asian companies.[243]

**Table 7 /// Imports of selected medical devices to Nigeria in 2023 (US$1,000s)**

| SITC | Product group | Worldwide | of which from Germany |
|---|---|---|---|
| 7741 | Electro-medical equipment | 10,034.8 | 879.9 (8.8%) |
| 7742 | X-ray apparatur and equipment, accessories, and parts, nes | 18,555.8 | 864.7 (4.7%) |
| 74183 | Medical, surgical or laboratory sterilizers | 2,228.8 | 22.9 (1.0%) |
| 8721 | Dental instruments nes | 380.6 | 3.4 (0.9%) |
| 87221 | Syringes, needles, catheters, cannulas, etc. | 18,953.3 | 538.6 (2.8%) |
| 87229 | Other medical, surgical or veterinary instruments and appliances | 21,480.2 | 895.4 (4.2%) |
| 8724 | Medical, dental, surgical or veterinary furniture | 12,001.2 | 53.8 (0.4%) |

Source: UN Comtrade Database (2026)[85]

### Tips for market entry

- Working with a local representative is recommended[228]
- Distributors typically seek exclusive contracts but often carry multiple brands[243]; the focus is often on quick sales rather than service[228]
- Due to limited planning capacity for health care projects, marketing through full-service or turnkey providers is a good option[245]
- Smaller, specialized events in Nigeria are usually more effective for networking with local stakeholders than large international trade shows[228, 243]
- The U.S. Commercial Service recommends that companies try to streamline the registration process, engage experienced consultants, and submit project proposals accompanied by financing offers[246, 243]

Procurement processes at public and private health care facilities differ significantly. Private operators have considerable freedom in their purchasing decisions. In public facilities, however, health insurance providers and compliance requirements play a key role in the decision-making process. High-quality medical technology is primarily procured by the Ministry of Health in the public sector, while in the private sector, demand comes mainly from specialized facilities or large multidisciplinary clinics. The financing of cost-intensive equipment is increasingly carried out through public-private partnerships (PPPs). During the COVID-19 pandemic, the public sector in particular made extensive investments; in the medium term, however, the private sector is expected to grow more rapidly.[228] Procurement decisions are often not needs-based, and maintenance and upkeep costs are frequently not adequately budgeted for. As a result, existing equipment in many health care facilities is not operational.[247] Due to limited financial resources, there is also demand for used medical technology; however, the conditions for its import have so far been inadequately regulated.[245]

## Legal Framework for Medical Devices

Importing medical devices requires registration with the National Agency for Food and Drug Administration and Control (NAFDAC). The manufacturer must apply for registration. A Nigerian representative is required. The registration process is quite expensive, can take up to one year, and is extremely bureaucratic. In addition, imported products must also be registered with the Chamber of Commerce. Importers wishing to supply government institutions must undergo prequalification with the Bureau of Public Procurement (BPP) to be included on the list of approved suppliers. Government hospitals and specialized clinics must adhere to this annually published list when procuring medical devices.[46, 246, 243]

**Fig. 13 /// Structural profile Nigeria**

| | CRITERION | VALUE | FROM | MEDIAN AFRICAN UNION | TO | Germany |
|---|---|---|---|---|---|---|
| Demand structures | GDP per capita in US$ | 1,084 | 1,000 | | 6,267 | 56,104 |
| | Total population | 237,527,782 | 14,569,341 | | 237,527,782 | 84,075,075 |
| | Population share 65+ in % | 3.1 | 2.8 | | 8.5 | 23.7 |
| | Population growth up to 2035 in % | 21.1 | 7.2 | | 26.8 | -2.9 |
| | Median age of population in years | 18.1 | 18.0 | | 29.8 | 45.5 |
| | Productivity loss caused by 5 oral diseases in US$ per capita | 3.94 | 20.61 | | 1.57 | 232.12 |
| Dentists/Practices | Dental practice healthcare expenditure in US$ million | 137.5 | 0.0 | | 2,286.1 | 30,877.3 |
| | Per capita expenses for dental services in US$ | 0.7 | 0.0 | | 38.9 | 372.2 |
| | Practicing dentists | 5,722 | 130 | | 34,323 | 73,511 |
| | Dentists per 10,000 population | 0.25 | 0.05 | | 3.09 | 8.69 |
| Dental Labs | Dental technicians | 2,498 | 11 | | 2,498 | 61,113 |
| | Dental technicians per 10,000 population | 0.11 | 0.00 | | 0.23 | 7.23 |
| Manufacturer/Retailer | Global dental technology imports in US$ million | 0.453 | 0.106 | | 20.259 | 677.641 |
| | Share of dental tech imports from Germany in % | 0.8 | 0.5 | | 28.3 | |
| | Ease of Doing Business Index (EDBI) 100 = best possible score | 54.4 | 50.3 | | 78.2 | 45.0 |
| | Regulatory Quality Index (RQI) 100 = best possible score | 17 | 17 | | 56 | 92 |
| Infrastucture | Population density inhabitants per km² | 251.9 | 52.5 | | 541.3 | 233.6 |
| | Network Readiness Index (NRI) 100 = best possible score | 34.9 | 34.6 | | 47.8 | 73.5 |
| | AI Index 100 = best possible score | 7.2 | 4.0 | | 27.6 | 82.8 |
| | Corruption Perceptions Index (CPI) 100 = best possible score | 26 | 26 | | 58 | 77 |
| | Gini Index 0 = best possible score | 33.9 | 63.0 | | 28.5 | 32.4 |

Sources: See "Sources and explanations of the key figures presented in the structural profiles and the overview maps of Africa," p. 64 Graphic: REBMANN RESEARCH, generated with ATLAS MEDICUS®

# SENEGAL

Capital..... **Dakar**
Currency..... **CFA Franc BCEAO (Franc of the Communauté Financière d'Afrique)**
Official languages... **French**

## General Information About the Country

Senegal is located at the westernmost tip of the African continent and is the West African country geographically closest to Europe. Within Senegal, the state of The Gambia extends as an enclave far into the interior of the country along the river of the same name, separating the southern region—known as Casamance—from the rest of the country. As of 2025, Senegal has a population of nearly 19 million; by 2035, this figure is expected to exceed 23 million.[175] The country is characterized by great linguistic diversity. Wolof and French are the most commonly spoken languages.[248] Ninety-five percent of the population identifies as Muslim, although the country is a secular state under its constitution and other religions are treated with tolerance.

Politically, Senegal is considered a relatively stable democracy with regular elections since gaining independence from France in 1960. However, political tensions and unrest have arisen since 2019. In 2024, the election of opposition politician Bassirou Diomaye Faye as president led to a stabilization of the situation. The country, however, continues to experience protests, as well as rising prices, food insecurity, and high unemployment. Nevertheless, due to planned judicial reforms, anti-corruption measures, and economic reorientation, businesses remain cautiously optimistic.[249] As part of its 25-year development plan, the country also plans major investments, including in the health care sector.[250, 248]

Currently, the country is experiencing a growth boom driven by its natural resources (natural gas, oil, and gold). GDP grew by 6.9%[111] in 2024, and the World Bank forecasts growth of 4.1%[6] for 2026. At the same time, Senegal is among the most heavily indebted countries in Africa. The loan program with the International Monetary Fund (IMF) is currently suspended, and negotiations on a new program are proving difficult. A new IMF program would be highly desirable for foreign companies. Companies must also expect a high tax burden. In addition, the previously large informal sector is increasingly being brought into the formal economy, which is weighing on consumer spending.[250] In the Ease of Doing Business Index, the country ranks only average compared to other African nations.[201]

## Oral Health and Dental Care Needs

Oral diseases are widespread in Senegal. The Senegalese authorities estimate that 76% of adults suffer from dental caries[251] and approximately 72% from gum disease.[252] The WHO cites significantly lower figures: a caries prevalence of 38.5% among those over five years of age and a periodontal disease prevalence of 27.5% among those over 15 years of age.[253] The high prevalence of oral diseases is closely linked to high sugar consumption, but also to widespread tobacco and alcohol use.[252]

Despite high prevalence rates, dental services are rarely utilized. Regular preventive checkups are seldom sought, and many people visit the dentist only when they are in pain—or not at all. Studies show that only about 3% of the population visits the dentist at regular intervals. When treatment is needed, only about 25% of those affected seek formal dental care. Instead, many people resort to traditional medicine (37.7%) or self-medication (32.3%).[254] Other sources indicate that 62% of dental complaints remain untreated.[252] A major reason for this is a lack of financial resources and insufficient government funding. According to the WHO, only about US$0.3 per capita is spent on dental care annually in Senegal, for a total of US$4.4 million.[253]

## Dental Care Landscape

The dental care situation is poor overall. As of 2024, Senegal has only about 200 dentists, corresponding to approximately 0.11 dentists per 10,000 inhabitants—one of the lowest rates in the region.[236]

About three-quarters of dentists are concentrated in the Dakar metropolitan area. This results in massive disparities in care between urban and rural areas. In rural areas, patients often have to travel long distances. Even where qualified personnel are available, treatments are frequently too expensive for many people.[254] Furthermore, according to WHO data, there are only 23 dental technicians nationwide.[255]

Senegal plans to integrate oral health measures more closely into national programs as part of regional WHO strategies to improve care.[256] In 2025, a modern dental clinic with a training center was opened in Dakar with the goal of improving care and training more qualified professionals.[257]

## Dental Care Financing and Insurance Coverage

Senegal is currently in the process of introducing universal health coverage (Couverture Maladie Universelle—CMU). By 2024, ten million people were already insured, with a target of 15 million set for 2025.[258] This represents a significant improvement compared to ten years ago, when only about 14% of households had insurance coverage.[259]

CMU also presents an opportunity for private clinics, which generate two-thirds of their revenue through insurance companies or cooperatives.[248] However, CMU offers only limited benefits, reimbursements are delayed, and acceptance among the population is limited. In addition to CMU, there are private and employer-sponsored health insurance plans that typically cover 50–80% of general medical and pharmaceutical costs. The remainder must be paid directly by the patient. Without supplemental insurance, patients often face high out-of-pocket costs.[258] The out-of-pocket share of health care expenditures stands at 44.33%.[260]

Dental services, in particular, are usually not covered, so patients can expect to pay at least 80% out of pocket. This leads to unequal access to dental care.[261] Insurance companies cover only a portion of the costs, if at all—for example, for conservative treatments or tooth extractions. Dentures, dental prosthetics, cosmetic procedures, and complex treatments, on the other hand, are not covered at all or only to a very limited extent. Insurance companies report that dental treatments account for up to half of their budget and that they must therefore severely limit coverage. In addition, the population often has insufficient knowledge about the actual coverage of dental services.[262]

A pilot program aimed at reducing social inequalities in dental health care in selected health districts showed that a flat-rate pricing approach can improve access to dental care by partially removing financial barriers. This approach led to a significant reduction in the proportion of people who forgo care due to cost concerns.[263]

## Opportunities for the German Dental Market

Despite structural challenges, the Senegalese health care and medical technology market offers interesting growth opportunities for German companies. The medical technology and equipment market is small but growing.[249]

Demand for modern, high-quality medical technology is rising, although there is virtually no local production capacity. The Senegalese medical device market is estimated at €133.5 million for 2024. The government is also investing in the health care sector (in 2023: 6.5% of the national budget), driven by national development plans such as the PNDS 2021–2025 and the Plan Sénégal Emergent (PSE 2035).[248] Investments in both the public and private sectors, which were already initiated during the COVID-19 pandemic, have created new opportunities for cooperation with foreign providers in the areas of eHealth, innovative solutions, medical devices and practice equipment.[264]

**Table 8 /// Imports of selected medical devices to Senegal in 2024 (US$1,000s)**

| SITC | Product group | Worldwide | of which from Germany |
|---|---|---|---|
| 7741 | Electro-medical equipment | 3,014.7 | 1,353.1 (44.9%) |
| 7742 | X-ray apparatur and equipment, accessories, and parts, nes | 6,571.5 | 319.5 (4.9%) |
| 74183 | Medical, surgical or laboratory sterilizers | 1,296.6 | – (0%) |
| 8721 | Dental instruments nes | 172.1 | 40.5 (23.5%) |
| 87221 | Syringes, needles, catheters, cannulas, etc. | 2,459.3 | 42.3 (1.7%) |
| 87229 | Other medical, surgical or veterinary instruments and appliances | 23,022.0 | 2,811.2 (12.2%) |
| 8724 | Medical, dental, surgical or veterinary furniture | 3,716.6 | 26.1 (0.7%) |

Source: UN Comtrade Database (2026)

As Senegal's former colonial power, France is the country's most important economic partner. The U.S. competes with China, but Turkey, Morocco, the United Arab Emirates, and Saudi Arabia are also increasingly exporting to Senegal. Germany currently accounts for only a small share of total medical device imports.[250] Used (often donated) medical technology is also supplied from abroad, for example from the U.S.[264]

Although the Senegalese dental market is still relatively small at present (see structural profile: global dental technology imports), it is experiencing above-average growth, and rising demand for high-quality dental products.[248] Germany's share of imports in the field of dental devices is significantly larger than in medical devices (see Table 8). For example, nearly a quarter of the dental instruments imported into the country in 2024 came from Germany.

The following business areas are particularly attractive to foreign medical technology and dental companies:

- Complete outfitting of new dental clinics and the modernization of existing facilities
- Dental devices and instruments, including handpieces, imaging systems, and digital solutions
- Qualified services (installation, maintenance) for medical equipment, as well as training for professionals, since local capacity is often insufficient
- Telemedicine and mobile health solutions, particularly for providing care in underserved rural regions[248]

German SMEs can participate in public tenders, such as those for equipping the 14,000 rural health care facilities. Export credit guarantees (e.g., HERMES/COFACE) are available to mitigate logistical and financial risks.[248]

However, these market opportunities are hampered by structural challenges, including:

- high energy and operating costs
- bureaucracy and, in some cases, inconsistency among public authorities
- Price sensitivity and liquidity constraints, especially in the public sector
- Difficult and delayed enforcement of laws and resolution of disputes, particularly for foreign SMEs
- Corruption and lack of transparency, although both are considered moderate by regional standards
- A large informal sector and relatively high (and at times inconsistent) taxation for formally operating companies[265]
- Delayed tax refunds and unjustified customs duties[250]

**Fig. 14 /// Structural profile Senegal**

| | CRITERION | VALUE | FROM | MEDIAN AFRICAN UNION | TO | Germany |
|---|---|---|---|---|---|---|
| Demand structures | GDP per capita<br>in US$ | 1,773 | 1,000 | | 6,267 | 56,104 |
| | Total population | 18,931,966 | 14,569,341 | | 237,527,782 | 84,075,075 |
| | Population share 65+<br>in % | 3.7 | 2.8 | | 8.5 | 23.7 |
| | Population growth up to 2035<br>in % | 24.0 | 7.2 | | 26.8 | -2.9 |
| | Median age of population<br>in years | 19.6 | 18.0 | | 29.8 | 45.5 |
| | Productivity loss caused by 5 oral diseases<br>in US$ per capita | 3.66 | 20.61 | | 1.57 | 232.12 |
| Dentists/Practices | Dental practice healthcare expenditure<br>in US$ million | 4.4 | 0.0 | | 2,286.1 | 30,877.3 |
| | Per capita expenses for dental services<br>in US$ | 0.3 | 0.0 | | 38.9 | 372.2 |
| | Practicing dentists | 200 | 130 | | 34,323 | 73,511 |
| | Dentists<br>per 10,000 population | 0.11 | 0.05 | | 3.09 | 8.69 |
| Dental Labs | Dental technicians | 23 | 11 | | 2,498 | 61,113 |
| | Dental technicians<br>per 10,000 population | 0.01 | 0.00 | | 0.23 | 7.23 |
| Manufacturer/Retailer | Global dental technology imports<br>in US$ million | 0.218 | 0.106 | | 20.259 | 677.641 |
| | Share of dental tech imports from Germany<br>in % | 18.6 | 0.5 | | 28.3 | |
| | Ease of Doing Business Index (EDBI)<br>100 = best possible score | 61.7 | 50.3 | | 78.2 | 45.0 |
| | Regulatory Quality Index (RQI)<br>100 = best possible score | 39 | 17 | | 56 | 92 |
| Infrastucture | Population density<br>inhabitants per km² | 94.1 | 52.5 | | 541.3 | 233.6 |
| | Network Readiness Index (NRI)<br>100 = best possible score | 39.1 | 34.6 | | 47.8 | 73.5 |
| | AI Index<br>100 = best possible score | 20.1 | 4.0 | | 27.6 | 82.8 |
| | Corruption Perceptions Index (CPI)<br>100 = best possible score | 46 | 26 | | 58 | 77 |
| | Gini Index<br>0 = best possible score | 36.2 | 63.0 | | 28.5 | 32.4 |

Sources: See "Sources and explanations of the key figures presented in the structural profiles and the overview maps of Africa," p. 64 Graphic: REBMANN RESEARCH, generated with ATLAS MEDICUS®

### Legal Framework for Medical Devices

Medical devices must be registered with the Senegal´s regulatory authority (ARP). This authority is recognized by the WHO, has achieved maturity level 3 (out of a total of 4), and its registration requirements are considered as appropriate. The ARP guarantees approval within six months for devices that comply with industry standards. Imports of devices that meet international standards (CE marking or FDA approvals) are actively supported.[248, 266] A local representative is recommended.[267]

# CENTRAL AFRICA

The Central Africa region comprises the countries of Angola, Equatorial Guinea, the Democratic Republic of the Congo (DRC), Gabon, Cameroon, the Republic of the Congo (Congo-Brazzaville), São Tomé and Príncipe, the Central African Republic, and the Republic of Chad.[49] Central Africa has a total population of approximately 220 million.[88] In 1994, Equatorial Guinea, Gabon, Cameroon, the Republic of the Congo, Chad, and the Economic and Monetary Community of Central Africa (CEMAC). These countries form a customs union with a common external tariff. The common currency is the CFA franc (BEAC), which is pegged to the euro.[109]

Most countries in Central Africa are characterized by difficult political conditions and armed conflicts. Aside from Cameroon (see the country profile below), the Democratic Republic of the Congo in particular offers potential for business activities by dental companies. Within the Central African region, the Democratic Republic of the Congo (known as Zaire until 1997; business language: French) is by far the largest country in terms of population (as of 2025: approximately 113 million).[88] Although this tropical country, located on the equator, possesses vast reserves of natural resources, the majority of the population has so far benefited very little from this wealth. The root cause of this lies in the country's long-standing political instability. Even though armed conflicts have decreased, the political situation remains difficult and the security situation tense. Nevertheless, the country offers enormous business potential, driven by significant pent-up demand in many sectors, high export earnings, and a growing middle and upper class.[110] The country's economy is growing—GDP growth of 5.1% is projected for 2026.[111]

# CAMEROON

Capital..... **Yaoundé**
Currency..... **CFA Franc (BEAC)**
Official languages... **French, English**[112]

### General Information About the Country

Cameroon, which borders Nigeria in West Africa, has a population of only about 29.9 million—even though it is roughly one-third larger in area than Germany.[88] By far the largest cities in the country are the port city of Douala and the capital, Yaoundé. The population consists of various ethnic groups with many different languages. The country's two official languages are French and English. Formally, the country is a presidential republic; in reality, however, it is characterized by authoritarian rule and has been governed by the same party for decades. The presidential election in October 2025 have noticeably exacerbated the political situation in Cameroon. Incumbent Paul Biya (in office since 1982 and, at 92, the world's oldest president) was officially reelected. Opposition candidates, however, accused the government of election fraud and irregularities. The security situation has deteriorated since the election; it is particularly critical in the border region with Nigeria (due to threats from Boko Haram) as well as in the Anglophone regions in the north and southwest (armed conflict between the government and separatists). In the major cities of Yaoundé and Douala, the situation is considered fairly stable, although crime is an issue.[113, 114]

Purchasing power is below average by regional standards. Cameroon's per capita GDP stands at US$1,830, which is significantly below the median for the Central African region of US$2,482.[115] Economic development is proceeding at a moderately positive pace: GDP growth of 3.7% is expected for 2026.[6] The country is characterized by significant income inequality. This is reflected in the Gini index value of 42, which is relatively high by African standards.[116] In addition, structural challenges persist, such as underdeveloped infrastructure and a large informal sector. With the National Development Strategy 2020–2030 (SND30), the government aims to structurally transform the economy, promote industrialization, and create more jobs in the country.[117, 118]

The population is growing rapidly at an annual rate of +2.7% and is comparatively young.[67] In the Atlas Dental Africa country comparison, Cameroon has the lowest proportion of people aged 65 and older, at 2.8%.[119] At the same time, more and more people are moving to cities. Already, around 59% of Cameroonians live in urban areas.[120] The reasons for this are varied, but the most important are the

prospect of employment and better access to health care. The school enrollment rate is quite high by African standards, at nearly 93% as of 2017.[121]

## Oral Health and Dental Care Needs

About 39% of Cameroonian children aged one to nine suffer from primary tooth decay, and about 30% of those over five have tooth decay in their permanent teeth.[29] Many adults also suffer from toothaches—often caused by a high-sugar diet and poor oral hygiene. Regular preventive dental checkups are uncommon, which in many cases ultimately leads to tooth extractions—often performed by non-dental professionals.[43]

## Dental Care Landscape

Much of the medical infrastructure is concentrated in the two largest cities, Yaoundé and Douala. In contrast, the situation is particularly precarious in Cameroon's rural regions. Access to health care services there is significantly more limited than in urban centers. Many regions lack medical professionals, adequate facilities, and modern medical equipment. In addition, long distances, poor transportation infrastructure, and shortages of electricity and water supply further complicate health care delivery. In the Anglophone regions of North-West and South-West, the situation is further exacerbated by the conflict between separatist groups and the central government, which has been ongoing since 2016.[122, 123] According to the latest WHO data (as of 2022), there are 317 dentists practicing in the country.[124] As of 2022, the dentist density is only 0.12 dentists per 10,000 inhabitants.[125]

In addition, some well-trained personnel are emigrating abroad (brain drain), where working and income conditions are often more attractive. The few dentists remaining in the country are primarily based in urban centers.[126] In larger cities, private dental practices and dental clinics have established themselves, offering a wide range of dental services (from preventive care to prosthetics and cosmetic dentistry). In urban centers such as Douala and Yaoundé, the range of services increasingly includes restorative and cosmetic treatments, which are primarily aimed at more affluent segments of the population. However, access to these facilities often requires direct out-of-pocket payment, meaning that these services are primarily targeted at higher-income groups.[127, 128]

In Yaoundé, there are several training centers for health professions, including the Humanity Health Professional Training Center (HHPTC). These institutions offer training programs for various non-medical health professions, including nursing, laboratory technology, and other allied health fields. The goal of these programs is to train qualified professionals for the Cameroonian health care system and thereby contribute to improving medical care. In addition, these training centers also provide medical services.[129, 130]

Cameroon does not yet have a standalone national oral health policy. Oral health measures are primarily integrated into broader health care strategies, particularly within the framework of national health development plans and programs aimed at strengthening primary care.[131]

## Dental Care Financing and Insurance Coverage

Cameroon's health care system is in urgent need of modernization, but little progress has been made in recent years.[132] In rural areas in particular, many people living in poverty lack health insurance and are rarely able to cover the high costs of treatment on their own. A portion of the population is covered by the public social insurance system, the Caisse Nationale de Prévoyance Sociale (CNPS). This system primarily covers workers in the formal sector and finances benefits such as old-age and disability pensions, as well as benefits for work-related accidents, through contributions from employees and employers.[133] The limited coverage provided by formal health insurance systems is also reflected in the public perceptions. According to a recent Afrobarometer survey, only about 9% of Cameroonians have health insurance. At the same time, 72% of respondents express concern that they would be unable to afford treatment costs if they fell ill. In addition, many patients report structural problems in the health care system, including long wait times, high treatment costs, and inadequate equipment in health care facilities.[134]

Since the 1990s, the Cameroonian government has pursued the goal of reforming the public health system. The primary objectives are decentralization, improved quality control, and greater public involvement in administrative and financial decisions regarding health facilities.[127, 135] To improve the efficiency of the health care system, programs such as the World Bank-supported "Results-Based Financing" approach have been introduced. So far, however, these measures have not produced significant improvements in the public health care system.[136] In Cameroon, health care services—including dental treatment—are primarily financed through direct out-of-pocket payments by patients.[137] Dental treatments are provided both in public hospitals and university clinics as well as in private dental practices and dental clinics, which are predominantly located in urban centers and are generally better equipped.[128]

In April 2023, the Cameroonian government also launched the first phase of a national Couverture Santé Universelle (CSU) program. The goal of this program is to improve access to basic health care services and reduce the financial burden on households. The CSU is

being introduced gradually and is initially aimed primarily at particularly vulnerable population groups, including children under five and pregnant women. In the first few years, several million people were enrolled in the program.[138, 139] Despite various reform efforts, the share of health expenditures paid directly by households remains high. According to estimates, approximately two-thirds of health expenditures in Cameroon are paid directly by households, while only a very small portion of the population is covered by formal health insurance systems.[140] However, the diversity of health insurance models—including private insurance, workplace-based systems, and community-based health insurance—shows that Cameroon's health insurance system is undergoing a process of development and reform.[141]

## Opportunities for the German Dental Market

Cameroon represents a significant market simply due to its comparatively large population within Central Africa. However, many hospitals, particularly in rural areas, lack dental equipment and qualified personnel.[131]

**Fig. 15 /// Structural profile Cameroon**

| | CRITERION | VALUE | FROM | MEDIAN AFRICAN UNION | TO | Germany |
|---|---|---|---|---|---|---|
| Demand structures | GDP per capita in US$ | 1,830 | 1,000 | | 6,267 | 56,104 |
| | Total population | 29,879,337 | 14,569,341 | | 237,527,782 | 84,075,075 |
| | Population share 65+ in % | 2.8 | 2.8 | | 8.5 | 23.7 |
| | Population growth up to 2035 in % | 26.8 | 7.2 | | 26.8 | -2.9 |
| | Median age of population in years | 18.0 | 18.0 | | 29.8 | 45.5 |
| | Productivity loss caused by 5 oral diseases in US$ per capita | 3.43 | 20.61 | | 1.57 | 232.12 |
| Dentists/Practices | Dental practice healthcare expenditure in US$ million | 6.6 | 0.0 | | 2,286.1 | 30,877.3 |
| | Per capita expenses for dental services in US$ | 0.3 | 0.0 | | 38.9 | 372.2 |
| | Practicing dentists | 317 | 130 | | 34,323 | 73,511 |
| | Dentists per 10,000 population | 0.12 | 0.05 | | 3.09 | 8.69 |
| Dental Labs | Dental technicians | 11 | 11 | | 2,498 | 61,113 |
| | Dental technicians per 10,000 population | 0.00 | 0.00 | | 0.23 | 7.23 |
| Manufacturer/Retailer | Global dental technology imports in US$ million | 0.106 | 0.106 | | 20.259 | 677.641 |
| | Share of dental tech imports from Germany in % | 0.5 | 0.5 | | 28.3 | |
| | Ease of Doing Business Index (EDBI) 100 = best possible score | 53.8 | 50.3 | | 78.2 | 45.0 |
| | Regulatory Quality Index (RQI) 100 = best possible score | 19 | 17 | | 56 | 92 |
| Infrastucture | Population density inhabitants per km² | 61.3 | 52.5 | | 541.3 | 233.6 |
| | Network Readiness Index (NRI) 100 = best possible score | 34.6 | 34.6 | | 47.8 | 73.5 |
| | AI Index 100 = best possible score | 4.0 | 4.0 | | 27.6 | 82.8 |
| | Corruption Perceptions Index (CPI) 100 = best possible score | 26 | 26 | | 58 | 77 |
| | Gini Index 0 = best possible score | 42.2 | 63.0 | | 28.5 | 32.4 |

Sources: See "Sources and explanations of the key figures presented in the structural profiles and the overview maps of Africa," p. 64 Graphic: REBMANN RESEARCH, generated with ATLAS MEDICUS®

**Table 9 /// Imports of selected medical devices to Cameroon in 2023 (US$1,000s) )**

| SITC | Product group | Worldwide | of which from Germany |
|---|---|---|---|
| 7741 | Electro-medical equipment | 3,014.7 | 1,353.1 (44.9%) |
| 7742 | X-ray apparatur and equipment, accessories, and parts, nes | 6,571.5 | 319.5 (4.9%) |
| 74183 | Medical, surgical or laboratory sterilizers | 1,296.6 | – (0%) |
| 8721 | Dental instruments nes | 172.1 | 40.5 (23.5%) |
| 87221 | Syringes, needles, catheters, cannulas, etc. | 2,459.3 | 42.3 (1.7%) |
| 87229 | Other medical, surgical or veterinary instruments and appliances | 23,022.0 | 2,811.2 (12.2%) |
| 8724 | Medical, dental, surgical or veterinary furniture | 3,716.6 | 26.1 (0.7%) |

Source: UN Comtrade Database (2026)[142]

Cameroon relies heavily on imports for its supply of medical devices. German suppliers hold a comparatively strong position, particularly in the market for technically sophisticated devices such as electro-medical equipment (SITC 7741), with a market share of around 45%. Germany is also a major supplier of dental instruments (SITC 8721), accounting for just over 23% of imports. In other segments, such as medical and dental furniture (SITC 8724) and medical consumables like syringes, needles, and catheters (SITC 87221), however, the share of German exports is significantly lower (see Table 9).

The main buyers of medical devices are public hospitals, private health care facilities, and international organizations and nongovernmental organizations. Sales are often handled through local distributors and importers, who play a central role in the market. There is no significant local production of medical technology.[143]

German development cooperation supports the modernization of Cameroon's health care infrastructure. As part of a health care program financed by KfW Development Bank, approximately 100 health clinics are being rehabilitated and equipped with medical supplies to improve access to health care, particularly in rural areas.[144]

Cameroon is the only country in Central Africa to date to have concluded an Economic Partnership Agreement (EPA) with the European Union. The agreement has been provisionally applied since August 4, 2014, and grants Cameroonian exports duty-free and quota-free access to the EU single market. At the same time, Cameroon is gradually opening its market to certain European products. Since then, the EU has become one of the country's most important trading partners, and trade has increased significantly since the agreement took effect.[145]

Through its membership in CEMAC, Cameroon continues to serve as a hub for exports to the regional markets of Central Africa. In addition, following Brexit, a separate trade agreement was concluded with the United Kingdom that largely extends the benefits of the EU-EPA to trade with the UK.[146]

## Legal Framework for Medical Devices

In Cameroon, the regulation of pharmaceuticals and medical devices is carried out by the Ministry of Public Health (Ministère de la Santé Publique), specifically by the Directorate of Pharmacy, Medicines, and Laboratories (DPML). This department is a central technical unit of the ministry and is responsible for implementing national policy on the regulation of health products, including medical devices. The DPML also conducts market surveillance measures and operates pharmacovigilance systems to ensure the safety and quality of health products.[147]

Medical devices must be registered before they can be marketed. To do so, an application form, technical product documentation, and proof of fee payment must generally be submitted. Registration is granted following a successful review and is typically valid for five years before it must be renewed.[148]

# ADDRESSES AND LINKS FOR THE AFRICAN MARKET

## General

The following compilation of useful addresses and links is a selection and is not intended to be exhaustive.

**Important addresses and contacts**

African Development Bank Group
www.afdb.org, https://dataportal.opendataforafrica.org

Africa Centres for Disease Control and Prevention (Africa CDC)
https://africacdc.org

African Regional Organization (ARO)
of the FDI World Dental Federation
https://www.fdiworlddental.org/regional-organizations

German-African Business Association (Afrika-Verein)
https://afrikaverein.de/en/landing-page/

Federal Foreign Office (Safety Information)
https://www.auswaertiges-amt.de/en/aussenpolitik/laenderinformationen

Sub-Sahara Africa Initiative of German Business
https://safri.de/en/homepage/?lang=en

Africa Business Network of the Federal Ministry for Economic Affairs and Energy
https://www.bundeswirtschaftsministerium.de/Redaktion/EN/Artikel/Foreign-Trade/africa-business-network.html

Federal Ministry for Economic Cooperation and Development
https://www.bmz.de/de/laender_regionen/marshallplan_mit_afrika/index.html

GIZ (German Society for International Cooperation)
https://www.giz.de/en

German Chamber of Commerce and Industry for Southern Africa
https://suedafrika.ahk.de/en

East African Health Platform
https://eahponline.net/index.php

Business Scouts for Development, Program of the Federal Ministry for Economic Cooperation and Development
https://www.giz.de/de/downloads/giz-2023-de-business-scouts-for-development-programmbrosch%C3%BCre.pdf

GTAI: Africa Business Guide
www.africa-business-guide.de

GTAI: Country Information on Africa
https://www.gtai.de/de/trade/welt/afrika

KFW DEG (German investment and development corporation)
https://www.deginvest.de/index-2.html

Federal Statistical Office: Country Profiles
https://www.destatis.de/EN/Themes/Countries-Regions/International-Statistics/_node.html#_69wzzvblz

WHO: Country Profiles - Global atlas of medical devices
https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/medical-devices/global-atlas-of-medical-devices/

**Dental aid organizations**

Bundeszahnärztekammer (BZÄK), Berlin, Germany
https://www.bzaek.de/ueber-uns/gesellschaftliche-verantwortung/zahnaerztliche-hilfsorganisationen.html

Campus for Change, Munich, Germany
https://www.campusforchange.org/

Dentaid, Totton, Hampshire, UK
https://www.dentaid.org

Dental Roots (supports dental healthcare in Rwanda)
Deidesheim, Germany
https://dentalroots.de/en/

Dental Volunteers, Rottach-Egern, Germany
www.dental-volunteers.com

Dentists and friends: helping hands, Munich, Germany
https://dentists-and-friends.de

Dentists for Africa, Weimar, Germany
https://dentists-for-africa.org/en/

German Dental Carehood International (GDCI),
Beckdorf, Germany
http://www.gdci.de/index.html

German Doctors, Bonn, Germany
https://www.german-doctors.de/en/

Germany Rotary Dental Care, Marburg, Germany
https://marburg-schloss.rotary.de

Global Dental Relief, Denver, Colorado USA
https://www.globaldentalrelief.org/

Jino Partnership with Tanzania: (Dental) Health Support Group,
Emmerich, Germany
www.jino.de

Mercy Ships Germany, Landsberg am Lech, Germany
www.mercyships.de

Zahnärzte Helfen e.V., Munich, Germany
www.zahnaerztehelfen.de

Hilfe für die Maasai in Tanzania,
Magdeburg, Germany
https://www.massai.org/en/

## Egypt

### Dental suppliers/industry

Alkan Medical, Cairo

https://www.eim-eg.com/Alkan.aspx

Delta Medical Supplies, Tanta

Dentalee Egypt, Nasr City, Cairo

kreem@hotmail.com or Phone: +20 0201019066668

IMECO, Cairo

Contact person: Dr. Khaled Bastawissi; Phone +20 225328679

IMECO, Alexandria

Contact person: Dr. Khaled Bastawissi; Phone +20 3 4871264 or +20 10 65525826

Medi-Tech Trading , Cairo

http://meditech-eg.com/

Middle East International Trading Co.Ltd, Cairo

www.meit.com.eg

### Dental associations

Egyptian Dental Association (EDA)
(Member of the FDI/ARO)

http://eda-egypt.org/

Egyptian Dental Syndicate (EDS)

https://eds-eg.org/

### Dental training institutions

Alexandria University (public), Alexandria
http://dent.alexu.edu.eg/index.php/en/

Assuit University, Assuit
https://b.aun.edu.eg/dentistry/

Badr University (BUC), Cairo
https://buc.edu.eg/new-undergraduate/oral-and-dental-medicine-new-1/

British University (private), Cairo
https://www.bue.edu.eg/faculties-departments/dentistry/

Delta University for Science and Technology (private), Mansoura
https://dentistry.deltauniv.edu.eg/en/

Faculty of Dentistry Al-Azhar University (for men) (public), Cairo
azhar.edu.eg

Faculty of Dentistry Al-Azhar University in Cairo (for women) (public), Cairo
azhar.edu.eg

Future University (private), Cairo
https://www.fue.edu.eg/

Misr International University (MIU) (private), ElObour city
http://www.miuegypt.edu.eg/

Misr University for Science and Technology (MUST) (private), Giza
www.must.edu.eg

Nahda University (private), Bani Suwaif
http://www.nahdauniversity.org/faculty.php?id=2

New Giza University (private), Giza
https://ngu.edu.eg/ng-academic/school-of-dentistry/

October 6 University (private), Giza
http://o6u.edu.eg/Faculties.aspx?FactId=11&id=80

### Information on the import procedure

Egyptian Ministry of Finance/Customs Authority
https://customs.gov.eg/

German-Arab Chamber of Industry and Commerce (AHK Egypt)
https://aegypten.ahk.de/en

GOEIC (General Organization for Export and Import Control)
https://www.goeic.gov.eg/en

Government Electronic Certification Authority (Gov-CA)

http://www.mof.gov.eg/English/Ministry%20Activities/Pages/GovernmentElectronicCertificationAuthority.aspx

## Ethiopia

### Dental suppliers/industry

MAMESIN Import and Export Plc., Addis Ababa

http://www.mamesin-medical.com/

Tonga Pharma, Adama

https://www.tongapharma.et/dental/

Ethio Smile, Addis Abeba (+ Somaliland)

https://www.ethiosmile.com

Dentose Chamo Import & Export PLC, Addis Ababa
https://dentosechamo.com/about-us/

**Dental training institutions**

Addis Ababa University (AAU) (public), Addis Ababa
https://www.aau.edu.et/college/CHS/programs

Jimma Universities, Jimma
https://ju.edu.et/?from=edurank.org

University of Gondar, Gondar
https://uog.edu.et/

**Information on the import procedure**

Ministry of Trade
http://www.mot.gov.et

Food, Medicine and Health Care Administration and Control Authority (FMHACA)
http://www.fmhaca.gov.et

Ethiopian Standard Agency (ESA)
http://www.ethiostandards.org

Ethiopian Revenues and Customs Authority (ERCA)
https://customs.erca.gov.et/trade/

## Botswana

**Dental suppliers**

AFMED (PTY) LTD., Gaborone
https://afmed.co.bw/

Medronix, Gaborone
https://medronix.co.bw/

**Dental associations**

Botswana Dental Association (BDA)
(Member of the FDI/ARO)
https://bodea.co.bw

**Information on the import procedure**

Botswana Unified Revenue Service (BURS)
http://www.burs.org.bw/

Botswana Bureau of Standards (BOBS)
https://www.iso.org/member/1753.html

Botswana Medicines Regulatory Authority (BoMRA)
https://www.bomra.co.bw/

Electronic Customs Portal: Electronic Window for the Botswana Unified Revenue Service (BURS)
https://ecustoms.burs.org.bw/TFBSEW/cusLogin/login.cl

## Ghana

**Dental suppliers**

Specialist Health Ghana, Accra
Phone: +233548686213 or info@specialisthealthghana.com

ADAM Dental, Accra
https://www.adamdental.net/

**Dental associations**

Ghana Dental Association (GDA)
(Member of the FDI/ARO)
https://ghdentalassociation.org/

**Dental training institutions**

Kwame Nkrumah University of Science and Technology (KNUST): BSc BDS Dental Surgery(Dentistry) (public), Kumasi
https://sph.knust.edu.gh/

School of Medicine and Dentistry of the University of Ghana (public), Accra
https://ugms.ug.edu.gh/

**Information on the import procedure**

Ghana Food and Drugs Authority (FDA): Registration of Medical Devices
https://fdaghana.gov.gh/imported-products/medical-devices-guidelines-import/

Delegation of German Industry & Commerce in Ghana (AHK Ghana)
http://ghana.ahk.de

Ghanaian German Economic Association
http://ggea.net/

Ghana Standards Authority (GSA): The EasyPass conformity program for exports to Ghana has been mandatory since January 1, 2019
https://www.gsa.gov.gh

Ghana Revenue Authorithy (GRA)
https://gra.gov.gh

## Cameroon

### Dental suppliers

Clara Medical SAS, Douala
Phone: +237 694 116 512 or +237 651 903 545

### Dental training institutions

Université des Montagnes (public), Bangangté
https://bzssjmpz.elementor.cloud/odontostomatologie/

### Information on the import procedure

PECAE Import and Declaration of Conformity Procedures at ANOR
https://anor.cm/informations-sur-le-pecae

Cameroon Trade Portal
https://cameroontradeportal.cm/tradeportal/index.php/en/procedure-3/importation

Single Window System - Guichet unique des opérations du commerce extérieur (GUCE)
http://www.guichetunique.cm

Tax Registration with the General Directorate of Taxes of the Ministry of Finance
http://www.impots.cm

Customs Authority - Douanes camerounaises
http://www.douanes.cm

## Kenya

### Dental suppliers/industry

Duncan Mathenge, Nairobi
unodentlab@gmail.com or Phone: +254 7 2160 5128

PHARMAKEN LTD., Momasa
https://pharmaken.net/

DentMed Kenya, Nairobi
https://www.dentmedkenya.com/

### Dental associations

Kenya Dental Association (KDA)
(Member of the FDI/ARO)
http://www.kda.or.ke/

Kenya Medical Practicioners and Dentists Council
http://kmpdc.go.ke

### Dental training institutions

Moi University (public), Eldoret
https://admissions.mu.ac.ke/programme-search/*/dental

Mount Kenya University (private), Thika
http://medschool.mku.ac.ke/

University of Nairobi: School of Dental Sciences (public), Nairobi
https://healthsciences.uonbi.ac.ke/departments/dental-sciences

### Information on the import procedure

Delegation of German Industry and Commerce in Kenya (AHK Eastern Africa)
http://www.kenia.ahk.de/

EAC Customs Tariff
http://kenyatradeportal.go.ke/

Kenya Revenue Authority (KRA)
Registration at: https://www.kra.go.ke/en/

Kenya Bureau of Standards (KEBS)
https://www.kebs.org/

Conformity Assessment of Imported Goods
The points of contact in Germany are the testing organizations:
- Bureau Veritas https://verigates.bureauveritas.com/programmes/kenya?smenuitem=83
- SGS https://www.sgs.com/en/public-sector/product-conformity-assessment-pca/kenya-pvoc-program

UCR (Unique Consignment Reference) number for the import shipment
Apply at: https://tfp.kenyatradenet.go.ke/TFBSEW/cusLogin/login.cl

## Morocco

### Dental suppliers/industry

AMED, Casablanca
http://www.amed.ma/

DENTAL Technik MAROC, Casablanca
Phone: +212 6580 91237

Faprodent sar, Marrakech
https://faprodent.com/

Identité Medicale S.A.R.L., Casablanca
Phone +212 5222-08564 or idmedicale@yahoo.fr

NS DENTAL, Casablanca
Phone: +212 5226-52838

**Dental associations**

Association Marocaine de Prévention Bucco-dentaire (AMPBD)
https://amcd.ma/

Conseil National de l'Ordre National des Médecins Dentistes (Member of the FDI/ARO)
https://onmd.ma/

**Dental training institutions**

Faculté de Médecine Dentaire (public), Rabat
http://fmd.um5.ac.ma/

Faculté de médecine dentaire de Casablanca (public), Casablanca
http://www.fmd-uh2c.ac.ma/

**Information on the import procedure**

Delegation of German Industry and Commerce in Morocco
http://marokko.ahk.de

A certificate of conformity (Attestation de contrôle de conformité aux normes marocaines d'application obligatoire) is required for market authorization of goods. Information is available from Bureau Veritas Maroc:
https://verigates.bureauveritas.com/programmes/morocco

Ministry of Health (Ministère de la Santé)
https://www.sante.gov.ma/Pages/Accueil.aspx

Importers must register with the relevant regional office (Centre Régional d'Investissement – CRI) in the Moroccan Commercial Register
Overview available at https://www.casainvest.ma/

Moroccan import regulations are included in the Customs Administration's tariff
http://www.douane.gov.ma/web/guest/nos-bases-legislatives-et-reglementaires

Moroccan Institute for Standardization (Institut Marocain de Normalisation - IMANOR)
https://smiic.org/en/member/24

Customs clearance is handled through the BADR (Base Automatisée des Douanes en Réseau) online customs database
http://badr.douane.gov.ma/Acceuil.html

Customs Administration (Administration des Douanes et Impôts Indirects)
http://www.douane.gov.ma

## Namibia

**Dental associations**

Namibia Dental Association, Windhoek
https://namibiadentalassociation.com/

## Nigeria

**Dental suppliers**

Scantrik Medical Supplies, Lagos
https://scantrikmedicalsupplies.ng/

**Dental associations**

Nigerian Dental Association (NDA)
(Member of the FDI/ARO)
https://nigdentalasso.org/

**Dental training institutions**

Bayero University Kano, Faculty of Dentistry (public), Kano
https://chs.buk.edu.ng/Faculty_of_Dentistry

College of Health Sciences, Obafemi Awolowo University (public), Ile-Ife
https://chs.oauife.edu.ng/dentistry

College of Health Sciences, University of Port-Harcourt (public), Port-Harcourt
http://dentistry.uniport.edu.ng/

College of Medical Sciences, University of Maiduguri (public), Maiduguri
http://unimaid.edu.ng/college.html#!

College of Medicine, University of Ibadan (public), Ibadan
https://com.ui.edu.ng/

College of Medicine, University of Nigeria
Faculty of Dentistry (staatlich)
https://collegeofmedicine.unn.edu.ng/index.php/academics/faculties

Faculty of Dental Sciences of the College of Medicine, University of Lagos (public), Lagos
https://dental.unilag.edu.ng/

**Information on the import procedure**

Delegation of German Industry and Commerce in Nigeria
https://nigeria.ahk.de

Electronic Customs Portal (Nigeria Single Window for Trade)
https://nsw.ng/

National Agency for Food and Drug Administration and Control (NAFDAC)
https://www.nafdac.gov.ng

Nigerian Customs Service (NCS)
https://www.customs.gov.ng

Standards Organization of Nigeria (SON)
http://son.gov.ng

## Rwanda

**Dental suppliers**

Africa Medical Supplier Ltd, Kigali
https://www.africamedicals.com/

E.B.C., Kigali
oscar.rurangwa.ext@siemens.com

**Dental associations**

Ruanda Dental Association
(Member of the FDI/ARO)
https://rda.rw/

Rwandan Association of Dental Surgeons and Stomatologists
http://www.rwandadentalassociation.com

Rwanda Medical & Dental Council
http://rmdc.rw

**Dental training institutions**

Rwanda University Teaching Hospital, Kigali
https://chuk.rw/

**Information on the import procedure**

Government Investment Incentives (Rwanda Development Board)
https://rdb.rw/

Private Sector Representation (Rwanda Private Sector Federation)
https://psf.org.rw/

Information About Local Partners
(Rwanda Tours & Travel Association)
https://rtta.rw/

Regulatory Authority (Rwanda Food and Drugs Authority)
https://rwandafda.gov.rw/

Rwandan Customs Authority: Rwanda Revenue Authority (RRA)
https://www.rra.gov.rw/index.php?id=1

Rwanda Standards Board (RSB)
https://www.rsb.gov.rw/index.php?id=8

Government of Rwanda
https://www.gov.rw/

## Senegal

**Dental suppliers/industry**

AfriSmile, Dakar
https://www.afrismile.net/

SENPROMED, Saint-Louis
https://senpromed.sn/

**Dental training institutions**

EDI Sénégal, Dakar
https://www.edi-senegal.org/

**Information on the import procedure**

The Delegation of German Industry and Commerce in Côte d'Ivoire is responsible for Senegal

EUROCHAM Senegal
https://eurocham.sn/

Republic of Senegal – Customs Authority
https://www.douanes.sn/generalisation-de-la-declaration-preal-able-dimportation-dpi/

Autonomous Port of Dakar – Customs Formalities
https://www.portdakar.sn/infos-pratiques/formalites/douane

Republic of Senegal – Import/Export Guide
http://www.tpsnet.org/portal?cmd=the_import_export_guide

## South Africa

### Dental suppliers/industry

DDL–Deon de Lange Dental CC, Paarl, Western Cape
www.ddldental.co.za

Inter-Africa Dental (Pty) Ltd., Pretoria
www.interafricadental.com

ISTRODENT (PTY) LTD., Sandton
https://istrodent.com/

IVOdent cc, Cape Town
https://www.ivodentonline.co.za/

MEGADENT, Cape Town
Mr. Ralf Schulz, https://www.megadent.co.za

Reinor Orthodontics, Willows
Phone 051 433 2883 or 051 433 3303

Sirona Dental Systems (Pty) Ltd., Woodmead, Johannesburg
https://www.dentsplysirona.com/en-za

Med Denta Suppliers, Benoni
https://meddenta.co.za/

THE EQUITY DENTAL, Pretoria
info@equitydental.com

WRIGHT-MILLNERS INC, Johannesburg
http://www.millners.co.za

### Dental associations

South African Dental Association (SADA)
(Member of the FDI/ARO)
https://www.sada.co.za/

International Association of Dento-Maxillofacial Radiology (IADMFR)
https://iadmfr.one/

### Dental technicians' associations

South African Dental Technicians Council (SADTC)
(registration authority)
https://sadtc.org.za/

### Dental laboratories

Dentsply Sirona, Woodlands Sandton
https://www.dentsplysirona.com/en-za/discover/discover-by-category/dental-lab.html

Nova Dental Laboratory Supplies (PTY) Ltd, Durban
Phone: 031 202 7603,, 031 202 7666

### Dental training institutions

Cape Peninsula University of Technology, Cape Town
https://www.cput.ac.za/academic/faculties/healthwellness

Durban University of Technology (DUT), Durban
https://www.dut.ac.za/faculty/health_sciences/dental_sciences/

Sefako Makgatho Health Sciences University (SMU), Ga-Rankuwa, Pretoria
https://www.smu.ac.za/schools/oral-health-sciences/

University of Limpopo, Limpopo
https://www.ul.ac.za/

University of Pretoria, Pretoria
https://www.up.ac.za/school-of-dentistry

University of the Witwatersrand, Johannesburg
https://www.wits.ac.za/oralhealthsciences/

University of Western Cape, Bellville
https://www.uwc.ac.za/Faculties/DNT/Pages/Home.aspx

### Information on the import procedure

Southern African-German Chamber of Commerce and Industry
http://suedafrika.ahk.de

South African Medical Device Industry Association (SAMED)
https://samed.org.za/

Medical Device Manufacturers of South Africa (MDMSA)
https://mdmsa.org.za/

Public Tender Announcements (eTender Portal and Government Tender Bulletin)
https://www.etenders.gov.za/

https://tenderbulletins.co.za/

Database for Participation in Public Tenders (Central Supplier Database)
https://secure.csd.gov.za/

National Regulator for Compulsory Specifications (NRCS): Approves products that meet the requirements via a "Letter of Authority"
https://www.nrcs.org.za/

South African Bureau of Standards (SABS)
For information on safety and environmental standards, visit
http://www.sabs.co.za

South African Health Products Regulatory Authority
http://www.sahpra.org.za

## Tanzania

### Dental suppliers

Africa Medical Supplier Ltd, Kigali
https://www.africamedicals.com/

E.B.C., Kigali
oscar.rurangwa.ext@siemens.com

### Dental associations

Tanzania Dental Association (TDA)
(Member of the FDI/ARO)
http://www.tdadent.or.tz

### Dental training institutions

International Medical and Technical University Tanzania,
Dar es Salaam
https://den.buk.edu.ng/

### Information on the import procedure

Tanzania Bureau of Standards (TBS)
https://www.tbs.go.tz

Customs Authority: Tanzania Revenue Authority (TRA)
https://www.tra.go.tz/index.php

## Tunisia

### Dental suppliers

Distri-Med, Tunis
Contact: Mr. Hajjem Neji; distri-med@planet.tn;
Phone: +216 71334812 or +216 71340361

DISTRIMEDplus, Ariana
Contact: Mr. Hajjem Neji; distrimedplus@planet.tn;
Phone: +216 70735360 or +216 70735361

MSI Equipements Médico-Dentaires, Errihab
msi.bouzgarrou@planet.tn or Phone: +216 71 862 785

MSI Equipements Médico-Dentaires, Monastir
msi.bouzgarrou@planet.tn or Phone: +216 (73) 449400

### Dental associations

Syndicat Tunisien des Médecins Dentistes de Libre Pratique (STMDLP)
(Member of the FDI/ARO)
stmdlp@gmail.com and Phone: +216 71 347 104

### Dental training institutions

Faculty of Dental Medicine of Monastir (FMDM) (public),
Monastir
http://www.fmdm.rnu.tn/

### Information on the import procedure

German Customs Administration
https://www.zoll.de/DE/Der-Zoll/der-zoll_node.html

Delegation of German Industry and Commerce in Tunesia
http://tunesien.ahk.de

Import Duties
Information from Tunisian Customs
https://www.douane.gov.tn/coordonnees/

Import Permit (autorisation d'importation) via Tunisie TradeNet
https://www.oct.gov.tn/en/tunisia-tradenet

Ministry of Commerce (Ministère du Commerce)
http://www.commerce.gov.tn

Registration in the Automated Customs Information System (Système d'Information Douanier Automatisé–SINDA)
For more information, visit: https://www.douane.gov.tn/sinda/

Tunisian Customs Authority (Direction Générale des Douanes Tunisiennes)
https://www.douane.gov.tn/

Tunisian National Institute for Standardization (Institut national de la normalisation et de la propriété industrielle–INNORPI)
http://www.innorpi.tn/

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306 UN Comtrade Database (2026): Trade Data. URL: https://comtradeplus.un.org/TradeFlow (data status: 2025)

## Sources and Notes on the Indicators Shown in the Structural Profiles and Africa Overview Maps

**Structural profiles – explanation of the presentation**

The colored data bar visualizes the value (VALUE) of the respective criterion for the country shown. The scale is based on the range of values of the 9 african countries analyzed in greater detail in "Atlas Dental Africa 2026". The range extends from the lowest or least favorable country value (FROM) to the median value (MEDIAN AFRICAN UNION), indicated by a white dividing line, to the highest or most favorable country value (TO). The data bar is colored according to the position of the value within this range using traffic light colors—from dark red (lowest/least favorable value) to dark green (highest/most favorable value). Only in the case of the GINI index are high values considered unfavorable and low values favorable, the color scale is therefore reversed. The final column (GERMANY) shows the corresponding value for Germany for comparison.

**GDP per capita**

World Bank Group (2026): GDP per Capita. URL: https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?view=map (data status: 2024)

**Total population**

United Nations Data Portal Population Division (2026): Total population by sex. URL: https://population.un.org/dataportal/data/indicators/49/locations/12,24,204,72,854,108,132,120,140,148,174,178,384,180,262,818,226,232,748,231,266,270,276,288,324,624,404,426,430,434,450,454,466,478,480,175,504,508,516,562,566,638,646,654,678,686,690,694,706,710,728,729,768,788,800,834,732,894,716/start/2025/end/2025/table/pivotbylocation?df=febc235f-7777-40f1-b50c-3e4bd43acdd4 (data status: 2025)

**Population share 65+**

United Nations Data Portal Population Division (2026): Percentage of total population by broad age group. URL: https://population.un.org/dataportal/data/indicators/71/locations/12,24,204,72,854,108,132,120,140,148,174,178,384,180,262,818,226,232,748,231,266,270,276,288,324,624,404,426,430,434,450,454,466,478,480,175,504,508,516,562,566,638,646,654,678,686,690,694,706,710,728,729,768,788,800,834,732,894,716/start/2025/end/2025/table/pivotbylocation?df=24cfe8c7-a5fa-4e15-9355-152b8fac8547 (data status: 2025)

**Population growth up to 2035**

Projections for 2025–2035 calculated based on the 2025 population and the 2035 population forecast from the United Nations Data Portal Population Division (2025): Total population by sex. URL: https://population.un.org/dataportal/data/indicators/49/locations/12,24,204,72,854,108,132,120,140,148,174,178,384,180,262,818,226,232,748,231,266,270,276,288,324,624,404,426,430,434,450,454,466,478,480,175,504,508,516,562,566,638,646,654,678,686,690,694,706,710,728,729,768,788,800,834,732,894,716/start/2025/end/2035/table/pivotbylocation?df=febc235f-7777-40f1-b50c-3e4bd43acdd4

**Median age of population**

United Nations Data Portal Population Division (2026): Median age of population. URL: https://population.un.org/dataportal/data/indicators/67/locations/12,24,204,72,854,108,132,120,140,148,174,178,384,180,262,818,226,232,748,231,266,270,276,288,324,624,404,426,430,434,450,454,466,478,480,175,504,508,516,562,566,638,646,654,678,686,690,694,706,710,728,729,768,788,800,834,732,894,716/start/2025/end/2025/table/pivotbylocation?df=febc235f-7777-40f1-b50c-3e4bd43acdd4 (data status: 2025)

**Productivity loss caused by 5 oral diseases**

WHO (2023): Total productivity losses due to 5 oral diseases in million (US$). URL: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/total-productivity-losses-due-to-5-oral-diseases-in-million-(us-dollar) (data status: 2019)

**Dental practice health care expenditure**

WHO (2023): Total expenditure on dental healthcare in million (US$). URL: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/total-expenditure-on-dental-healthcare-in-million-(us-dollar) (data status: 2019)

**Per capita expenses for dental services**

WHO (2023): Per capita expenditure on dental healthcare (US$). URL: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/per-capita-expenditure-on-dental-healthcare-(us-dollar) (data status: 2019)

**Number of practicing dentists**

WHO Data (2026): Dentists (number). URL: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/dentists-%28number%29 (data status: 2004 - 2024); Deutschland: Bundeszahnärztekammer (2026): Mitgliederstatistik 2024. URL: https://www.bzaek.de/ueber-uns/daten-und-zahlen/mitgliederstatistik/berufliche-stellung.html (data status: 2024)

**Dentists per 10,000 inhabitants**

WHO Data (2026): Dentists (per 10,000): https://www.who.int/data/gho/data/indicators/indicator-details/GHO/dentists-(per-10-000-population) (data status: 2004 – 2024); Deutschland: Errechnet aus Bundeszahnärztekammer (2026): Mitgliederstatistik 2024. URL: https://www.bzaek.de/ueber-uns/daten-und-zahlen/mitgliederstatistik/berufliche-stellung.html und „Einwohner" (data status: 2024).

**Number of dental technicians**

WHO Data (2026): Dental Prosthetic Technicians (number). URL: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/dental-prosthetic-technicians-(number) (data status: 2004 - 2024)

**Dental technicians per 10,000 inhabitants**

Own calculations based on population and number of dental technicians of the respective reference date.

**Global dental technology imports**

UN Comtrade Database (2025): Trade Data. URL: https://comtradeplus.un.org/TradeFlow (data status: 2021 - 2025)

**Share of dental technology imports from Germany**

UN Comtrade Database (2025): Trade Data. URL: https://comtradeplus.un.org/TradeFlow (data status: 2021 - 2025)

**Ease of Doing Business Index**

World Population Review (2026): Ease of Doing Business Index by Country 2026. URL: https://worldpopulationreview.com/country-rankings/ease-of-doing-business-index-by-country

(data status: 2026)

**Regulatory Quality Index**

World Bank (2024): URL: Regulatory Quality: Percentile Rank. https://data.worldbank.org/indicator/RQ.PER.RNK (data status: 2024)

**Population density: inhabitants per km²**

Länderdaten Info (2025): Bevölkerungsdichte nach Ländern. URL: https://www.laenderdaten.info/bevoelkerungsdichte.php (data status: 2025)

**Network Readiness Index (NRI)**

Portulans Institute (2025): NRI 2024. URL: https://download.networkreadinessindex.org/reports/data/2024/nri-2024-dataset.xlsx (data status: 2024)

**AI Index**

Global Center on AI Governance (2024): Global Index on Responsible AI URL: https://www.global-index.ai/Countries (data status: 2024)

**Corruption Perceptions Index (CPI)**

Transparency International (2026): Corruption Perceptions index 2025. URL: https://www.transparency.org/en/cpi/2025 (data status: 2026)

**Gini Index**

World Bank Group (2026): Gini Index. URL: https://data.worldbank.org/indicator/SI.POV.GINI?name_desc=-false&skipRedirection=true&view=map. (data status: 2026)

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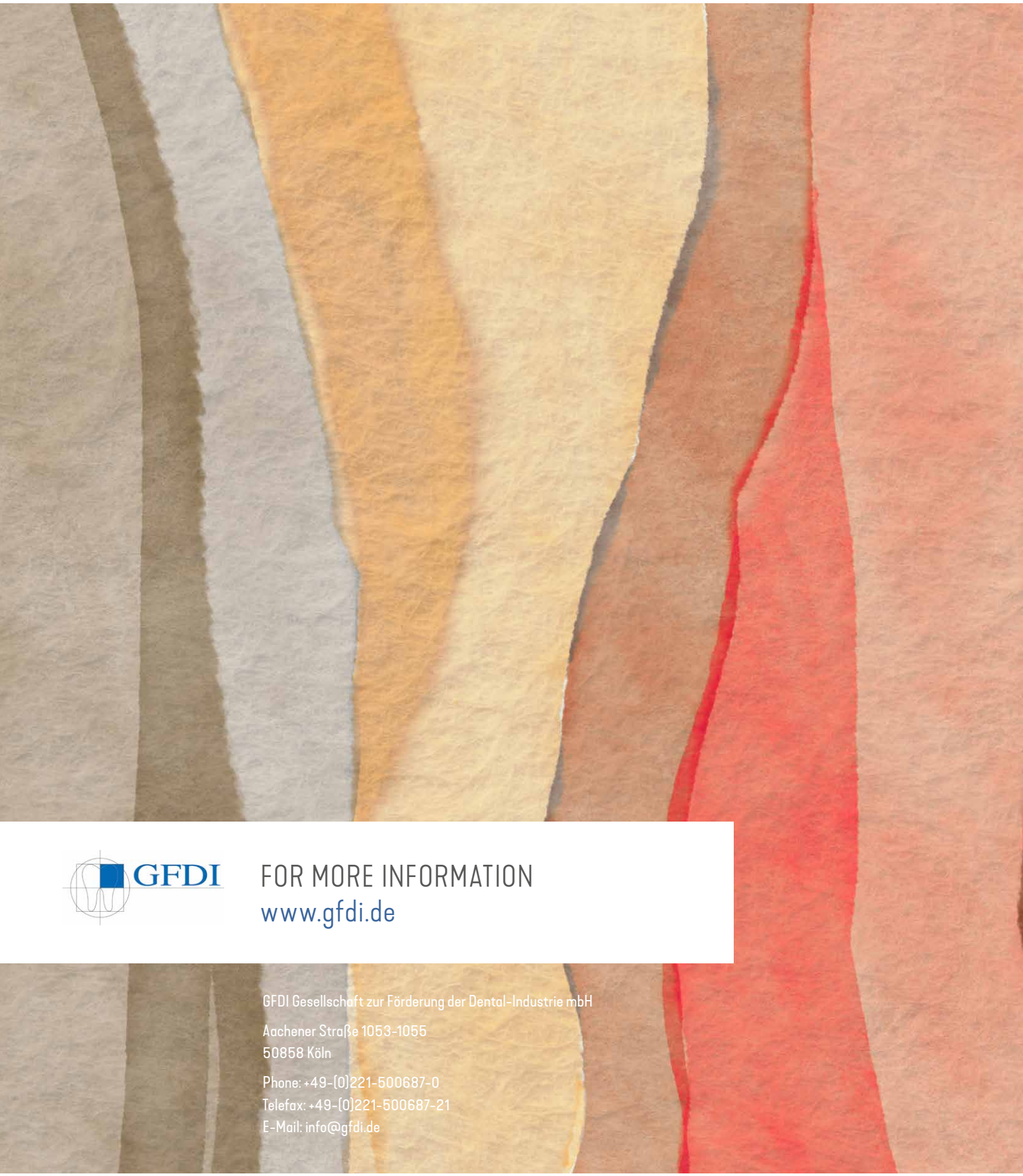

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