

## **PRIMARY ORAL HEALTH CARE THE ONLY WAY**

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The International Conference on Primary Oral Health Care was held in Alma-Ata, USSR from 6th to 12th September, 1978. This Conference was sponsored by W.H.O. and UNICEF. Tanzania being a member of these organizations was well represented.

In part VI of the Declaration of the conference, Primary Health Care is described as follows:—

Primary health care is essential health care based on practical scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self determination. It forms an integral part of both the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of continuing health care process".

This has been set as the key to the success of the previous declaration of HEALTH FOR ALL BY 2,000. To set the ball rolling in this country the theme of the Regional Medical Officers Conference in Tanga in 1980 was "HEALTH FOR ALL BY YEAR 2000, through "PRIMARY HEALTH CARE". This was discussed at length by the Regional Medical Officers, leaders in the health sector and others whose activities affect health. A special Committee was appointed which will prepare the guidelines for the implementation of Primary Health Care in Co-operation with the Prime Minister's Office.

At the Tanga Conference the importance of multisectoral Co-operation in the implementation of Primary Health Care was emphasised. As recommended by the WHO and accepted by the Conference a National Health Council will advise on policies and implementation of Primary Health Care programmes with the target of Health for all by year 2,000.

It is in this spirit that this seminar's theme is Primary Oral Health Care, this being part and parcel of Primary Health Care. So it is of greatest importance that this seminar appreciated the fact we are members of the team in delivering this basic service to the population.

We have hitherto been providing clinical service mostly at the first aid level to the people. Though we can safely say we have more extensive service than many countries in this part of the world the time has come for us to review critically our methods, techniques, equipment etc. with the aim of using only those technologies that have really proved their worth and can be afforded within our socio-economic development.

The nature of oral diseases in this country like in all developing countries differ from the so called developed countries. This is based on the same problems arising from poor economic conditions and social values that cause general health problems. For example nutrition; lack of proper nutrition leads to a greater periodontal disease problems in developing countries and other systemic diseases while 'overnutrition' has led to decay of teeth in developing countries — and other systemic diseases.

So our approach to controlling oral diseases has to be 'intrasectoral' within the health delivery system through Primary Health Care in the form of Primary Oral Health Care starting from the periphery.

My definition of Primary Oral Health Care in a nutshell is: The understanding of the oral health problems of individuals, families and Communities, making them aware and appreciate the problems; and motivate them as individuals, families and communities to participate in solving them taking into consideration their social economic status.

1. **An Individual** is a person who has reached the age of being aware of the environment. This individual may not know how his environment affects his health positively or negatively. He needs to be educated by those with the knowledge that will enable him to adapt Primary Oral Health Care, nutrition diet, oral hygiene and utilisation of co-existing dental facilities.

2. **A family** is a group of more than one individual normally including children who are not aware of the environment. The health of children depends on the knowledge that parents have on Primary Oral Health Care. This starts from prenatal stage until the children leave home. This the core of establishing oral health among the people — often called the larger group.

3. **A Community** is a collection of individuals and families who live in the same environment and are organised in some form of government. In this country a typical example is from Ujamaa village upwards in the ladder of government. It is through the Community effort that programmes are made such as training of personnel, provision of technical facilities etc.

The most practicable tool for providing Primary Oral Health Care is through oral Health Education. Oral health was described by WHO Expert Committee as follows :

Oral Health is concerned with the functional efficiency not only of teeth and supporting structures but also of the surrounding parts of the oral cavity and of the various structures related to mastication and the maxillofacial complex. So there is a tendency to talk more of oral health rather than dental health. Oral health cannot be separated from general health since oral disease may be a manifestation of or an aggravating factor of a more wide spread systemic disorder. The common oral health problems are :—

- (a) Dental Caries
- (b) Periodontal disease
- (c) Malocclusion and other dentofacial anomalies.
- (d) Tumors
- (e) Traumata (accidents)
- (f) Oral manifestations of general disease and other health conditions.

As described above in the definition of Primary Oral Care, the understanding of the etiology and incidence of the diseases is a pre-requisite in planning delivery of Primary Oral Health Care. The mechanism of planning will be one of the subject of a future seminar. However an outline is attached. There are more practical aspects that could be mentioned here :—

#### 1. **Intraministerial co-operation :**

As mentioned above oral health is a necessary part of general health. There are activities in other sectors of health which have a direct bearing on dental health. These are maternal and child health service, Food and Nutrition, Public Health Nursing and School Health. Ways have to be found whereby dental health aspect can be more emphasised in these activities from the training of personnel of the field activities.

#### 2. **Oral Health Education :**

While there is a Health Education Unit in the Ministry of Health, Oral health education while a part of health education will need special organisation and techniques for it to be effective. This will depend on economic feasibility in putting into practice the dental health measures advocated in the education and the acceptability of the proposed dental health practices as regards customs, traditions, beliefs of individuals, families and Communities. Far too often we become more academic than practical in our health education delivery system without considering the patients' side of things. We tell the public to eat foods we know very well they can't get instead of making the best of what they have. They are told to buy modern toothbrushes which they can't afford instead of investigating howbest they can make use of chewing sticks (Mswaki).

We don't need being told the disparity between the size of our country, the size of population and the resources for development but we need to keep in mind when planning. It is with this in mind that we have made a ten year plan for dental health development with the following general objectives :—

1. To change the approach of our dental services from curative to more preventive considering that dental treatment is expensive and time consuming the only way is by preventing the dental disease that is increasing with the changing socio-economic status of the population. It is cheaper.

2. To the largest possible extent offer dental health services to the population vast majority of which is rural in accordance with the needs, priorities and socio-economic conditions.

3. To provide manpower that is suitable for carrying out the programmes.

4. To supply necessary facilities which include buildings, equipment, instruments and materials.

5. To establish the budgetary requirements and recommend resources.

6. To bring to the notice of the leadership of the country the importance of dental health in the development of public health. This is necessary in obtaining the co-operation and availability of resources in implementation of dental health programmes along with other health programmes.

To achieve this it has been necessary to set priorities divided into into short and long terms.

#### SHORT TERM:

1. Supply of adequate training institutions for the required staff.
2. Improvement of existing services by supplying necessary equipment, instruments and materials.
3. Carrying out an epidemiological survey to establish a baseline of incidence and prevalence of dental disease in different parts of the country.
4. Retraining of existing staff to reorient them to dental public health.

#### LONG TERM:

1. Establish programmes for preventive activities including dental health education to expectant mothers, school children and family, the general public.

2. Provide treatment activities to:—

- Primary School Children
- Secondary School Children
- Expectant mothers
- General public

3. Training of some other health personnel in dental health. (This last has been put on short term).

With the help of DANIDA the first step of the plan will be carried out in the next 3 — 4 years in which the following are expected to be carried out.

1. An epidemiological survey.
2. Establishment of two more dental assistant schools and Review of the Curriculum.
3. Rehabilitation of existing dental clinics by updating the equipment.
4. Training of MCH aids, and school health personnel on dental health so that they can initiate preventive dental health programme.

During this period the need and practicability of establishing another cadre — Dental auxiliaries — will be studied and if feasible the training will start at the end of this period.

We are all aware of the establishment of the School of Dentistry in the University of Dar es Salaam under Faculty of Medicine, Muhimbili Medical Centre. A lot of work has gone into this project which will be the hub of the development of dental or shall we say oral health services.

The Curriculum of the School has been designed to put emphasis on Community and preventive aspect of dental science. The graduates will be leaders of dental health teams in promotion of dental health in the country. So they will have the necessary background and practical experience in planning and implementing programmes which will have Primary Oral Health Care as Central objective.

To conclude, I wish to repeat the declaration HEALTH FOR ALL BY YEAR 2000 though PRIMARY REALTH CARE. Considering our Socio-economic development I can safely say that to contribute to this objective through PHC, Primary Oral Health Care is the only way.

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