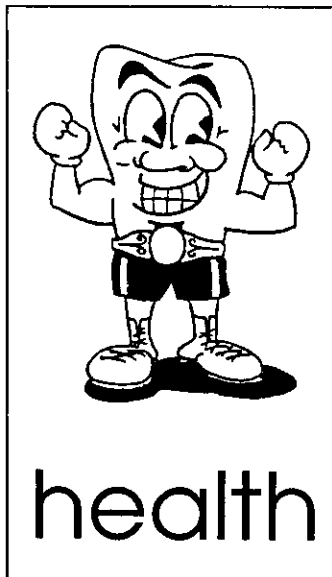


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NATURAL TEETH FOR LIFE

Helping Pacific Island people to keep their natural teeth for life was the goal of all participants at the Third Technical Meeting of Chief Dental Health Officers held in Noumea from 27 to 31 August 1990. The measures discussed were mainly aimed at reducing or even eliminating dental and oral health diseases from the Pacific. Where these diseases had already occurred, the aim was to help countries cope with these problems.

The major issues addressed were the oral health status of Pacific Island countries; the types of oral health services they have; the types of equipment they use; their current preventive programme; manpower and training.

These issues were fully discussed using background information obtained from investigations carried out in May and June this year by four consultants in eighteen island countries.

1. PREVENTION OF ORAL HEALTH DISEASES

This was the main theme for the meeting. Country statements on the existing and future preventive programmes on dental caries and periodontal diseases of the Pacific Island countries were presented by their representatives.

The highest priority is given to treatment, with very little time given to prevention, due to lack of resources. Nevertheless, it was considered that the first priority should be to ensure, even with scant resources, the good oral and dental health of future generations. The long-term goal should be to reduce the incidence of oral and dental diseases by giving urgent attention to educating young people, and by organising primary prevention for the youngest children, with the help of parents and teachers.

The increasing consumption of sugar in soft drink, sweets and refined carbohydrates is a concern. Dental services need to be involved in school nutrition education programmes, community awareness campaigns, and Food and Nutrition Committees to influence national policies.

Disease prevention relies heavily on efficient health education methods. Education materials must be culturally and socially appropriate. When initiating dental health education, one must first assess the knowledge, attitudes and practices of the target audience. All means of communication

must be employed in planned campaigns using interpersonal communication and mass media.

Several Island school dental programmes have long relied on regional organisations to supply toothbrushes and paste and have stopped when external support ceased. The relatively high cost of toothpaste in a family budget was discussed and the value of dispensing free samples was questioned.

Dental sealant programmes have been very effective in all countries which adopted them, reducing the incidence of decayed, missing and filled teeth by up to 50 per cent, but the cost involved and the training requirements may limit their general use.

Systemic fluoridation through community water supplies or fluoridated salt is efficient although impractical in most Pacific Islands. Dietary supplements suffer from a lack of compliance. Topical fluoride applications (gels, solutions, prophylactic paste, varnishes) require high staff levels. Fluoride toothpaste and mouth rinsing programmes are usually the preferred method.

Grave concern was expressed by all the delegates over the danger of the introduction into the region of smokeless tobacco because of its strong relationship with mouth cancer. This could be prevented now by appropriate Island government legislation aimed at a ban on imports and sales.

2. STATUS OF ORAL HEALTH

Investigators must consider the state of oral health right across a country before they can decide whether the incidence of disease is in fact increasing or decreasing.

To evaluate the effectiveness of existing preventive programmes in the islands, it was considered important that all island countries should carry out regular epidemiological surveys every five years, using standardised data collection systems, as defined by the World Health Organization (WHO) to facilitate planning and evaluation of dental programmes.

The need to gather and compile epidemiological information about the current oral health status of the Pacific Islands was recognised, but the high cost of doing this could be a constraint. Nevertheless, international organisations, such as WHO and SPC, may be able to provide financial and technical assistance as they have done in the past.

3. DENTAL SERVICE, CARE AND EQUIPMENT PROBLEMS

The lack of funds for dental services, particularly equipment, was recognised, especially the considerable problems relating to maintenance of dental equipment.

As isolation and low income are special problems in the Pacific Islands, it was recommended that each island should work towards standardising dental equipment to allow maintenance and repair. This would also assist with the in-country training of technicians.

4. DENTAL EDUCATION TRAINING AND MANPOWER IN THE SOUTH PACIFIC

Training and education of dental and oral health personnel geared to the particular needs of the island countries was strongly recommended. This would give them appropriate skills to provide care to both urban and rural areas and reach the grassroots level of the population.

The meeting recommended the prompt re-establishment of such a dental training programme within the region. There is a need to train around 26 dental officers per year for the next five years and 51 dental therapists per year for the next three years; both the Papua New Guinea and Fiji Dental Schools could be fully utilised. The training should be of international standard to attract candidates.

5. FUTURE OF THE SPC DENTAL HEALTH PROGRAMME

The meeting expressed the need for the appointment of an SPC Dental Public Health Adviser to co-ordinate dental activities and provide continuous assistance in oral and dental health matters as requested by island countries. This officer should be assisted by a dental health promotion officer.

6. SOUTH PACIFIC DENTAL SECRETARIAT

The dental officers met on this occasion to revitalise the South Pacific Dental Secretariat. The meeting elected Dr Ronald Ziru (Chief Dental Officer, Ministry of Health and Medical Services, P.O. Box G349, Honiara, Solomon Islands) as the new Chairman and Dr Bais Gwale (Assistant Secretary for Dental Services, Department of Health, P.O. Box 3991, Boroko, Papua New Guinea) as Vice-Chairman.

The possibility of using the SPC Dental Public Health Officer as the executive officer for the Secretariat was also recommended.

7. REPORT

A report on the meeting will be issued shortly and will be sent to interested dental professionals upon request to the Secretary-General, South Pacific Commission, P.O. Box D5, Noumea Cedex, New Caledonia.

The recommendations of the Third Technical Meeting of Chief Dental Officers were endorsed by the Thirtieth South Pacific Conference in October 1990.

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