



Dr. Burton Conrod



Dr. Lois K. Cohen

Transforming Dentistry's Commitment to Global Health

As a member of the Council of Science Editors, *JCDA* has joined more than 250 journals worldwide to focus its October 2007 issue on global health and its relationship to poverty and human development. The intent is to raise awareness and stimulate interest and research on poverty and human development by partnering with industrialized and developing countries and their science communities. It is in that spirit that we are asking for dentistry's commitment and active engagement in the critically important survival strategy outlined below.

Health, including oral health, is valued worldwide, though neither is universally available. This is largely because of insufficient financial resources to build cadres of skilled health personnel, insufficient resources to sustain those cadres even if they existed, lack of appropriate equipment, supplies and facilities, and very often a lack of tools and technologies appropriate for the populations in need of prevention and treatment services. In some African countries the dentist-to-population ratio is less than 1:800,000.¹ Seventy percent of the world's population has little or no access to care.² These deficiencies are compounded by the fact that oral health is not considered an integral part of general health in many parts of the world.

If health professionals in affluent countries do not assume more responsibility for enhancing health in the least developed nations of the world, the current gap between rich and poor nations will widen, leading to greater incidences of social, economic and political insecurities, unrest and turmoil. The dental profession has a responsibility to address this issue now. Partnering with other health professionals to transform our nominal contributions to global health into a substantial active engagement will make this challenge easier.

One promising initiative, spearheaded by the FDI World Dental Federation (FDI), is being planned by the World Health Professions Alliance (WHPA), a global partnership of the medicine, nursing, pharmacy and dentistry professions. The Health Access Policy Promotion and Education Networking (HAPPEN) program

aims to improve the health of disadvantaged African populations through retention of health professionals, continuing education, telemedicine and health advocacy and promotion. Improvements in oral health care delivery in many industrialized countries are largely due to the efforts of well-organized professional associations and health profession networks. Sadly, many of the least developed countries lack this infrastructure, and individual dentists are solely responsible for encouraging government support for public education and preventive programs. HAPPEN is designed to help health professionals build and strengthen associations to take advantage of continuing education, improve working conditions, explore evidence-based best treatment practices, promote common core competencies and strengthen partnerships with government and non-government organizations (NGOs).

Some have argued that it is time for a major effort in health diplomacy worldwide. Not a superficial one-time effort to provide technical assistance, but rather a systematic and sustainable plan to work with colleagues in the private and public sectors to engage leaders in developing countries to build infrastructure, educational capacity, appropriate service delivery systems, and the associated essential research investments that can enable an evidence-based approach to viable health development. Experience from previous global development projects has demonstrated the importance for our efforts to be sustainable and respectful of the culture and needs of the country involved. Similarly, the huge body of existing oral health research needs to be adapted for use in resource-deficient clinical practice settings.

The above concepts have been the mission of the World Health Organization (WHO). But WHO is underfunded and understaffed and along with the Pan American Health Organization (PAHO), its regional component agency for the Americas, must depend on partnering with its affiliated organizations in the private sector. In dentistry, these are FDI and the International Association for Dental Research (IADR). What

should and what can we do as organizations and as individuals?

Our proposal is to first raise the level of awareness about the urgency and the need to act in our own professional communities, as dental practitioners, dental educators, oral health researchers and administrators of oral health programs. We could conduct a series of interviews and surveys to assess the scope and reach of ongoing international oral health activities that operate with Canadian support and leadership. Such information would allow us to build on national and international strengths, and network successful existing activities nationally, in the United States and in the Americas. The importance of the *FDI Guidelines for Dental Volunteers*³ must be recognized so that volunteer projects build the capacity of the country's health systems and lead to sustainable improvements, rather than briefly and unrealistically raising expectations of communities and further frustrating overburdened resident professionals. Our goal should be that future volunteer missions would be coordinated, targeted and designed for maximum benefit. Perhaps our current national portfolio of global oral health activities is merely a series of isolated programs with insufficient formal guidance. Our leaders should use opportunities such as FDI meetings to develop a strategic plan and leverage the power and influence of combining activities with other nations.

An additional and formidable challenge is that major international development agencies, and even health research agencies supporting global health research, often ignore oral health and its relationships to systemic health and high impact diseases such as HIV/AIDS, tuberculosis, malaria and various types of influenza and other global scourges. Oral health should be included in those initiatives already on the radar screens of international development agencies, NGOs and charitable foundations. There are common risk factors related to malnutrition, lack of potable water, poor sanitation and tobacco use that contribute to poor outcomes for maternal and child health, including oral health. These factors may result in craniofacial birth anomalies, noma or oral gangrene, opportunistic infections that enter the body through the oral cavity and result in negative birth outcomes, systemic infections and their sequela. Research on oral cancers, optimal levels of fluoride for populations in varying geographic locations, low-cost and low-technology diagnostic tools and oral health promotion are critical in less developed

countries and may contribute precision to ad hoc strategies currently being implemented or discussed.

FDI and WHO convened a Planning Conference for Oral Health in the African Region in Nairobi, Kenya, in April 2004.⁴ It was clear to participating senior government officials and professional leaders from 48 countries that the burden of oral disease was growing rapidly, but concrete actions could be taken if nations partnered and supported each other. The key was assisting and encouraging these nations to determine their own deficiencies and strengths to develop sensible action items. They could use supporting data to coordinate oral health policies, then plan for changes to the health care environment that would support affordable prevention programs and strengthen national capacities to develop their own human resources for oral health service delivery. A similar Oral Health of the Americas Conference is being planned by FDI and WHO/PAHO for April 2008 in Lima, Peru, and we hope Canada and the United States will be active partners in this global health initiative.

We can do our part in North America to assess our internal resources and activities and form concrete plans in concert with FDI, WHO, PAHO, IADR and other partners in the private and public sectors. We must recognize that the value in health diplomacy is sensitivity to real needs and sharing best practices, technology and resources to sustainably improve health. Dentists must advocate for the 4 billion people who cannot access appropriate or affordable care so that political decisions and resource allocation can begin to solve the problem. It is, in our view, the humanitarian and moral strategy for today's world. By improving the world's oral and general health, the dental profession can play a significant role in bringing peace to the world.

Dr. Burton Conrod
2007-2009 President, FDI World Dental Federation
burcon@ns.sympatico.ca

Dr. Lois K. Cohen
Paul G. Rogers Ambassador for Global Health Research
lkcohen1@verizon.net

References

The complete list of references is available electronically at www.cda-adc.ca/jcda/vol-73/issue-8/653.html.

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