

Pacific Oral Health Summit – “A Call For Action”, 2001

Jonacani Tuisuva*
Bernadette Pushpaangaeli*
Zac Morse*

and the Organizing Committee and Facilitators of the 2001 Pacific Oral Health Summit

*School of Oral Health, Fiji School of Medicine, Suva, Fiji Islands (PHD, 2003; 10 (1), Pages 111-113)

Introduction

Oral health is an increasing area of concern in all Pacific Island Countries and Territories (PICTs). Rates of tooth decay particularly in children, periodontal problems in adults, and other oral health problems, such as oral cancer, have increased dramatically over the past decade. National oral health services in PICTs have struggled to meet increasing demands, in the face of struggling island economies, complicated by globalization. These challenges continue to increase and there is no regional programme supporting oral health services with the exception of the regional training role of the School of Oral Health, Fiji School of Medicine.

This summit was the fourth regional meeting of Chief Dental Officers and was held in Noumea, New Caledonia (12-15 February 2001) with the previous meeting last held in 1990. The goals of the meeting were to:

1. Develop a regional planning framework to address current and future oral health development priorities and assist with the planning and development of oral health services,
2. Formulate strategies for improving oral health status of PICTs,
3. Promote oral health issues and establish regional priorities.

Representatives

The Summit was hosted by the Secretariat of the Pacific Community, with assistance from the Fiji School of Medicine. In attendance were Dental Officers from American Samoa, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Kiribati, Republic of Marshall Islands, Nauru, Niue, Commonwealth of the North Mariana Islands, New Caledonia, Republic of Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Wallis and Futuna, and New Caledonia.

Report

The Summit addressed four themes – 1. Preventative Health Care and Development, 2. Curative Health Care and Development, 3. Organizational Management and Work Force Planning, 4. Policy and Strategic Planning

Resolutions and recommendations adopted by the summit are:

Pacific Advisory Board on Oral Health

A Pacific Advisory Board on Oral Health to be established. The rationale for this group is the urgent need to facilitate and co-ordinate development of oral health in the region, in consultation with Pacific Country Governments and relevant stakeholders.

It was agreed that the composition of the Advisory Board would involve up to five (5) country representatives for a term of one year, serving on a rotational basis. The selection of members is to be in alphabetical order. The initial members are thus American Samoa, Cook Islands, Federated States of Micronesia, Fiji, and French Polynesia.

The terms of reference for this Advisory Board are as follows:

- To provide advice on oral health policies and management to governments, educational institutions, international organizations and others as requested.
- To co ordinate technical advice as requested.

The mechanism by which the Advisory Board will operate is as follows:

- The Head of the School of Oral Health, Fiji School of Medicine will serve as an ex officio member of the Advisory Board. The Head will be responsible for co ordination and communication.
- The Advisory Board will seek advice and consultation from within Pacific Island Countries and Territories, regional agencies, and international organizations.

Policy development for Oral Health promotion

National/state governments should formalize efforts to work together to promote oral health; more specifically, the governments should:

- Co operate to develop and evaluate pilot projects in oral health promotion that can be shared amongst Pacific countries and territories. Evaluations should include both process and outcome and involve local communities and non governmental organizations such as women's groups and churches as well as health professionals.
- Coordinate the provision of technical advice as requested
- Establish an intergovernmental committee to explore alternative vehicles for making fluoride available. One Pacific country or territory should step forward to pilot test making alternative forms of fluoridation available.

As a means of providing primary prevention for occlusal caries, fissure sealants should be adopted as a routine preventive measure. The Advisory Board should be

empowered to explore government ties with industry to assist oral health promotion.

The primary target for oral health promotion should be mothers and children. Policies within health ministries should be consistent to support this target group. Specifically,

- Every expectant mother and caregiver must be provided with oral health education. All maternal and child health programs should have an oral health component.
- Every child should be dentally fit prior to entering primary school

Governmental policies should be consistent in their support of oral health promotion by strengthening coordination between relevant ministries (e.g. Health, Education, Finance) .

- Schools must promote "healthy foods" on school grounds,
- Taxation of fluoridated toothpaste and other oral health products remains a barrier to improving oral health. Reducing the costs of these preventive products through reductions in taxes and price controls would be more cost effective than paying for curative services.
- Oral health promotion should be a prominent part of overall governmental efforts to promote "Healthy Islands": The inter relationships between oral health and general health (for example, during pregnancy) should be formally recognized by the development of cross- departmental working groups
- Every Pacific country and territory must have a formal policy on oral health promotion that includes participation of relevant stakeholders to promote and ensure a sector wide approach.
- Dental departments need to be encouraged to strengthen their capabilities for planning, implementation and evaluation of "health marketing"
- Every dental department must have an identified health promotion person. Chief dental officers must insure that there are budgets for both oral health promotion and curative services within the overall dental department budget. Periodic community surveillance for oral disease should be an integral component of oral health plans.

The goal of dental services is to conserve natural teeth.

Curative Oral Health Care and development

The goal of dental services is to conserve natural teeth. Countries and territories should establish mechanisms to undertake research, management, regulation, and distribution of dental materials and equipment. This mechanism may establish networks with other Pacific

Island Countries and Territories and the Pacific Advisory Board on Oral Health.

There should be training available for regular maintenance as well as a roving engineer or technician for situations where individual countries or territories cannot afford to have suitable manpower on staff.

Within Pacific countries actions should be taken to build capacity through training and education. Standards for quality assurance should be developed in a way that services can be continually improved. Information systems should be improved to support implementation of assessment and evaluation of services.

Organisational management and workforce planning

Information systems, including patient records, should be improved to facilitate budget and manpower planning. Oral health care budgets should be based on health/strategic planning data and dental department heads should be given authority over the utilization of budgetary resources. Programming or reprogramming of budgets within Health Ministries should be done in consultation with the head of the Dental Department.

Workforce planning and development should be evidence based and recognize current needs. Pacific Countries should collaborate on research with dental schools and other organizations to develop research capacity that will ultimately benefit the specific needs of Island populations. Oral health programs should utilize all levels of professional workers, at all levels of service delivery, in order to expand coverage for the population. Continuing dental education must be available to all levels of

dental personnel in order to enhance the skills of Pacific personnel.

The School of Oral Health, Fiji School of Medicine, should strengthen its training in of community dentistry, preventive dentistry, and oral surgery. Post graduate training should be available to all levels of dental personnel in order to enhance the skills of Pacific personnel. The Fiji School of Medicine should develop a directory of expertise in the region so that skills can be identified and made available to be utilized across the region.

Policy and strategic planning

Chief Dental Officers/Oral Health Program Managers should facilitate the development of a National Oral Health Policy. Chief Dental Officers/Oral Health Program Managers should adopt a "broad planning"/multisectoral approach to the improvement of oral health by seeking out and involving other government agencies and stakeholders.

Policy planning should involve the development of measurable qualitative and quantitative goals for both improvements in oral health in the population and productivity and efficiency of personnel. Chief Dental Officers/Oral Health Program Managers should seek out and encourage the involvement of professionals with

expertise in finance, human resources, and management, in putting together plans for their services. Strong collaboration in the implementation of the "Healthy Island/Healthy Schools" concept should be reflected in the participation of education ministry personnel in the planning and implementation of oral health promotion programs.

Chief Dental Officers/Oral Health Program Managers should be supported to train in management, budget planning, and the development of leadership skills. Quality control mechanisms should be integrated into the plans for the delivery, management, and evaluation of oral health services. Model policies for workforce planning, measuring personnel productivity, and evaluating program effectiveness should be developed and shared across Pacific Islands.

A web site for Pacific public health dentistry should be created with links to other dentistry and health web sites for the benefit of all Pacific Islands. To maintain and improve program planning and services, universal access to the dental literature through the Internet should be made available by Pacific countries. Full text articles, not just abstracts, should be available. Assistance should be provided to French/English speaking dental personnel in order to improve access to English/French language scientific literature.

**Chief Dental Officers/Oral Health
Program Managers should be supported
to train in management, budget planning,
and the development of leadership skills.**

World Health Organization Endorsement

As a consequence of the summit, the 2001 meeting of the Ministers of Health for the Pacific island countries held in Madang, Papua New Guinea, made the following recommendations:

Countries should:

- Support initiatives to implement the resolutions of the Oral Health Summit 2001; and
- Support the establishment of the Pacific Oral Health Advisory Board and its terms of reference.

International partners should:

- Support and where possible facilitate implementation of the resolutions from the Oral Health Summit; and
- Support Oral Health where possible with funding and technical assistance.

Acknowledgments

The meeting was underwritten by New Zealand Overseas Development Assistance. The World Health Organization made significant contribution to ensure success of the meeting.

An expert is one who knows more and more about less and less
(Nicholas Murray Butler, in Commencement Address,
Columbia University)