



**Commonwealth Dental Association**

*Working for Oral Health in the Commonwealth*



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## **Pacific Regional Meeting**

*of the*

**Commonwealth Dental Association**

**November 25 –30, 2005**

**Holiday Inn, Suva, Fiji**

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*Organised by*

The Commonwealth Dental Association(CDA) and  
The Fiji Dental Association(FDA)

**Planning for Oral Health in the Pacific Region**

## **Planning for Oral Health in the Pacific Region**

A meeting of commonwealth countries in Suva, Fiji was the highlight in the oral health calendar in the Pacific region for 2005. Oral health is regarded a low priority in the health sector, therefore, the meeting was an opportune time for representatives from 10 national dental associations in the region to emphasize the mounting oral health problems. Countries represented at the meeting were Fiji, Australia, Samoa, Tonga, Solomon Islands, Papua New Guinea, Vanuatu, Cook Islands, Kiribati and Tuvalu. The vision of collaborating within the region and with international counterparts stemmed from the realization that as small island nations we cannot make a strong impact individually. This is especially true with countries such as Tuvalu, Kiribati, Tokelau and Niue who may have only one dentist delivering oral care. Collaborative planning therefore requires pooling information and community need assessment, coordinating activities in the region, linking with appropriate stakeholders in setting priorities and implementing intervention strategies.

In his opening speech, the Minister of Health, the Honorable Solomone Naivalu recognised past decades of work and continued action to alleviate health burdens in Pacific Island countries at ministerial meetings. Regional meetings are preliminary steps with the aim to guide health planners to evaluate current situation, set oral health goals, objectives and targets. The interrelationship between oral and general health is proven and an integrated approach is an efficient way of achieving better outcomes especially in situations with variable and unpredictable resources. Formulating regional, national or local health strategies require working together to sort out progress and discuss how we can do things even better. The important role dental associations contribute to improve oral health was acknowledged. The Minister congratulated the efforts, partnerships and vision for oral health improvement and development for Pacific Island Countries.

In his keynote address the President of the Commonwealth Dental Association, Dr Gandhi emphasised the importance of collaboration with viable partners and establishing solid network with other coordinating bodies, and associations at international levels for "Strengthening Regional Cooperation and Integration through Enhanced Engagement with the Civil Society in the Pacific Region". The existence of the Constitution for the Pacific Region provided a working paper and should foster the development and implementation of innovative Oral Health Plans and Programmes for Oral Health professionals in the Region.

Several attempts in the past to unite dental personnel in the region were unsuccessful as highlighted by Professor Sitaleki Finau, the Head of the School of Public Health in Fiji. Regardless of the need to collaborate, the lack of willingness and commitment from dentists who were either too busy, lack leadership skills or few in number hindered the initiation and progress of past plans. He cautioned the need to nurture the values and beliefs of the social and cultural groups in the region for it plays an important role in the configuration and function of the organisation. In this regard a balance between the western core values which focuses more on economic capital by creating personal wealth and the Pacific core values of individual well-being embracing social capital through good relationship and strong communities should be reached.

### **The role of dental auxiliaries**

Dr Anthony Kravitz, CDA Treasurer, presented a paper outlining recent research he had conducted, in his role as an Honorary Research Assistant at Cardiff Dental School (Wales), about the use of dental auxiliaries, their value and attitudes towards them. His research had covered the countries of the European Economic Area in general and Belgium, Finland, Greece and the UK– together with Canada and New Zealand in depth. He had only been able to cover developed countries.

He explained the history of the introduction of dental auxiliaries. Dental assistants were known centuries ago – but hygienists started in the USA at the opening of the 20<sup>th</sup> century and the

precursor to therapists (“Dental Nurses/Dressers”) in New Zealand and the UK, at the end of the First World War. Illegal “denturists” were around in the 1800s but the first legitimate versions were in Canada and Finland from the 1960s onwards.

Dr Kravitz went on to describe the training, legislation and demographics of the studied countries. Even now, few countries permit auxiliaries to diagnose. He had examined possible reasons for the introduction of dental auxiliaries into countries but could find little relationship between the various factors which may lead to the introduction of these oral care workers. However, there was a slight relationship between healthcare systems and the use of therapists in particular. He also explained his findings about the attitudes towards auxiliaries in the individual countries, especially in relation to those with few or no dental auxiliaries.

He concluded by suggesting that although most stakeholders believe that dental auxiliaries provide high quality care, there was little evidence to support this. Also, it was felt by most that dental auxiliaries provided cost effective care – but again there had been little recent research which confirmed this.

## **The Oral Health Climate in the Region**

An appreciation of the environmental and economic impact and agendas surrounding dental association members in their professional work were the topics of group discussions at the meeting. Common themes affecting the region elucidate a stronger team approach of dentists and dental auxiliaries through a regional body such as the Commonwealth Dental Association and other partners to assist small island nations in their struggles for a better oral health picture. Except for Australia, key issues common with many Pacific Islands as identified at the meeting were as follows:

### **1. *Communication***

1.1 Computers – The use of computers in communication and data collection is proving to be a basic necessity. Currently, many national dental associations in the region do not have computers and it was agreed that this important mechanism of communication needed to be addressed. Many dental personnel working in isolation required updates and news in oral health from the region and internationally.

1.2 Website - The Australian Dental Association (ADA) agreed to incorporate information from the region in its website for access to members. At this preliminary stage, the ADA is devising the information base at the website to comply with the policies and the regulations of the Commonwealth Dental Association.

1.3 Initiate a Pacific Dental Journal / news letter.

1.4 Be an advisor to the member countries on oral health issues.

**Action 1: The use of Internet for communication was seen to be the most economic and efficient means of communication. Many dental associations do not have computers, and rigorous efforts are needed to supply them to the region for better communication and database use.**

### **2. *Training***

For more than 100 years health personnel in the region were trained at the Fiji School of Medicine; dentists were also trained alongside medical personnel in a series of curriculum, which considered the needs of the Pacific Islands. Except for Fiji, other Pacific Islands, train dental auxiliaries on the job as apprentices. Because of the shortage of dental personnel in the region, sending people for a longer period of time is not a viable option.

2.1 Therefore, other options such as an attachment to other dental institutions for a shorter period of time to learn the latest developments in related disciplines was suggested. This option will concurrently solve the problem of shortage, retain and up-skill dental

personnel.

- 2.2 Twinning programmes – this is another option whereby dental personnel in developing countries such as those in the Pacific and developed countries, can learn from each other through an exchange scheme.
- 2.3 Specialisation – Specialist training in oral health survey and orthodontics are areas of need.
- 2.4 In house seminars and other continuing education are on-going but assistance is needed for more scientific meetings.
- 2.5 Centralise/standardise dental training for the region.

**Action 2: There is an urgent need to develop the capacity of the oral health workforce to meet the needs of the region. Continuing education is essential, for it provide staff with the skills to deliver high quality service to the consumer. To prevent disruption in the delivery of oral care and concurrently retain the workforce, a short-term solution of attachment to other dental institutions, and a twinning program is recommended. On a longer-term, post-graduate training in oral epidemiology and orthodontics are needed in the region.**

### 3 *Workforce*

Ensuring an acceptable standard of oral health is achieved, largely depend on the human resources available to deliver oral care. Planning plays an important role in forecasting the supply and demand of various cadre of oral health workforce. Two major issues identified to be causing the lack of ability of the current workforce to respond to the need of the region were:

- 3.1 Supply - Overall there is a lack of dentists in the region as demonstrated by the high dentist to population ratio. Papua New Guinea with the largest population of 5 million and rugged landscape has only 20 dentists resulting in a dentist to population ratio of 1:250,000 and a dental workforce to population ratio of 1:45,454. Other small island nations experience shortage of dental personnel as well. With the weak economy that is widespread in the region, other health issues take priority to oral health; consequently it becomes expensive to train dental personnel. Therefore, funding bodies that recognize training as part of economic development sponsors majority of the training mainly in Fiji, Australia, New Zealand and United Kingdom. Decisions on the number of dental personnel to train rest on Health Managers and this meeting confirmed the lack of recognition to increase the dental workforce. Efforts to emphasise the huge task of delivering quality oral care through conservation of teeth and evidence-based dentistry in the region is pertinent. A multidisciplinary team approach is needed.
- 3.2 Migration –Countries with proper workforce plan are not immune to a small extent from losing dental personnel to other countries within the region. It can be expensive for governments in small island countries that have taken initiatives and priority on investing in education and later losing them to another. However, migration to countries outside of the region occurs on a larger scale than within. Reasons related to work conditions, such as salary, career paths and insufficient working facilities facilitate decisions of migration.

**Action 3: There is a need to convince Health Ministers in the region for training of more cadres of dental personnel to meet the backlog of treatment needs in order to raise the level of oral care to an acceptable level. Commitments from funding agencies are to be strengthened and foster the importance of investing in health. The reality of marketing oral health needs to be addressed to a level, as without achieving, is not total health.**

### 4 *Dental Equipment and Materials*

A centrally planned government health services, funded by general taxation, or donations provides the majority of health care. In recent years the recurrent expenditure on oral health increases as a proportion of total health expenditure. The changing face of demands and expectations for more advanced preventive, diagnostic and therapeutic services inadvertently call for sophisticated equipment and dental materials.

- 4.1 Maintenance - Most dental equipment in the region whether purchased or donated had served for a long time and requires proper handling and care. Many problems related to dental equipment such as corrosion, installation and unavailability of spare parts render them to be useless halting certain oral care services for a period of time.
- 4.2 Cost – Government subsidises dental care in the public dental hospitals so dental fees are cheap or even free. Nevertheless, the high cost of purchasing dental equipment and materials, does not allow government to recover costs. Health Managers are then forced to plan and operate with restricted budget that allows very little room for further development or expansion. Therefore, government relies on voluntary and charitable organizations that donate dental equipment and materials to cushion many oral health budgets for its operation.
- 4.3 Equipment specialist – Several past meetings including this meeting echoed the urgent need of a dental equipment specialist to serve the region.

**Action 4: Ways of collaboration with dental industries in assisting island countries in affordable dental equipment and materials would greatly enhance the delivery of oral care without comprising science and quality. Training of dental equipment maintenance that serves the region is urgently required.**

## **Continuing education**

The CDA meeting was followed by 3 days of continuing education sessions organised by the Fiji Dental Association.

1. The first day did not included registration charges and was open to local and regional delegates. Invited speakers from the School of Oral Health, Fiji School of Medicine presented on topics in oral cancer, severe odontogenic infections of the head and neck, resource management in orthodontics, composite bridges and updates in periodontal diseases.

2. The Standards and Guidelines Section of the Fiji Dental Association for the following two days conducted the HIV/AIDS and Infection Control Awareness Workshop (November 29-30). This was sponsored by the National Advisory Committee for AIDS, Ministry of Health, Fiji; Oral Tec Ltd, New Zealand; and Oral B (Fiji). Oralte B sponsored the participation of the regional delegates to the CDA meeting.

Several topics ranging from personal protection, surgery design, clinical waste disposal, the changing face of the HIV virus and the challenges in preventing HIV/AIDS related oral diseases were delivered. Participants included dentists, dental therapists, dental technicians, dental hygienists and dental assistants discussed and reported the application of the learning issues to their daily practice with the growing concerns in HIV and AIDS in the region. Certainly, this has revolutionalised the practice of dentistry in the islands thereby the importance of instituting policy guidelines in infection control became paramount. Policy guidelines affect and safeguard the profession to exercise universal precaution and also pose a bigger challenge to managers to provide the necessary equipment and materials. Awareness for HIV and AIDS are continuing in the region with messages being mindful of the culture, religion, language used and educational background of the community.

## Meeting Outcomes

- 1 Dentists in the region held formal and informal discussions and agreed on the importance to continue the communication.
- 2 Discussed various national dental associations structures in the region and the need to formalize dental associations through the Commonwealth Dental Association.
- 3 Election of CDA Pacific Region Executives:  
President – Dr Temalesi King (Fiji)  
President-Elect – Dr William O'Reilly (Australia)  
Vice President – Dr Amanaki Fakakovi (Tonga)  
Secretary – Dr Cedric Alependava (Solomon Islands)  
Treasurer – Dr Sina Ioapo (Samoa)  
Committee members – Dr Emily Wesley (Papua New Guinea)  
- Dr Ilaitia Lewenilovo (Fiji)
- 4 Discussion on the constitution.
- 5 Discussed the oral health status and issues in the region and a plan to make oral health more visible in the Pacific region.
- 6 Strategise on how dental associations and other partners for example dental industries can contribute to oral health of our populations.
- 7 A regional website was established through the Australia Dental Association.
- 8 Trade display from dental industries, Pacific Health Researchers, National Oral Health Promotion, Ministry of Health provided the business end of the forum.
- 9 Continuing education program on the latest development in dentistry to strengthen information base for quality oral care practice.

## Future directions for the CDA Pacific Region

It is clear that national dental associations in the region are small and some may still be fragmented. Majority of dentists work under their Ministry of Health and association activities are carried out in conjunction with the ministry and other dental industries like Colgate for Oral Health Education, Oral Tec and South Austral for dental supplies. The overwhelming interests from the dental industries in the region were greatly appreciated. Collaborations such as these will be reinforced as it provides an efficient and effective means of achieving outcomes. CDA will strive to assist small island nations to organise the formation and strengthening of their dental associations. Key issues from the group discussions and constitution provided a roadmap and terms of reference for the newly elected CDA Pacific Region executives. Interestingly, the issues identified at the meeting matched the core aims and activities of the Commonwealth Dental Association.

Achieving these objectives means achieving the vision for oral health in Commonwealth countries. However, strategic plans to prioritize identified oral health issues affecting national dental associations without interfering with the local political scene are the challenges at hand. Through regional efforts, the ultimate aim is to raise the level of oral health in the Commonwealth as a whole.

The CDA Pacific region stands to explore these areas in collaboration with the main body CDA:

1. Provide a vision for the future to enhance oral health.
2. Prioritise short and long term goals and measurable objectives (as identified above).
3. Develop strategies, that is sensitive to the cultural, economic and social factors in the region.
4. Continue working with existing stakeholders and identify others that will collaborate and contribute to the implementation of the plan.
5. Assess and recognise existing and potential financial, equipment/material and human resources and obtain commitment of resources.
6. Disseminate the plan widely.

The meeting ended with the proposal for the executive electronic meeting in February 2006, annual follow-up general meeting in Nadi, Fiji in 2006 and for the CDA Pacific Region

to host the CDA 2009 triennial meeting in Fiji.

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The meeting and workshop required planning, commitment and coordination of meeting plans from many, and its success was the contribution and generosity of individuals and organisations acknowledged here:

- Commonwealth Foundation
- Commonwealth Dental Association
- Fiji Dental Association
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- Island Dental Supplies
- School of Oral Health (Fiji School of Medicine)
- Oral B
- Colgate Palmolive Ltd
- Pacific Regional Representatives of National Dental Associations

**Dr Temalesi King**  
**CDA Regional Vice President (Pacific)**  
**President - CDA Pacific Region**

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