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Oral Health Development in Nigeria: A Collective Responsibility

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INTRODUCTION

Health is a state of complete physical, mental and social well- being of an individual and not merely the absence of disease or infirmity-World Health Organization.[1] Oral health is state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.[2]

Oral health is an end product. It can be achieved through several measures and activities. These include the acquisition of knowledge especially of oral diseases and their prevention, acceptable oral health behaviour such as maintenance of good oral hygiene and non-harmful dietary practices as well as utilization of available facilities.[3]

Oral health actors include: Policy makers, oral health educators, trainers of professionals, professional regulatory bodies and associations, manufacturers of oral health products; development partners such national and multi-national organizations as well as the general public.

HISTORICAL BACKGROUND

- Dental ailments have been remarkably similar throughout history;
- As documented in ancient chronicles, they include caries (tooth decay), toothache, periodontal disease and premature tooth loss.
- The first known dentist was an Egyptian named Hesi-Re (3000 B.C.) He was the chief 'toothist' to the pharaohs. He was also a physician, indicating an association between medicine and dentistry.
- Dentistry developed along with surgery and by the 16th Century, it was a well-established part of Surgery in Europe.
- Pierre Fauchard (1723), credited as the father of modern day Dentistry, published a book that described a comprehensive system for the practice of Dentistry including basic oral anatomy and function, operative and restorative techniques and denture construction.
- In Nigeria, the first dentist was Dr. Maclean, a Canadian, who practiced in Nigeria and Ghana in 1903.
- The First Nigerian dentist was Dr. Green who practiced in Enugu in 1949 after graduation in the United Kingdom, he later established his dental clinic in Port-Harcourt.

GLOBAL TRENDS IN ORAL HEALTH: BURDEN OF ORAL CONDITIONS

- Distribution of oral diseases in Africa follows a pattern closely associated with poverty and poor economic growth.[4]
- There is an increase in the prevalence, severity or social impact of some particularly preventable diseases or conditions such as Noma, oral cancers, oro-facial trauma.[4]
- Globally, major oral health inequalities exist both within and between countries in terms of disease severity and prevalence.
- Throughout the world, individuals particularly the poor and socially disadvantaged in developing countries, suffer greatly from oral disease.
- The common oral diseases faced by these groups range from periodontal disease, gingivitis, caries, tooth wear lesions to oral cancer and human immunodeficiency virus-acquired immunodeficiency

syndrome-related oral conditions.

- The effect of poor oral health is enormous;
- Has a negative impact on general health;
- Its psychosocial effects include poor feeding, aesthetic problems, social embarrassment and isolation and time lost from work or school.
- The burden of oral disease may be linked to:poverty, illiteracy, poor oral hygiene, lack of oral health education and lack of access to prompt and affordable health services.
- Others factors that may contribute to the burden of the disease are:
  - Inequitable distribution of dental professionals between urban and rural areas and
  - poorly managed public dental health facilities with inadequate dental materials, instruments and equipment.
  - Strong international aid response to public health emergencies and oral health disparities in developing countries.
  - Control of oral diseases depends on availability and accessibility of oral health systems but reduction of risks to disease is only quality of life.[5]

GLOBAL APPROACHES TO ORAL HEALTH

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- Control of oral diseases depends on availability and accessibility of oral health systems but reduction of risks to disease is only quality of life.[5]
- The importance of oral health goals was first emphasized in 1981 by WHO as part of the program; health for all by the year 2000. In 1982, World Dental Federation (FDI) and WHO developed the global goal for oral health for the year 2000. About a decade ago WHO, jointly with the FDI and the International Association for Dental Research (IADR), formulated goals for oral health by the year 2020.[6]
- These specific goals were:
- 50% of 5-6 year olds to be free of dental caries;
- The global average to be no more than 3 DMFT at 12 years of age;
- 85% of the population should retain all their teeth at the age of 18 years;
- A 50% reduction in edentulousness among the 35-44year olds;
- A 25% reduction in edentulousness at the age of 65 years and over, compared with the 1982 level and
- A database system for monitoring changes in oral health to be established.
- These goals were designed to assist in the development of effective oral health programs, targeted to improve the health of those people most in need of care.
- Basic package of oral care (BPOC) is a global initiative developed by World Health Organization (WHO) to promote oral health and bridge the gap of oral health inequalities
- It carried out with hand instruments using locally trained health workers
- The global effort to improve the oral condition of the underserved population can be enhanced if the principle of BPOC is adopted and advocated by dental healthcare personnel.

WORLD ORAL HEALTH DAY

- Introduced in 2007 by FDI provides an occasion for global, regional and national actions and activities on Oral health.
- It raises awareness and supports improvement in oral health by offering oral health community a platform to take action and help reduce the global disease burden.
- Undergraduate students may be exposed to these global initiatives and goals through the teaching of global oral health course.
- Global oral health course is being taught in developed countries of the world but it is yet to be embraced by oral health training institutions in Nigeria with the highest number of dental schools in the West African sub region.

ADVOCACY and SENSITISATION

- Strategic advocacy of decision/policymakers is a major intervention activity that can change the narrative of abysmal state of oral healthcare in Nigeria.
- A vigorous oral health promotion through awareness creation, public enlightenment and sensitisation will certainly increase demand for oral health care and lead to the development of other aspects of oral health that will result in improved health status of the populace.

THE NATIONAL ORAL HEALTH POLICY

- Before 2009, the organization and management of oral health in Nigeria was observed to have been haphazard;
- Various oral health actors did not have adequate knowledge about their responsibilities and expectations beyond their professional duties.

A STRATEGIC POLICY FRAMEWORK

- The Federal Government through the Federal Ministry of Health, developed the National Oral Health policy as a formidable strategic framework for the improvement of oral health in Nigeria.

The six (6) priority areas of the policy are:

- Oral health promotion
- Training and human resource development
- Service delivery, levels of care and standards
- Oral health financing
- Research/ Monitoring and Evaluation
- Information and Communication Technology/ Oral Health Information Systems (OHIS)

Priority areas of the policy:

- Provide veritable platforms on which we can situate developmental agenda in form of activities, programmes and projects
- Can attract meaning attention from national and international development partners if our objectives are properly articulated in line with the implementation strategies.

  To kick-start oral health promotion as a priority area, the policy document was launched at an elaborate ceremony by Senator David Mark, on 12th November 2012, when he was the Senate President.
- On the same day, he was inaugurated as the National Oral Health Champion for Nigeria by Prof. Onyebuchi Chukwu, the Honourable Minister of Health.

- *"**For the launch of the National Oral Health Policy, I congratulate you for the initiative. It is a model for Africa and can be an example for the world**"*

(A statement made by Dr Orlando Monterio da Silva, the erstwhile FDI President in his message on the formal launch of the policy document on 12th November 2012)

AS A STRATEGIC POLICY FRAMEWORK

- The document being adjudged to be of international standard;
- The choice of a national figure to lead the vanguard of oral health promotion has brought more attention for the implementation of this and other priority areas from stakeholders for the improvement of oral health in the country.

Oral Health Promotion

Source: WHO

Source: FMOH, 2012

STATUS OF IMPLEMENTATION

- The progress may be slow but we have definitely made some quantum leaps forward in almost all the priority areas.
- All we need to do now is for every oral health actor including the policy makers, academia or researchers, general dental practitioners or specialists to identify our roles in the implementation and galvanize resources to achieve the goals therein.

ORAL HEALTH: A COLLECTIVE RESPONSIBILITY

- Essential oral health outcomes cannot be achieved working in isolation or with poor quality collaboration;
- Collaboration takes place between organizations, within organizations, and between people.
- Oral health associations and organizations should cluster to form strategic alliances towards achieving outcomes that could not be reached when independent groups work alone.

Fostering partnerships between oral health programs and other groups will definitely ensure:

- Increased involvement of stakeholders in projects;
- Greater awareness of oral health groups and their roles and needs among stakeholders;
- Improved dissemination and use of consistent oral health messages and materials

Partnerships will also ensure:

- Enhanced awareness of the link between oral health and other aspects of health or public health;
- Expanded/leveraged resources for oral health activities;
- More comprehensive and accurate oral health data and awareness of sources for oral health data and
- More timely and coordinated response to issues of national, state and local significance.

A strategic alliance

- Cannot be overemphasized in the development of oral healthcare in Nigeria;
- Professionals need to form partnerships between two or more organizational structures for the purpose of addressing a shared concern;
- Inter-professional collaboration that exists within and acts as the link between organizations is also very important.

Another veritable strategy:

- Raising collaboration literacy, oral health programs will help cultivate the recognition that organizational improvement and achievement cannot be accomplished by even the most knowledgeable individuals working alone.
- The leadership and governance provided by the Federal Ministry of Health and the commitment of the Nigerian Dental Association are commendable.
- Their exemplary collaborative actions have culminated in the launch of the Nigerian Chapter of the Alliance for a Cavity Free Future (ACFF) in October last year.

ALLIANCE FOR A CAVITY FREE FUTURE (ACFF)

- A global group of experts promoting integrated clinical and public health action to stop caries initiation and progression;
- Nigeria is not exempted;
- Their goal is to drive global collaborative actions aimed at partnering with leaders and other stakeholders on a regional and local level — including country and community leaders, health and dental health professionals, public policy and education communities, and the public.
- The Alliance is driven by a Global Expert Panel chaired by Professor Nigel Pitts, of King's College London Dental Institute, London, UK with Prof. Raman Bedi of Kings College, London, UK as Co-Director.
- The Nigerian Expert Panel was carefully chosen to include some leaders and key stakeholders in Dentistry in the country;
- The President of the Nigerian Dental Association as the Chairman;
- Their main objective is to extend oral healthcare to the grassroots nationwide in line with the vision of the National Oral Health Policy.
- These are professionals that have distinguished themselves in various aspects of oral health including policy formulation, training of dental personnel, research and sundry programme activities. I am aware that ACFF is currently developing a home-grown agenda aimed at elimination of caries by the year 2026.

CONCLUSION

There is the need to educate the public about the

STATUS OF IMPLEMENTATION

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CONCLUSION

There is the need to educate the public about the

importance of oral healthcare for all, building trust, understanding and partnerships to support behavior change for healthy lives and encouraging grassroots efforts as the driver of health systems change.

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