

THE UDJ

VOLUME 2 ISSUE 1
JANUARY 2026

A SNEAK PEEK INTO THE UDA SACCO



Feature

Dr Steven Mugabe on his vision for the UDA SACCO.

Opinion

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FROM THE EDITOR

Hi.

As I sit down to write this, I am struck by how far we have come as a profession. For too long, the dental fraternity in Uganda has operated in silos, each practitioner navigating their own path. However, this issue arrives at a pivotal milestone: our current Joint Dental Conference. This gathering is more than just a meeting of minds; it is a profound step toward the harmony and professional synchrony we have long sought.

Harmony, however, is not merely about standing together in a conference hall; it is about protecting the sanctity of our craft. We are currently facing a "shadow epidemic"—the rise of the dental quack. These unqualified individuals have mastered the art of false advertising, flooding digital spaces with dangerous misinformation and "miracle cures" that compromise public safety and tarnish our collective reputation.

To combat this, we must reclaim the narrative. We can no longer afford to be silent observers. Our defense lies in the strategic use of media—both the tangible and the digital. We must occupy physical spaces with professional, clear messaging and, equally importantly, dominate the online arena. Social media shouldn't be a playground for misinformation; it should be our primary tool for education, transparency, and ethical advocacy. By using these platforms to highlight verified expertise, we don't just "advertise", we protect.

Let us use this conference and this publication as a springboard. Let us commit to being the loudest, most trusted voices in the room, ensuring that when a Ugandan thinks of dental care, they think of the excellence, ethics, and unity represented within these pages.

Enjoy the journey and welcome to this latest edition of the Uganda Dental Journal. (UDJ).

J.T. Kwagala
EDITORIAL DIRECTOR



Salma Senyonga
CREATIVE DIRECTOR

FROM THE PRESIDENT

It is a distinct pleasure to welcome you to this edition of our Symposium Journal and to the conference itself. This gathering is a historic milestone: the very first joint Symposium between the Uganda Dental Association (UDA) and our strategic partners, the Build Your Smile Dental Foundation (BYSF) and UDOTA.

First and foremost, I want to extend my deepest gratitude to you, our members. Your unwavering support of our activities is what allows the UDA to grow, advocate, and innovate. Whether you are here as a long-standing member or a first-time attendee, your presence is a testament to the strength of our fraternity.

Our theme this year, "Advancing Oral Health: Shaping Uganda's Dental Professionals through Innovation," is not just a title on a program. It reflects our commitment to ensuring that every dental professional in Uganda is equipped with the tools, knowledge, and support systems needed to excel in a modern landscape.

Speaking of support systems, I am incredibly proud to announce a project we have been spearheading with great focus: the official start of the Dental SACCO.

Why a SACCO, and why now? As your leadership, we recognize that professional excellence must be matched by financial security. The Dental SACCO is our answer to the economic challenges our members face. It is designed to:

- * Provide tailored financial products that traditional banks often fail to offer our niche profession.

- * Foster a culture of saving and collective investment.

- * Offer affordable credit for practice upgrades, equipment, and personal development.

This is more than just a fund; it is a vehicle for our collective independence. By pooling our resources, we ensure that the wealth generated by our profession stays within our profession.

I invite you to immerse yourselves in the scientific sessions, engage with our partners, and most importantly, visit the SACCO desk to learn how this initiative will serve you.

Thank you for your continued trust and for being the backbone of this association. Let us make this inaugural joint symposium a resounding success.

For God and My Country,

Dr. Matthew Rubona

PRESIDENT, UGANDA DENTAL ASSOCIATION



FROM THE CHAIRPERSON, OC

On behalf of the Organising Committee, it is my great honour to welcome you to this year's Uganda Dental Association Scientific Conference and International Dental Symposium. This gathering represents more than an Annual scientific meeting; it reflects the steady maturation of Uganda's dental profession and our growing engagement with the global oral health community. Over the years, Ugandan dentistry has evolved through resilience, innovation, and a strong commitment to service, values that continue to define us as clinicians, educators, and leaders.

As Uganda's presence on the international dental stage expands, so too does our responsibility to align local practice with global standards in education, research, prevention, and patient-centred care. This conference has therefore been carefully curated to provide a platform for scientific exchange, skills development, mentorship, and meaningful dialogue between all cadres and generations of dental professionals. In keeping with global priorities articulated by bodies such as the FDI World Dental Federation and the World Health Organization, our program emphasizes innovation, workforce development, equity, and the future readiness of oral health systems. At the same time, it remains firmly grounded in the realities of clinical practice in Uganda and the region.

I wish to particularly acknowledge our senior colleagues, whose dedication, mentorship, and institutional memory have laid the foundation upon which today's profession stands. Your presence continues to guide, inspire, and anchor our collective progress.

To our sponsors, supporters and everyone who has made this possible through financial support or otherwise, I thank you.

As Chairperson of the Organising Committee, and as a Ugandan prosthodontist deeply committed to education, skills transfer, and international collaboration, I invite you to engage fully in this conference, to share knowledge, challenge ideas, and help shape a future that is both globally informed and locally relevant.

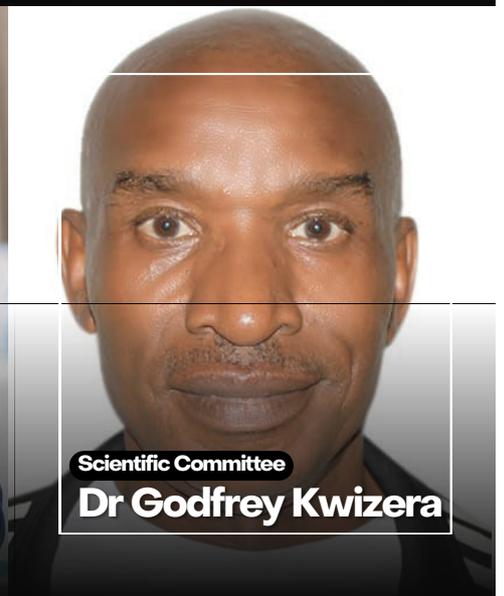
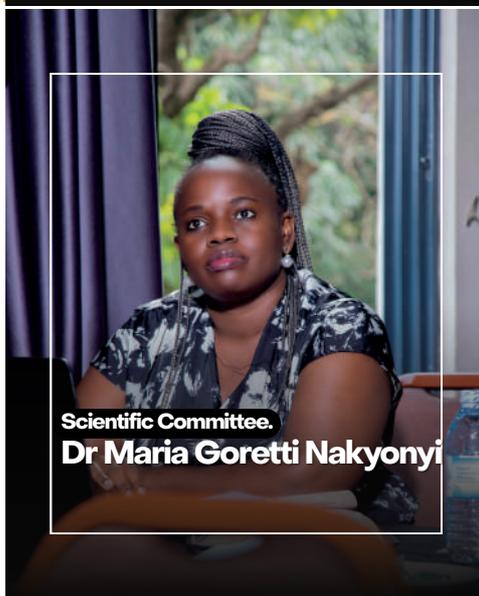
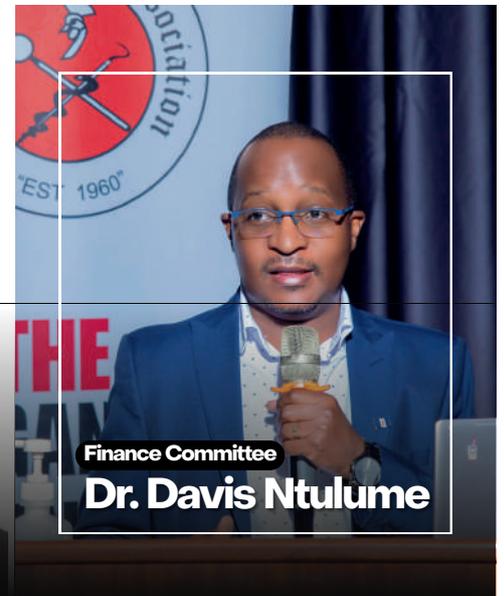
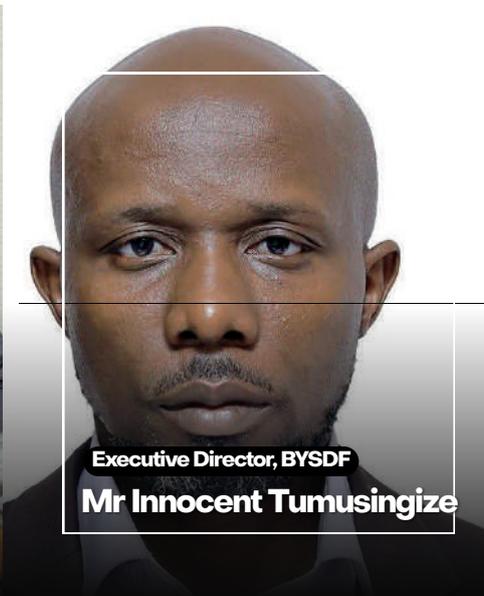
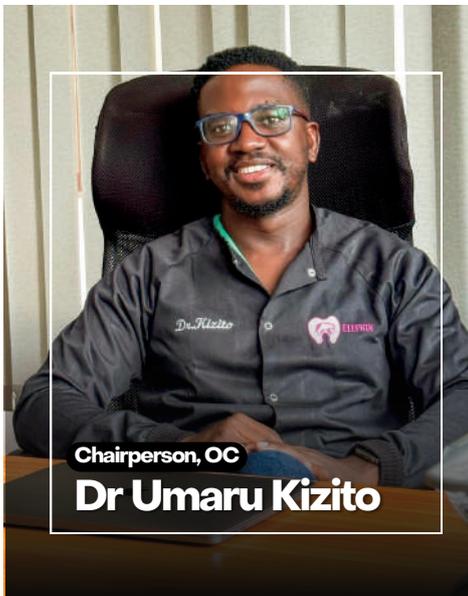
I thank you for your continued service to the profession and wish you a rewarding and enriching scientific meeting.

Dr Umaru Kizito

**CHAIRPERSON, ORGANISING COMMITTEE
UGANDA DENTAL ASSOCIATION SCIENTIFIC CONFERENCE &
INTERNATIONAL DENTAL SYMPOSIUM 2026**



Organizing Committee





**THE 2026 INTERNATIONAL DENTAL SYMPOSIUM
AND UDA SCIENTIFIC CONFERENCE
24TH AND 25TH NOVEMBER, 2026**



THEME: “Advancing Oral Health: Shaping Uganda’s Dental Professionals through Innovation,”

SUB THEMES:

1. Advancements in clinical and surgical dentistry
2. Education training and interdisciplinary collaboration
3. Innovation in Dental Technology and sustainability

DAY 1: 24th JANUARY 2026

SESSION	TIME	ACTIVITY
MORNING	8:00-8:30am	Registration Picking of name tags
	SESSION THEME: Advancements in clinical and surgical dentistry SESSION CHAIR: Dr. Maria Goretti Nakyonzi	
	8:30-9:20am	Opening session <ul style="list-style-type: none"> ● Anthems ● Overview of attendees (country present) ● Opening remarks; ● UDA President: Dr. Matthew Rubona ● BYSDF Executive Director: Mr. Innocent Tumusingize
	9:20-9:40am	Presentation: Integrating digital smile design (DSD) with the use of advanced flowable composite resins. Dr. Tom Mutyabule
	9:40-10:00am	Abstract: Genetic Association of HLA-A Alleles with Periodontitis Susceptibility in People living with HIV. Dr. Oumo David
	10:00-10:10am	Q and A session
	10:10-10:20am	Sponsor: Troikaa and Mega We care
	10:20-11:00am	TEA BREAK/EXHIBITION
	SESSION THEME: Education, training, and interdisciplinary collaboration SESSION CHAIR: Dr. Ayub Twaha and Mrs. Tracy Agnes Nakisekka	
MID MORNING	11:00-11:30am	KEY NOTE SPEAKER: Commissioner of Clinical Services - Ministry of Health

	11:30-11:50am	Abstract: A patient-centric, interdisciplinary treatment framework for CLP that extends beyond surgical correction- Dr. Niranjan Shridhar Divekar
	11:50am-12:10pm	Platinum sponsor - Dental and Medical World
	12:10-12:30pm	Presentation; A comprehensive overview of the current and emerging applications of AI across all dental specialties. Dr. Rashidy
	12:30-12:50pm	Abstract: Enhancing information disclosure and patients' understanding of treatment information through a multimedia informed consent tool- Dr. Barbara Ndagire (Mak SoD)
	12:50pm-1:00pm	Q and A session
	1:00-2:00pm	LUNCH BREAK/EXHIBITION
AFTERNOON	SESSION THEME: Innovation in Dental Technology and sustainability SESSION CHAIR: Dr. Kwagala JT	
	2:00-2:40pm	GUESTSPEAKER: Emergency drugs: Pharmacology and clinical application: Prof. Daniel Haas
	2:40-3:00pm	Abstract: The proportion of head and neck patients treated at Mulago National Referral Hospital, Kampala-Uganda who need maxillofacial prosthesis from the period of 2010 to 2020. Mr. Picho Ali (Mak SoD)
	3:00-3:10pm	Goldsponsor - SHOFU % Routine Medical and Dental
	3:10-3:35pm	Presentation: Giomer Technology in Aesthetic Dentistry: Bridging Bioactivity and Beauty - Dr. HENAL PATEL - (SHOFU) Q & A SESSION
	3:35-3:45pm	Panel Discussion 1 (Dental Professional Regulatory Bodies) Panel Discussion 2 (Other similar Association Bodies)
	3:45-4:45pm	Gold Sponsor - Bredent Medical % Routine Dental and Medical Supplies
	4:15-4:45pm	
	4:45-5:00pm	

Panel Discussion Chair: Dr. Mbabali Mohammad Dr. Ayub Twaha

Panelists for Panel 1

1. Registrar UMDPC
2. Registrar Allied Health Professionals Council
3. Representative from MoH, Principle Dental Surgeon
4. Assistant commissioner for Oral Health

Panelists for Panel 2

5. UMA president
6. UPS president
7. UDOTA president
8. ULS president
9. UDA president

DAY 2: 25th JANUARY 2026

SESSION	TIME	ACTIVITY
MORNING	8:00-8:30am	Registration Picking of name tags for easy access
	SESSION THEME: Advancements in Clinical and Surgical Dentistry SESSION CHAIR: Dr. Matthew Rubona (UDA) and Dr. Izchak Barzilay (BYSUF)	
	8:30-9:10am	Presentation: Analgesics for Acute Post Operative Pain; Prof. Haas (UoT Canada) - Welcomed by both the CEO (BYSUF) and the President UDA
	9:10-9:30am	Abstract: Nanopore sequencing of non-oncogenic oral Papillomaviruses from people living with HIV; Prof. Buwembo (MaK)
	9:30-9:50am	Presentation: Future Dental Planning Using AI - Dr. Hongyan (Yan) Liu
	9:50-10:00am	Question and answer session
	10:00-10:10am	Sponsor: Smiloden
	10:00-10:40am	TEA BREAK/EXHIBITION
	SESSION THEME: Education training and interdisciplinary collaboration SESSION CHAIR: Dr. Kwizera Godfrey/ Mr. Innocent Tumusingize	
MID MORNING	10:40 -11:40am (MAIN AUDITORIUM)	Abstract: Prevalence and factors associated with Dental Caries among Diabetic patients at Mbarara Regional Referral Hospital; Mr. Amon Mwesigwa

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Parallel Sessions		(Brighter smiles, Mbarara)
		Presentation: Precision in practice: The everyday realities of periodontal care; Dr. Cathy Hamm (UoT Canada)
		Presentation: Foundational concepts in implant dentistry. Dr. Carlo Ercoli (UoT Canada)
	10:40 -11:40am GROUND FLOOR	Abstract; Dr. Kasangaki, The Hidden Health Burden: Dental Caries Among First year University Students (UCU Mengo)
		Presentation: None restorative based treatment of dental caries ;Dr. Kelly Qin-Wang
		Presentation: Tech Driven Sustainability in Patient Care; Mr. Phil Brisebois (UoT Canada)
	11:40-11:50pm	Q and A - SESSION IN BOTH PARALLEL SESSIONS
	11:500-12:00pm	10 MINUTES RE-GROUP INTO THE MAIN AUDITORIUM SESSION CHAIR: Dr. Davis Ntulume
	12:00-12:20pm	Presentation: Calming the chair, Strategies for Managing Anxious Patients in low resource settings-Dr. Tina Tavakoli (UoT Canada)
	12:20-12:40pm	Silver Sponsor -Crown Health and Oxyplus
12:40- 1:00pm	Presentation: Managing PTSD patients, Dr. Tamouh	
1:00pm-1:10pm	Q and A - SESSION	
1:10-2:00pm	LUNCH BREAK/EXHIBITION	
AFTERNOON		SESSION THEME: Innovation in Dental Technology and sustainability SESSION CHAIR: Dr. Umaru Kizito- IDS & UDASC CHAIRPERSON
2:00-2:30pm	GUEST SPEAKER : - A dentist - Dr. Fasikawit Engida - FDI (President Ethiopian Dental Association)	
2:30-2:50pm	Presentation: Resin Bonded FPD treatment of edentulous spaces - Dr. Izchak Barzilay	
2:50-3:10pm	Presentation: A practical approach to Clearsmile Aligners- Dr. Muzamil Sadak	

	3:10- 3:30pm 3:30-3:50pm	Group Presentation: Myths and facts in immediate loading: Dr. Florian Obadan and Mr. Vasile Bacila
	3:50- 3:55pm	Sponsor: Pan Dental Surgery
	3:55-4:15pm	Presentation: Principles of crown and post core preparation- Dr.OmarElsabbagh
	4:15-4:30pm	Q and A - SESSION
	4:30-6:00pm	Closing Ceremony, Entertainment and Cocktail dinner

HANDSON PROPOSED PROGRAM

VENUE: DENTAL SCHOOL

DATE	TIME	TOPIC	PRESENTER
22.01.2026	11:00pm-4:00pm	Sky Implant -Bredent	% Dr. Florian
26.01.2026	9:00-11:00am	Clear Aligners	% Marcus
26.01.2026	2:00-4:00pm	Endodontics	% Dr. Beshar Kassoumeh



The Hidden Health Burden

Dental Caries Among First year University

Arabat Kasangaki¹, Beatrice Zalwango¹, Mary K. Nakafeero, Margaret N. Wandera¹, Josephine M. Namyalo¹



Background:

Dental caries remains a significant global public health challenge, disproportionately affecting various populations. It is recognized as the most prevalent condition worldwide, with notable social, economic, and environmental impacts. There is a paucity of data on its burden among university students, especially at the time of enrollment. We assessed the oral health status of the first-year students at Uganda Christian University.

Methods:

This cross-sectional pilot study included 425 first-year students enrolled at Uganda Christian University, Mukono and Kampala campuses during May 2024 intake aged 18 - 39 years, Mean (SD) 20.7(2.1). One hundred forty-seven of these were males and 278 females. We employed a self-administered questionnaire to collect subjective data using a WHO oral health assessment form for adults 2013 to assess the status of oral health using the Decayed, Missing, Filled, Tooth (DMFT) index. Frequencies and corresponding percentages were obtained to summarize categorical variables whereas the mean and standard deviation were used to summarize continuous variables. Cross tabulations of the exposure/independent variables by the outcome variables were presented to show the joint distribution between them. Multivariable Modified Poisson regression at a 5% level of significance was used to elicit associations between the exposure variables and the outcome variables because the prevalence of the outcome variables was high.

Results:

The prevalence of dental caries (DMFT >0) was 73.6%, overall mean DMFT index was 3.67 (4.224 for those 19 years of age and younger and 3.077 for those 24-year of age and older). Female students had a higher DMFT 4.079 compared to their male counterparts whose score was 2.897. Of the 425 participants 79.3% were in need of treatment.

Conclusions:

There is a high prevalence of dental caries and high DMFT index among the young adults enrolling to study at university. Oral health literacy was found to play a significant role in caries experience of this population.

Keywords:

- Dental Caries,
- DMFT,
- Young adults,
- Freshmen,
- Adolescents



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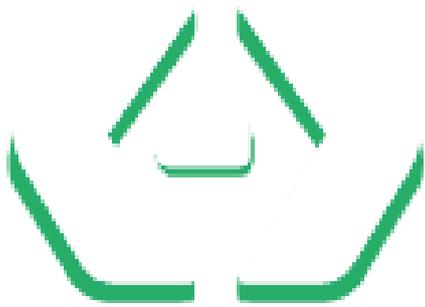


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Enhancing Information Disclosure & Patients' Understanding of Treatment Information through a Multimedia Informed Consent Tool

Barbara Ndagire, John Barugahare, Charles M Rwenyonyi, Sudeshni Nadio

Corresponding author

Barbara Ndagire

School of Dentistry, College of Health Sciences, Makerere University, Kampala,

Email address: barbarandagire@yahoo.com



Background:

Obtaining valid informed consent is essential in dental care, particularly for invasive procedures like fixed prosthodontic treatment. However, disclosure of adequate information and patient understanding continue to be major ethical challenges, particularly in low-income settings faced with low patient literacy levels and a lack of written consent forms or educational leaflets. The use of visual and multimedia aids has shown promising outcomes in improving these processes, but this has not been investigated in dental care. Therefore, the study aimed to develop, evaluate the acceptability, and preliminary effectiveness of a multimedia informed consent tool enhancing patient understanding at Makerere University Dental Hospital.

Methods:

The multimedia tool was developed using content-validated informed consent specifications for fixed prosthodontic treatment. Design and development of the tool were guided by learning principles. The tool was tested among 20 patients to solicit feedback on the acceptability and assess their understanding of fixed prosthodontic treatment after viewing it.

Results:

The patients had a median age (range), 28.5 (18-52) years, and 65.5% were male. Overall, the patients found the tool to be user-friendly and provided comprehensive information. The majority (85.0%) of patients had an adequate understanding of fixed prosthodontic treatment after viewing the tool. Suggestions for improvement included making the tool more accessible by placing it online and translating it into local languages.

Conclusions:

The study addresses a critical ethical challenge of information disclosure and patient understanding during the clinical consent process. The study findings suggest potential for the use of multimedia informed consent tools to enhance these informed consent processes and support verbal dentist-patient discussions in a low health literacy context.

Keywords:

- Fixed prosthodontics,
- informed consent,
- learning principles,
- multimedia tool,
- patients,
- understanding

Nanopore Sequencing of Non-Oncogenic Oral Papillomaviruses from People Living with HIV

Ian G Munabi, Kamulegeya Adrian, Muwuluza Mark, Nalwanga Sylvia, David P Kateete, Fred C Semitala, Erisa Mwaka, Jennifer E Cameron, William Buwembo



ABSTRACT

Objective:

To explore the diversity of non-oncogenic papillomaviruses in saliva samples from people living with HIV using nanopore amplicon-based sequencing for detection and typing.

Methods:

This was a secondary analysis of data from the nanopore sequencing of amplicons obtained from polymerase chain reaction detection of papillomaviruses from 127 samples of people living with HIV. The sequencing data was cleaned and analyzed using a series of bash, Python and R scripts to produce output based on comparisons with the PAVE reference database for all known non-oncogenic papillomaviruses.

Results:

A total of 171,194 reads corresponding to 201 known papillomavirus types were obtained from the data. Most of these reads (69%), belonged to the human non-oncogenic papillomavirus types. The most abundant nonhuman and non-oncogenic PV, *Trichechus manatus latirostris* papillomavirus 4 in 99% of the samples. There were nine other less abundant non-oncogenic papillomaviruses that were found in 95% or more of the samples as mixed infections.

Conclusions:

This study demonstrates that there are many non-oncogenic PV infections in samples from PLHIV, most of which are mixed infections from this setting. It is important to note that the non-human non-oncogenic PVs, as a potential one health concern, were highly prevalent in this population.

Keywords:

- Diversity,
- Nanopore,
- Non-oncogenic,
- Oral Papillomaviruses,
- People living with HIV,
- Sequencing

Prevalence & Factors Associated with Dental Caries among Diabetic Patients at Mbarara Regional Referral Hospital

Authors: Amon Mwesigwa , Evas Nimusiima , Godfrey Kwizera , Edgar M. Mulogo
Corresponding author: Amon Mwesigwa,
mwesigwaamon13@gmail.com



ABSTRACT

Objective:

- 1.To determine the prevalence of dental carries among diabetes patients attending the diabetic clinic at Mbarara regional referral hospital
- 2.To determine the factors associated dental among diabetic patients attending diabetic clinic at Mbarara regional referral hospital.

Introduction:

Dental caries continue to affect oral health quality of life among diabetic patients. However, there is limited data on prevalence and factors associated with dental caries among diabetic patients in Uganda. Therefore, this study assessed the prevalence and factors associated with dental caries among diabetic patients attending a diabetic clinic at a regional referral hospital in Uganda.

Method:

A clinical cross-sectional study was conducted among 336 diabetic patients attending a diabetic clinic at Mbarara regional referral hospital from October to December 2023. A consecutive sampling technique was employed to enroll study participants. Data were collected by a pretested structured questionnaire and analysis was performed in STATA version 17. Bivariable and multivariable logistic regressions were employed and variables with a p-value < 0.05 were declared statistically significant. Prevalence of dental caries was determined based DMFT index score and presented as a percentage.

Results:

The prevalence of dental caries was 72.9% (95%CI: 67.9, 77.4). Findings indicated that age>57years (AOR 2.131, 95% CI 1.192-3.809 P-Value 0.011), smoking (AOR 2.884, 95%CI 1.032-8.061, p0.043) and type 2 diabetes (AOR 0. 513, 95% CI 0.272-0.966, p0.039) and visiting a dental clinic once a year (AOR 3.198, 95%CI 1.709-5.982, p<0.001) were associated with increased odds developing dental caries. Brushing twice a day (OR 0.394, 95%CI 0.158-0.981, p0.045) was associated with reduced odds of developing dental caries.

Conclusion:

The prevalence of Dental caries among diabetics is relatively high; this contributes significantly to their oral health reduced quality of life. Therefore oral health promotion, preventive and curative services should be integrated in diabetic care to improve oral health and diabetic quality of life.

Genetic Association of HLA-A Alleles with Periodontitis Susceptibility in People Living with HIV.

Oumo David, Munabi Ian G, Ochieng Joseph, Erisa Mwaka and Buwembo William



ABSTRACT

Background:

The host genetic determinants of periodontitis (PD) susceptibility, within people living with HIV (PLWH), remain poorly characterized. As a key component of the adaptive immune response, variation within the Human Leukocyte Antigen (HLA) class I locus, including HLA-A, represents a strong candidate for influencing disease risk.

Methods:

A case-control genetic association study of the HLA-A locus was performed. Genomic DNA was extracted from buffy coats, and the HLA-A locus was amplified via PCR. High-resolution genotyping was achieved using the Oxford Nanopore MinION platform, with 64 samples passing quality control for final analysis. Genetic association between HLA-A alleles and PD case-control status was tested using Firth's penalized-likelihood logistic regression, adjusting for age, sex, and ART duration.

Results:

We identified 13 distinct HLA-A genes. A significant genetic association was found for HLA-A*11, which was in Periodontitis cases (48.4%) compared to periodontally healthy controls (7.8%). Regression analysis confirmed a significant association with Periodontitis susceptibility ([AOR] = 8.92, 95% CI: 2.84 - 33.51, $p < 0.001$). A gene-dose effect was shown by a progressive increase in HLA-A*11 carrier frequency across Periodontitis severity categories. Furthermore, we identified a significant gene-sex interaction, with the effect of the HLA-A*11 risk allele being potentiated in females (p -interaction = 0.010).

Conclusions:

These findings provide genetic evidence that the HLA-A*11 allele is a significant risk factor for periodontitis in PLWH. The statistically significant gene-sex interaction highlights the complex interplay between host genetics and other biological variables in shaping disease phenotype.

Keywords:

- Genetics,
- HLA,
- Periodontitis,
- Genetic Association,
- HIV,
- Gene-Sex Interaction

Integrating Digital Smile Design (DSD) with the Use of Advanced Flowable Composite Resins

Dr Mutyabule Tom
Pan dental surgery



ABSTRACT

Advances in adhesive dentistry and digital planning have enabled highly conservative and esthetic approaches to anterior tooth reconstruction. This paper presents a protocol integrating digital smile design (DSD) with the use of advanced flowable composite resins to restore form, function, and esthetics in compromised dentitions.

Digital smile design is employed to evaluate facial and dental proportions, establish ideal tooth morphology, and create a guided workflow for restorative execution. A mock-up based on the digital design provides a three-dimensional reference for minimally invasive additive procedures. Flowable composite materials, characterized by enhanced mechanical properties, improved handling, and superior polishability, are used to incrementally rebuild tooth structure with precision. This combined approach allows predictable reproduction of natural esthetics, reduced tooth preparation, and efficient clinical implementation. The described technique demonstrates that integrating smile design with modern flowable composites offers a conservative, cost-effective, and highly individualized solution for smile rehabilitation.

Flowable composite resins have emerged as a versatile restorative material for the conservative reconstruction of damaged teeth. Their low viscosity, enhanced adaptability, and ability to closely replicate natural tooth morphology make them an effective option for rebuilding small to moderately sized defects. This technique allows for precise marginal adaptation, reduced void formation, and efficient layering in areas that are difficult to access with conventional packable composites.

When combined with contemporary adhesive systems, flowable composites provide excellent bond strength, improved stress distribution, and favorable esthetic outcomes. Clinical evidence demonstrates their usefulness in restoring Class V lesions, small Class I and II defects, cervical abrasion or erosion areas, and as a supportive base in larger restorations. Despite limitations related to wear resistance and polymerization shrinkage, advancements in highly filled and bulk-fill flowable formulations have significantly enhanced mechanical performance. Overall, the flowable composite technique represents a minimally invasive, reliable, and esthetically driven approach for tooth rebuilding, offering predictable results when proper case selection and layering protocols are followed.

Artificial Intelligence Applications in Modern Dental Practice

Dr Rashidy
Pan dental surgery



ABSTRACT

Artificial Intelligence (AI) is rapidly reshaping the landscape of dental care, offering unprecedented capabilities in diagnosis, treatment planning, workflow automation, and patient management. With the integration of machine learning, deep learning, and advanced data analytics, dentistry is transitioning from a reactive discipline to a proactive and highly predictive model of care. This lecture provides a comprehensive overview of the current and emerging applications of AI across all dental specialties.

Key focus areas include AI-based radiographic interpretation for caries, periodontal bone loss, periapical pathology, orthodontic assessment, and CBCT anatomical mapping. The session highlights how convolutional neural networks (CNNs) enable early detection of lesions with accuracy rivaling expert clinicians. In restorative and prosthodontic dentistry, AI-driven CAD/CAM design automation enhances crown morphology, full-arch planning, occlusion prediction, and reduces laboratory turnaround time.

The lecture also explores AI's role in oral surgery and implantology—including nerve tracing, implant position prediction, detection of vital structures, risk assessment models, and surgical guide optimization. In orthodontics, AI powers automated cephalometric analysis, aligner staging, and outcome simulations. The integration of AI in patient triage, recall systems, and clinical documentation further boosts efficiency and patient satisfaction.

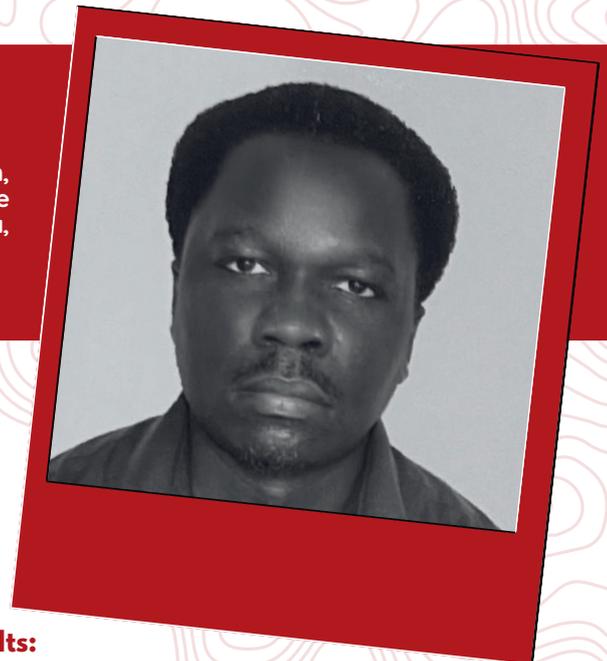
Ethical considerations, data privacy, and the importance of clinician oversight will be addressed, along with emerging technologies such as generative AI for design, robotics in implant placement, and real-time chairside diagnostic support.

Participants will gain a clear understanding of how AI can enhance precision, improve clinical decision-making, reduce costs, and elevate the overall quality of dental care—positioning their practice at the forefront of digital transformation.

The Proportion of Head & Neck Patients Treated at MNRH who Need Maxillofacial Prostheses from the Period of 2010 to 2020

Ali Kelly Picho^{1,2}, Trevor Coward¹, Lakor Francis³, Nono David²

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Background:

Maxillofacial prostheses are appliances or devices used in a variety of oral and facial deformities as a result of congenital malformations, trauma, and cancer following surgery to rehabilitate or restore speech, swallowing, chewing, and esthetics in both soft and hard tissues. Head and neck conditions from trauma, cancer, and congenital malformations, often require treatments like surgery, radiation, and chemotherapy, which can result in disfigurement. Surgical reconstruction and prosthetic rehabilitation is usually recommended and can significantly improve a patient's quality of life. However, there is limited research on the need for maxillofacial prostheses at Mulago National Referral Hospital. Therefore, the aim of the present study was to determine the proportion of these patients who require prosthetic rehabilitation and how many actually receive prostheses at the Oral and Maxillofacial Surgery Department in Kampala, Uganda.

Methods:

Maxillofacial prostheses are appliances or devices used in a variety of oral and facial deformities as a result of congenital malformations, trauma, and cancer following surgery to rehabilitate or restore speech, swallowing, chewing, and esthetics in both soft and hard tissues. Head and neck conditions from trauma, cancer, and congenital malformations, often require treatments like surgery, radiation, and chemotherapy, which can result in disfigurement. Surgical reconstruction and prosthetic rehabilitation is usually recommended and can significantly improve a patient's quality of life. However, there is limited research on the need for maxillofacial prostheses at Mulago National Referral Hospital. Therefore, the aim of the present study was to determine the proportion of these patients who require prosthetic rehabilitation and how many actually receive prostheses at the Oral and Maxillofacial Surgery Department in Kampala, Uganda.

Results:

Analysis of the 251 files from the Oral and Maxillofacial Surgery Department showed that males outnumbered females by a 2:1 ratio. The main conditions treated included 49% fractures, 26.69% tumors, 12.75% cysts, and 13.15% other issues. While many patients underwent major surgeries, few were referred for maxillofacial prostheses, primarily receiving recommendations for complex dentures, obturators, and splints.

Conclusions:

The study indicates that maxillofacial prostheses are not routinely provided in most procedures at the department, with a greater emphasis on intraoral prosthetics and minimal documentation for extra oral options.

Keywords:

Maxillofacial Prosthesis,
Extra oral prosthesis,
Intra oral prosthesis,
Head and Neck patients.

Patient-centric, Interdisciplinary Treatment Framework for Cleft Lip & Cleft Palate

Dr. Niranjan Shridhar Divekar MDS, MSc, MDS, Amos Kipchumba, Kenneth Komen, Dr. Nwanna Uchechukwu Kevin, PhD, Dr. Danilo Milanes Zambrano, University of Rwanda, Department of Paediatric Dentistry and Orthodontics

Background:

Cleft lip and cleft palate (CLP) management in many low- and middle-income regions, including large parts of the African continent, remains predominantly surgery-centric, with limited emphasis on comprehensive rehabilitation, interdisciplinary care, and lifelong follow-up. Recent advances in artificial intelligence (AI), machine learning (ML), and digital technologies offer an opportunity to redesign cleft care into a patient-centric, integrated, and sustainable model.

Aim:

This proposal aims to develop a patient-centric, interdisciplinary treatment framework for CLP that extends beyond surgical correction, emphasizing rehabilitation, prevention, psychosocial support, and lifelong follow-up, supported by digital innovation and centralized data governance.

Review of Evidence:

Emerging literature demonstrates the potential of AI across the cleft care continuum, including diagnosis, surgical planning, outcome assessment, and patient education [1,10]. Three-dimensional (3D) printing has shown significant value in presurgical planning, surgical simulation, and fabrication of patient-specific appliances, improving surgical precision and outcomes [2]. Computational and ML-based models aid in evaluating surgical complexity and predicting optimal timing of interventions such as palatoplasty, enabling personalized treatment planning [3,6]. AI-assisted educational tools, including conversational agents, have been shown to improve caregiver understanding, reduce anxiety, and enhance readability and accessibility of patient education materials [4,5,7]. Advanced AI-driven facial analysis and deep learning models further support objective postoperative outcome assessment, including soft-tissue changes and lip symmetry evaluation [8,9].



Proposed Program

The proposed model integrates prosthodontics, orthodontics, psychiatry, speech therapy, dietetics, and genetic counselling from birth through adulthood. A key component is the establishment of a nationwide centralized cleft registry with parliamentary approval to enable systematic data collection, workforce mobilization, research, and policy formulation. The care pathway includes early family counselling, etiological and preventive assessment (including exploration of IRL-6 gene mutations and environmental factors), feeding appliance fabrication, coordinated surgical planning per international guidelines, psychosocial and dietary rehabilitation, and structured lifelong follow-up. Financial sustainability is envisaged through government support combined with public-private and industry partnerships.

Conclusion:

This interdisciplinary, digitally enabled, patient-centric cleft care model has the potential to transform CLP management in Africa by improving clinical outcomes, quality of life, and equity in access to care, while simultaneously generating robust data to guide future research and policy.

Simplified Clear Aligners: A Hands-On Approach

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PGCert Aesthetic & Restorative Dentistry
KOL Clearsmile Aligners
Founder and Clinical Lecturer - CADEA



Introduction:

Clear aligners are increasingly sought after by patients for their comfort, aesthetics, and convenience compared to traditional orthodontic appliances. Despite this, many dental practitioners remain hesitant to incorporate aligners into their practice due to limited exposure and practical training. This hands-on session was developed to introduce clinicians to the ClearSmile Aligner system through direct demonstration and practice.

Summary of the main points:

The session begins with a concise overview of the ClearSmile system, including patient assessment, case selection, and treatment planning. Delegates are then guided through key clinical steps such as interproximal reduction (IPR), attachment placement, and monitoring of progress. Live demonstrations provide clarity on technique, while interactive exercises allow participants to gain first-hand experience under supervision. By combining theory with hands-on practice, the session bridges the gap between aligner concepts and real-world application.

Conclusion:

This workshop equips dentists with the foundational skills and confidence to begin integrating clear aligner therapy into their practice. Participants leave with a practical understanding of case selection, treatment workflows, and clinical techniques that enable them to deliver predictable and aesthetic orthodontic results. The course provides an accessible entry point for clinicians looking to expand their orthodontic services and meet growing patient demand.



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Q&A

WITH DR STEVEN MUGABE



BREAKING NEW GROUND WITH THE UDA SACCO

Dr Steven Mugabe was unanimously elected as the inaugural chair of the UDA SACCO. This is testament to the kind of virtuous and trustworthy leader he is, the kind of leader capable of driving the UDA into a new and prosperous era.

Q

What is your vision & priorities for the UDA SACCO?

My vision for the Uganda Dental Association circle is to enable every dentist to have passive income that is greater than chair-side income and working income so that they can retire and remain important members of society. Never to be stuck at a job because they don't have other sources of income. We can do this through group savings. And that's where the cooperative circle comes in, the cooperative circle rather to help us together. Everyone achieves more, really, and my key priority for the members' financial well-being is to teach everyone to learn to save. And saving is what will get us out of trouble in the Bible, Joseph saved Egypt by saving just 20% of the grain that they were growing in the years of plenty. The 20% of the grain is what saved Egypt in the seven years of scarcity, if we did apply the same what if we saved 20% of our income per month? Where would we be?

That's what will take care of us in the years of scarcity.

Q

How do you plan to address the specific financial needs of dental professionals that traditional banks might overlook?

So one is to educate the members about how to manage money. I believe that's the biggest change that can come to them, to realize that they have options, and they don't have to rely on getting loans, but also loans will be available for those who need to get them to acquire land, to buy new equipment, at Lower interest rates than the banks give, but we shall still have to secure our money. You cannot borrow more than more than you can secure,

but at least that's one of the things we will do to make sure that, yes, the money is there for you to borrow it at low interest rates, but it must be secured so that the circle doesn't lose transparency is assured because of the structure of a circle, the circle has a board, and then the board has a supervisory committee that supervises the board and the board and the supervisory committee both reports to ministry in charge of circles in Uganda, and they have to have an external auditor. So make sure we follow all those structures.

Make sure that everything is transparent and stable. We plan to eventually, after we've learned to save and grown our muscle, we shall use mobile apps, USSD, codes, all the options available, whatever platforms are available, to make sure that members can easily save and easily get loans.

Q

How do you plan to improve financial literacy and foster a stronger savings culture among our members?

So we shall have monthly education, webinars or seminars, learning from other people who have done circles. There are out there willing to teach us. For example, there is the Watoto. There's, harvest Multi Purpose cooperative. All those have agreed to teach us. Every month, they can send teachers to us, as long as we listen and learn about how they have done it. So "that's my plan, to make sure that people improve their financial literacy. First and foremost."



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Q

What mechanisms will be in place to ensure member participation and inclusivity in the SACCO's decision-making process

We're going to recruit ambassadors for the different courts of dentists each year to have an ambassador to help rally the members in their year of study to come on board also we shall have regional ambassadors or regional champions to make sure they pass on information to these members.



Q

What is your final message to the members as you step into this role?

And as I step into this role, I want you as members, imagine with me that at least there are 423 dentists registered with the UMDPC. If all the dentists were saving at least 100,000 per month, we would quickly be making a million dollars in two years time, and that can help us buy equipment, buy property together, buy land and sell it to other people and make a profit of it; acquire property that we could not easily acquire on our own, buy bonds and be lenders to the government of Uganda and earn a great interest; be able to buy long term investments that an individual might not be able to buy on their own. I know this will create options for us every year to grow our portfolio of money that makes money for us without always having to drill and feel teeth. Yes, it's possible. I've seen it done with other groups, and dentists can get there too.

So I'm hoping everyone can come along and save a minimum of 100,000 a month, and that will help us put together a war chest that can acquire any kind of property or assets that can make money for us every month, and all of us earn a dividend from it.

The story of Joseph in the Bible, really drives the point home. Every dentist, even if they are very young right now, will have a time when they will have a time of scarcity. And those are the years of like retirement. You cannot be 60 year old competing with a 20 year old for a job. I'd say pando. They will definitely give it to the younger dentist. Because, first of all, they are easier, easier to train. They are malleable. The 60 year old is already set in his ways and might be difficult to work with. They shouldn't see you at 60, jumping on a border to go and compete for small jobs out there. So if we've done a very good saving in hours of plenty, that is the hours of work when we are very able bodied and working, we can be able to have active income, a passive income, rather than takes care of us. In our years of scarcity, there is a potential of those years being years of scarcity. Many people die early when they retire because they have lost meaning, they go and throw their money in the NSSF, money into

a village home. They used to be hanging out in Kampala. Now they have tongue out in the village. They have no purpose and significance, so the money runs out quickly, and so they feel they are burdened to their children. They feel bad because they see that they're actually having to rely on their children eating their grandchildren's future, because now they have to rely on their children, and that guilt eats them up and they die early. We don't want that to be the story of dentists in Uganda. Dentists in Uganda can plan, save, invest as a cooperative, and have financial freedom to do anything they want. To be able to participate, have foundations run charity programs, go anywhere in the world they want, not be stuck at their jobs from eight to five. And what about if one gets injury? What happens to them, they should be able to have a passive income that takes care of them, who they want, and a dentist who has got an accident and maybe injured their hand, and they can't work, to be there begging. But if they had had money saved up from when they started working, and that money grows at an annual rate of 15 to 20% usually within seven to 15 years, they have already reached an income, an passive income, that is greater than their working income within 715 years if they keep saving at least 20% so we're going to be big about teaching about educating people, about enabling them to save monthly or even Daily, if possible, until they get the point that it's within our power to save at least of all the money that comes to you. Some of it is only considered yours if you save it to invest it, not if you spend it on going out on, eating out, dressing well, rent, no, oh, that is not your money. The only money that is yours is the money that you save and eventually invest to bring a return to in the future. So we are going to make a lot of noise come January onwards, about the need to save overcome a potential years of scarcity that lead to early death.

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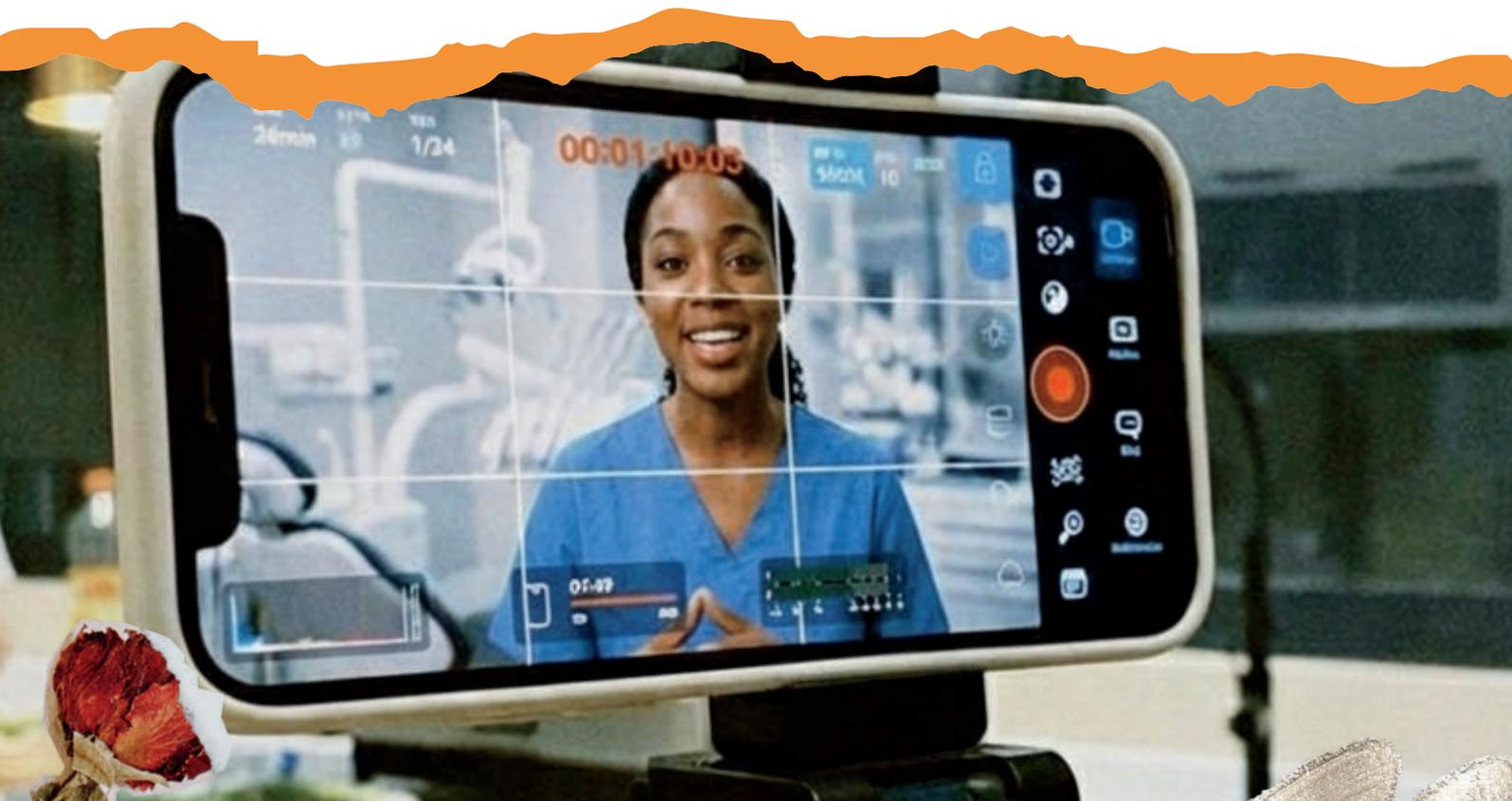
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Reclaiming the Clinic:

How Social Media Managers Protect Dentistry from "Quacks" and Misinformation

Dentistry has long been the "black sheep" of the medical community. While patients rarely voice visceral disdain for a gynecologist or dismiss podiatrists as extortionists, dentists often face a disproportionate wave of public skepticism and fear. The explosion of social media has amplified these negative sentiments, causing dental anxiety to skyrocket as horror stories go viral. In 2026, the digital landscape possesses the dual power to either fortify or dismantle a practice's reputation in an instant.

Compounding this challenge is the rise of "quack" practitioners—unqualified individuals masquerading as professionals—who flood social platforms with misinformation and self-serving agendas disguised as clinical advice. This digital chaos not only confuses the public but also threatens the integrity of the entire profession. If this volatility isn't enough to spur action, practitioners must realize that in Uganda's modern healthcare landscape, a clinic's reputation is no longer cemented solely by word-of-mouth or a billboard on Jinja Road.

“

In the dental professional field, online reviews and comments can make or break a clinic.

As the “TikTok and Instagram generation” comes of age, bridging the gap between clinical excellence and digital engagement is paramount. In this environment, employing a dedicated Social Media Manager (SMM) is no longer a luxury but a strategic imperative to reclaim the narrative and ensure that professional, ethical care remains the loudest voice online. Allow us therefore to delve deeper into why your 4 star practice needs a dedicated social media manager as soon as last month.

1. Building Trust through Visual Transparency

Dentistry is inherently personal and, for many, anxiety-inducing. A Social Media Manager humanizes the clinic. By sharing behind-the-scenes content, “meet the team” videos, and high-quality before-and-after transformations, they transform a sterile yet horror inducing clinical environment into a familiar, warm family friendly and welcoming space. Any long term dental practitioner will tell you that trust is the key that unlocks endless monetary rewards in this field as well as patient satisfaction.

2. Real-Time Patient Engagement

When the internet was switched off recently, every age group felt the pinch; from the boomers and gen xers who enjoy the familiarity of Facebook, to the Gen Z and millennial group who live for the thrill of snapchat. This goes to show how much time people spend online and how that screen time can become as asset for the dental clinic that aims to reach far and wide. A dedicated SMM ensures that a zoomer who might be doomscrolling at 2am in the night and suddenly gets a painful attack, can Dm your clinic page and get a swift response, even as far as booking an appointment. Inquiries about “scaling and polishing” or “the cost of braces” are answered within minutes, not days and this instant responsiveness significantly increases lead conversion rates, turning a casual scroller into a scheduled appointment before they have the chance to message a competitor.

3. Combatting Misinformation with Education

Social media rewards negativity; the things that go viral the most are often rag inducing, anxiety triggering, fear mongering content pieces. Somewhere within that mix lies the dental assistant turned clinic owner trying to convince the public not to do root canals because they cause cancer. Contrary to what many might think, the only arena where misinformation can be fought almost successfully is on the public arena; whether it be tiktok or snapchat or Elon Musk’s XIA Social Media Manager works with the clinical team to produce bite-sized, educational content. By positioning the clinic as an authority on oral health, the practice doesn’t just sell a service; it provides value, building long-term patient loyalty.

4. Navigating the Algorithm While You Navigate the Operatory

The biggest mistake busy dentists make is “random posting.” Social media algorithms reward consistency and trend-awareness. A doctor’s job is to focus on making their clients get healthy enough and happy enough that they are willing to pay for his new GLE Coupe. A Social Media Manager’s job is to know when to use a trending sound or how to optimize a post for best results. This division of labor ensures the clinic stays relevant without compromising clinical care.

5. Managing Professional Reputation

While the common phrase says “ all publicity, whether good or bad, is in fact good publicity; In the dental professional field, online reviews and comments can make or break a clinic. An SMM monitors mentions and reviews in real-time, responding gracefully to feedback and highlighting positive patient testimonials. This proactive reputation management ensures that the clinic’s digital “waiting room” looks as professional as the physical one.

The Bottom Line

This is not by any measure an exhaustive list of benefits, but rather, a starting point. In the modern market, locally or internationally, your clinical skill gets patients to return, but your social media presence (in tandem with other marketing efforts) gets them through the door. This is your cue to hire a dedicated manager who will ensure your practice isn’t just seen but that it’s remembered.



THE CONFERENCE SPEAKERS

DANIEL HAAS

An internationally-renowned expert in dental anaesthesia, Daniel Haas has been an active educator and researcher in this field. As a popular course instructor who has also been committed to providing continuing education courses, Dean Haas is the former Dean of the Faculty of Dentistry, and former head of the Faculty's Graduate Dental Anaesthesia specialty program.



DR IZCHAK BARZILAY

A renowned prosthodontist and the CEO of Build Your Smile Dental Foundation. He is also the Head of the Division of Prosthodontics and Restorative Dentistry at Mount Sinai Hospital in Toronto, Ontario. He has served in leadership positions in multiple dental organizations and has extensive experience in prosthodontics and implant dentistry. This is his 12 year travelling to Uganda to support dental efforts and is dedicated to advancing dental education and care.



DR CARLO ERCOLI

Dr. Carlo Ercoli is Professor and Chair of Prosthodontics at the University of Rochester's Eastman Institute for Oral Health, where he also directs the Center of Excellence for Digital Dentistry. Trained in Italy and the United States, A respected leader in his field, Dr. Ercoli has served in numerous national and international roles. He is a diplomate of both the American Board of Prosthodontics and the American Board of Periodontology and lectures worldwide on implant dentistry.



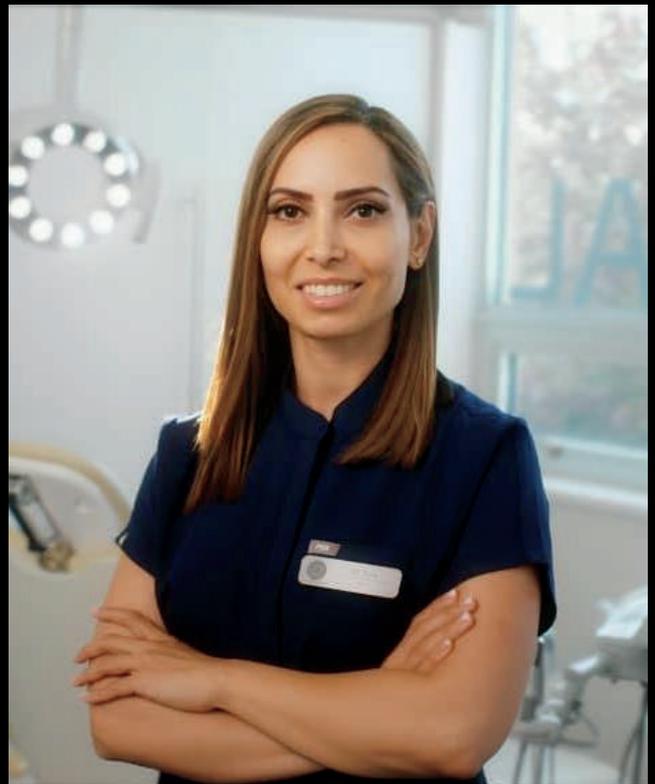
PHIL BRISEBOIS

Phil Brisebois is a highly skilled CDT Lab Technician and the founder of Gravidée Dental Studio. With over 15 years of experience in the dental industry, Phil has become a leader in digital implant dentistry and aesthetic solutions. His expertise in dental technology and innovation has made him a distinguished figure in the realm of digital dentistry. Phil is dedicated to advancing the field and providing exceptional dental care through his boutique digital dental laboratory.



DR TINA TAVAKOLI

Dr. Tina Tavakoli is a Canadian dentist who earned her Doctor of Dental Medicine degree from the University of Toronto. She has practiced in Ontario and British Columbia and provides dental care in remote and underserved communities across BC. Known for her gentle and compassionate approach, she enjoys working with children and anxious patients and has interests in comprehensive care and oral surgery. Dr. Tavakoli is honored to volunteer her skills to improve oral health in communities with limited access to care.



CATHY HAMM

Cathy Hamm, RDH, is a Canadian Registered Dental Hygienist working in a periodontal specialty practice. She graduated from Niagara College in 1987 and has since completed advanced certification in local anaesthetic techniques through the University of Manitoba and Saskatchewan Polytechnic. Cathy volunteers with the Niagara Health Engagement Network and Quest Community Health Centre. Passionate about supporting oral health care in underserved communities, she is honoured to join the Build Your Smile Dental Foundation mission in Uganda in 2026

DR ARABAT KASANGAKI



DR BARBARA NDAGIRE

Dr. Barbara is a Lecturer at Makerere University's School of Dentistry and a PhD candidate with a Master's in Restorative Dentistry. A Bioethics Fellow trained at the Johns Hopkins Berman Institute, she has extensive experience in dental education and healthcare delivery across Uganda and Rwanda. Her research focuses on oral epidemiology, disease prevention, and the ethical challenges within oral health services. She is deeply committed to training dental professionals and developing policies that improve regional public oral health and bioethical standards.



MR ALI KELLY PICHO

Ali Kelly Picho is a maxillofacial prosthetics specialist at Makerere University's School of Dentistry and lab manager at Rela Dental Clinic. With 15 years of experience, he started as a dental officer in 2010 and became an instructor in 2017 after earning a dental technology degree. He completed a master's in maxillofacial prosthetics at King's College London in 2021. Currently, he serves as the board representative for dental technologists, secretary of the Dentistry Board at the Allied Health Professional Council, and is a PhD candidate, also affiliated with UDOTA and IMPT.

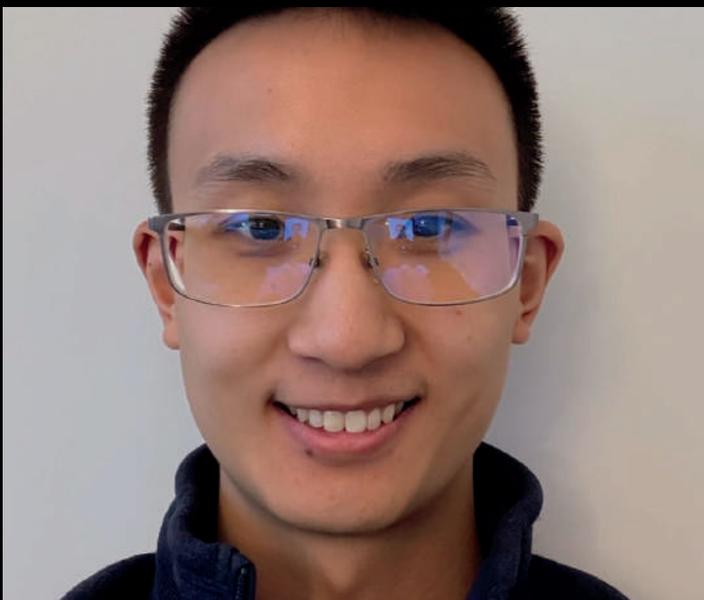
DR NIRANJAN SHRIDAR DIVEKAR



DR OMAR ELSABBAGH

Dr. Elsabbagh earned his Bachelor of Dental Surgery from Misr International University in 2015 and his Doctor of Dental Medicine degree from McGill University in 2021. He has practiced dentistry in both Egypt and Canada, gaining broad clinical experience across diverse healthcare systems.

He is currently in his second year of prosthodontic residency at the Eastman Institute for Oral Health in Rochester, New York, where he is training in advanced restorative and rehabilitative dental care.



HONGYAN (YAN) LIU

Hongyan (Yan) Liu is a fourth-year dental student at the University of Toronto who will be pursuing a specialization in Periodontics at the University at Buffalo. Since participating in his first dental outreach trip to Jamaica last summer, Yan has developed a strong interest in outreach and supporting oral health care in underserved communities. He is excited to join the Build Your Smile Dental Foundation outreach trip to Uganda in 2026.

KELLY QIN-WANG

Kelly is a fourth-year dental student at the University of Toronto. As a new clinician, her goal is to build lasting relationships and create meaningful change in the populations she will work with. She also had the privilege to participate in an outreach program in Jamaica, which started her interest in providing care in underserved populations. She is excited to join the BYSDF team and contribute to the changes we will make in Uganda.



MR MWESIGWA AMON

Amon Mwesigwa is Senior Public Health Dental officer at Mbarara Regional Referral Hospital (MRRH) and is a member of the Dentistry Board of Allied Health Professionals Council. He holds a master's degree in Public Health from Mbarara University of Science and Technology (MUST), Bachelor's degree in Public Health and Health Promotion from Uganda Martyrs University and a diploma in Public Health Dentistry from Uganda Institute of Allied Health and Management Sciences. He has passion for community oral health promotion with research interests in integration of oral healthcare into HIV and NCDs care. He is the founder and director of Brighter Smiles Dental Services in Mbarara city, Uganda.



DR VASILE BACILA

With a career of more than 40 years as a dental technician, Dr. Vasile Bacila has dedicated the past 15 years to immediate restorations for SKY fast & fixed cases and modern treatment solutions in implant supported restorations, while continuing to train and support other fellow dental technicians with their work. He is also an International System Consultant for Bredent Group products and concepts and participates in courses, events and live demos organized by Bredent Group Romania and Bredent group Germany.

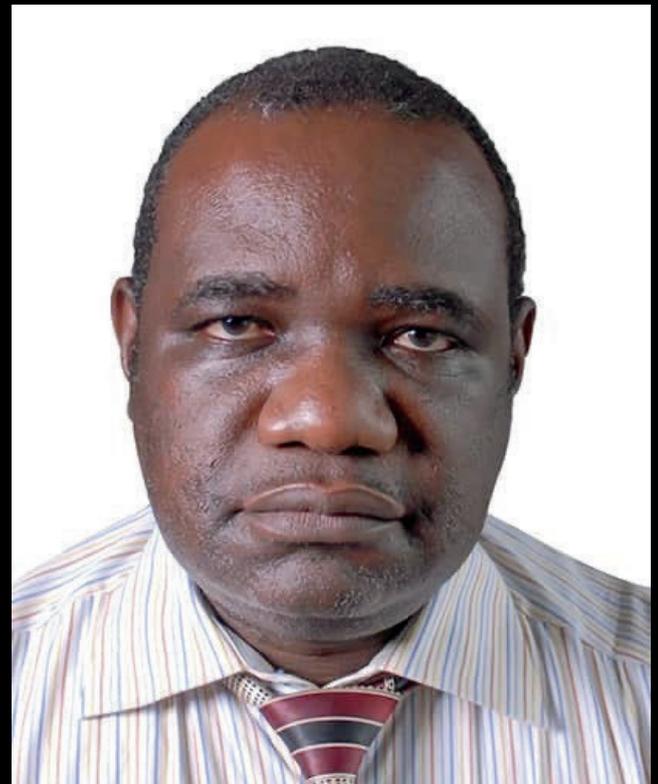
DR TOM MUTYABULE

Dr. Tom Mutyabule, CEO of Pan Dental Surgery, is an award-winning Dental Surgeon, Radiologist, and Implantologist with advanced global qualifications. As an ISCD Certified CEREC Trainer representing top international brands, he pioneers digital dentistry and innovation within Uganda. By merging clinical expertise with strategic leadership, he is dedicated to advancing the dental profession across the entire region.



ASSOC PROF WILLIAM BUWEMBO

Associate Professor William Buwembo PhD, is a dental surgeon and the previous Chair of the Department of Anatomy who has supervised 22 graduate students. His doctoral thesis was on micro bacterial drug resistance patterns of Streptococcus viridians group, which are normal flora of the oral cavity, to cotrimoxazole and other commonly used antibiotics. From his doctoral studies, he identified and contributed 45 new S. viridians gene sequences. He has also completed a post-doctoral fellowship on the associations between periodontal disease, oral P. gingivalis infestation and rheumatoid arthritis in Ugandans. This post-doctoral fellowship is part of the NIH/FIC next generation faculty development "NURTURE" grant to Makerere University PD. Prof. Nelson Sewankambo (5D43TW010132). Additionally, he has worked on publications on dental caries, periodontal disease in diabetes mellitus, teeth for age estimation, teeth morphology and eruption times, vaccine trials, medical education, and pain. He is the PD of the NIH grants 1R56DE032217 and 1D71TW012761-01.



DR AHMED ELRASHIDY

Owner and manager of Dental Care Centre in Alexandria, Egypt with specialized clinics equipped with microscopic and state of the art dental equipment also co owner of Digital dental Lab Rwanda being run by dental surgeons committed to providing the best dental appliances covering all aspects of Dentistry

DR MUZZAMIL SADDAK

Dr. Muzammil is a highly skilled dentist predominantly practicing Aesthetic and Restorative Dentistry. With extensive experience in advanced dental treatments, he is the founder of the Centre for Advanced Dentistry East Africa (CADEA), bringing UK-accredited postgraduate training to the region. As a Key Opinion Leader (KOL) for Ivoclar and Clearsmile Aligners, he actively contributes to the advancement of modern dentistry in East Africa.



DR OUMO DAVID

Oumo David is a medical doctor and holds an MBChB from Busitema University and MSc in Human Anatomy from Makerere University. His research focuses on immunogenetics and oral health, specifically exploring the association of HLA-A alleles with periodontitis in people living with HIV. Oumo aims to contribute to targeted interventions for vulnerable populations, especially those living with HIV. He is passionate about translational research enhancing clinical interventions in oral health.

DR FASIKAWIT ENGIDA

Dental educator and clinician with leadership experience in academic governance, curriculum reform, and professional regulation. PhD candidate in Quality Assurance of Higher Education with a background in dental medicine and health sciences. Holds national and institutional leadership roles, contributes to health professionals licensure examinations, and supports accreditation and academic standards in health sciences. Actively involved in continuous professional development, community oral health programs, and international collaboration, with peer-reviewed publications and recognition for curriculum and examination work.



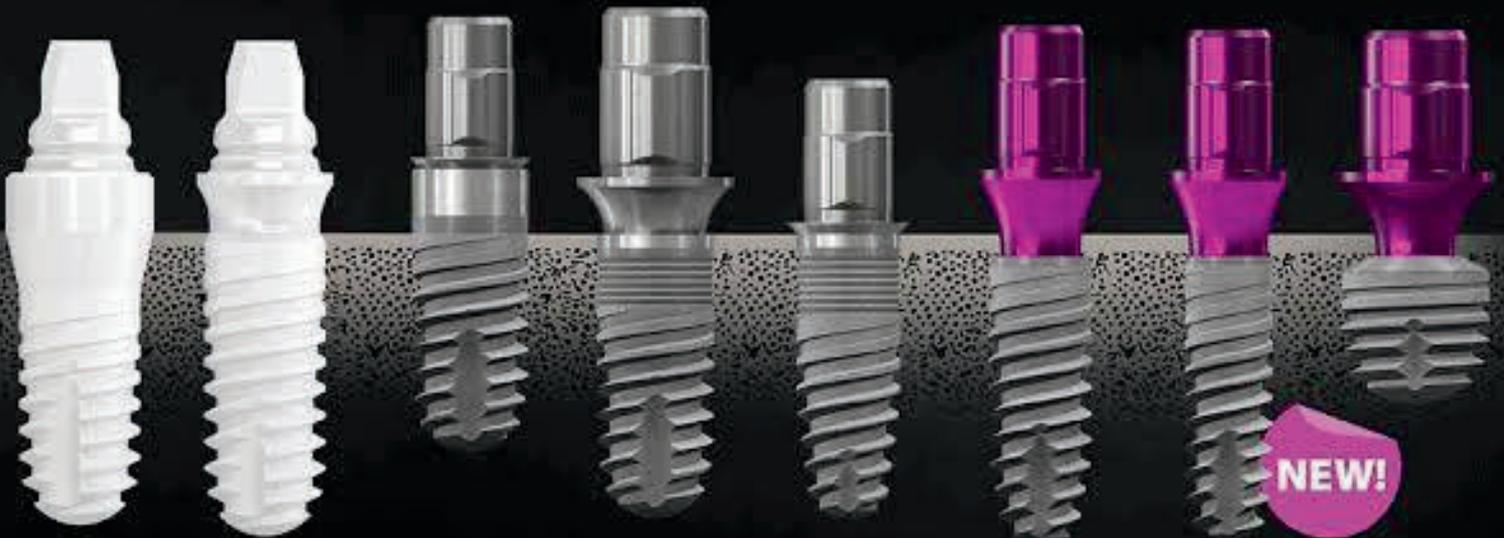
DR FLORIAN OBADAN

Dr. Florian Obădan is a premier Implantology Expert and International Speaker with over two decades of experience. As the pioneer of the SKY fast & fixed concept in Romania and a dual Master's recipient from UCAM Spain, he is a leading global authority on immediate-loading protocols. In collaboration with the bredent group, Dr. Obădan shares his clinical mastery through worldwide training, dedicated to advancing the future of predictable, full-arch rehabilitation.



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DR. HENAL PATEL

Dr. Henal Patel is an aesthetic and restorative dentist practicing in Nairobi, Kenya. She holds a BDS from the University of Nairobi, a Postgraduate Diploma in Restorative and Aesthetic Dentistry (UK), and is currently pursuing a Master's degree in Restorative and Aesthetic Dentistry (UK). She also has a Diploma in Aesthetic Medicine from American Board of Aesthetic Medicine (ABAMS).

Her expertise focuses on dental aesthetics, biomimetic dentistry, facial aesthetics, and evidence-based practice, emphasizing minimally invasive techniques for functional, beautiful, and lasting results.

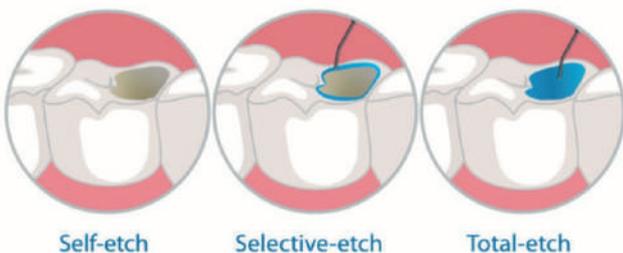
An Invisalign-certified clinician and Shofu Key Opinion Leader, Dr. Patel excels in clinical education and professional engagement.



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Rubona's RoadMap: One Year Later

When Dr. Rubona stepped into the UDA presidency one year ago, he didn't just inherit an office; he inherited a list of expectations. In his inaugural interview with The UDJ, he laid out a bold vision for the association, targeting specific pillars of reform and growth. Twelve months later, the honeymoon period has transitioned into the reality of administration. This month, we revisit those initial pledges to see where the dust has settled—measuring the milestones achieved, the hurdles remaining, and what this trajectory means for his second and final term at the helm.

Can you share with us your primary goals and vision for the Uganda Dental Association over the coming years?

Our vision is to elevate dental standards in Uganda by establishing and maintaining the highest quality of dental practice. We aim to promote oral health through public awareness campaigns and accessible care. Additionally, we prioritize professional development by providing continuous learning opportunities for dentists. Lastly, we will advocate for dentists' interests and work towards policies that support the profession. To achieve this, we will leverage technology to modernize dental practices and improve efficiency.

What do you see as the most pressing challenges currently facing the dental profession in Uganda, and how do you plan to address them?

Key challenges facing the dental profession in Uganda include limited access to dental care, especially in rural areas, a lack of public awareness about oral health, and a shortage of qualified dental professionals. To address these challenges, we will collaborate with government and private sector partners to expand dental services to underserved areas, implement public health campaigns to educate the public about oral health, and encourage young people to pursue careers in dentistry.

Improving dental health across the nation requires significant support. How do you intend to work with both government bodies and private institutions to promote oral health initiatives?

We intend to work closely with government bodies to secure increased funding for oral health programs. Additionally, we will collaborate with private institutions, such as dental suppliers and insurance companies, to improve access to affordable dental care. Furthermore, we will partner with non-governmental organizations to implement community-based oral health initiatives in underserved areas.

Advocacy is a crucial part of any professional association. Are there specific policies or regulatory changes you aim to push forward during your tenure?

We will advocate for stricter licensing and regulatory standards to ensure the quality of dental care. Additionally, we will push for increased insurance coverage for dental treatments to make dental care more affordable. Finally, we will lobby for increased government funding for oral health programs to support public health initiatives.

Training and development are vital for advancing the profession. Do you have plans to support continued education and skill development for Ugandan dentists?

To advance the dental profession, we will provide continuous education opportunities through conferences, workshops, and webinars. We will also implement mentorship programs to pair experienced dentists with young professionals. Furthermore, we will facilitate international collaborations to expose Ugandan dentists to global best practices.

Access to dental care remains a challenge in many parts of Uganda. How does the Uganda Dental Association under your leadership plan to address accessibility issues?

To improve access to dental care, we will deploy mobile dental clinics to reach remote areas. We will also utilize telemedicine to provide remote consultations and patient education. Additionally, we will establish financial assistance programs to help low-income patients afford dental treatment.

What are your thoughts on the role of technology in modernising dental practices in Uganda, and are there any tech-driven initiatives you're considering?

We believe that technology can revolutionize dental practices in Uganda. We will encourage the adoption of electronic health records to improve efficiency and accuracy. We will also leverage telemedicine to provide remote consultations and patient education. Furthermore, we will explore the use of artificial intelligence and machine learning to enhance diagnosis and treatment planning.

What strategies will you employ to enhance the reputation and trustworthiness of the dental profession in Uganda among the general public?

To enhance the reputation of the dental profession, we will promote ethical and professional behavior among dentists. We will also engage in public relations campaigns to improve public perception of the profession. Additionally, we will educate patients about the importance of regular dental check-ups and oral hygiene practices.

For aspiring dentists in Uganda, what message or advice would you share as they enter this field?

To aspiring dentists, we encourage you to embrace lifelong learning and stay up-to-date with the latest advancements in dentistry. Adhere to ethical principles and patient-centered care. Finally, give back to the community by volunteering and participating in outreach programs.

Looking long-term, where do you see the Uganda Dental Association and the state of oral health in Uganda by the end of your tenure and beyond? What legacy do you hope to leave?

Our long-term vision is to create a healthier Uganda where everyone has access to quality dental care. We aim to build a strong and united dental profession that advocates for its members and the public. Ultimately, we aspire to make Uganda a global leader in oral health research, education, and practice.

LOOK OUT FOR PART 2 IN THE NEXT ISSUE OF THE UDJ

The Past Presidents of The UDA

The following is a list of the past presidents of the UDA since 1988. It is important to note that there might be a lot of overlap in the years as the service terms are not calendar years.

- 1988 Mr William B Nganwa
- 1989 Dr George William Ssamula
- 1990 Professor Severinus Ecec
- 1991 Dr Eriab Kasiiku
- 1992 Mr William B Nganwa
- 1993 Dr Amooti R Nkurukenda
- 1994 Dr Ken Chapman
- 1995 Dr Ken Chapman
- 1996 Dr G Bwire
- 1997 Assoc Prof Louis Muwazi
- 1998 Dr Gubala Sentongo Katumba
- 1999 Dr Yuventine Ekoku
- 2000 Dr Andrew Mwanika
- 2001 Dr Tom Mutyabule
- 2002 Dr Francis Lakor
- 2003 Dr Andrew Mwanika
- 2004 Assoc Prof Charles Rwenyonyi
- 2005 Dr Catherine Kabenge
- 2006 Dr Isaac Okullo
- 2007 Dr Francis Lakor
- 2008 Maj. Dr. F. X. Bakehena
- 2009 Dr Catherine Kabenge
- 2010 Dr Aisha Bataringaya Sekalala
- 2011 Dr Dunstan Kalanzi
- 2012 Dr Margaret Wandera
- 2013 Dr Betsy Kasumba
- 2014 Dr Steven Mugabe
- 2015 Dr Edward Kalyesubula
- 2016 Dr Jaqueline Nambatya
- 2017 Dr Hannington Baliddawa
- 2018 Dr Ayub Twaha
- 2019 Dr Ayub Twaha
- 2020 Dr Geoffrey Bataringaya
- 2021 Dr Geoffrey Bataringaya
- 2022 Dr. Biren Yajnik
- 2023 Dr. Biren Yajnik

