Provision of oral health care services in Tanzania: implementation status (2005)

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Abstract

Oral health is integral to general health. Those with ill health are at greater risk of oral diseases that, in turn further complicate their overall health. The experience of pain, endurance of dental abscesses, problems with eating and chewing, embarrassment about the shape or missing of teeth, discoloured or damaged teeth can adversely affect peoples daily lives and well-being.

The policy guidelines for oral health in Tanzania (2002) were developed to minimise the impact of diseases of oral and craniofacial origin on health and psychosocial development, giving emphasis to promoting oral health and reducing oral diseases amongst communities with the greatest burden of such conditions and diseases. Secondly to minimize the impact of oral and craniofacial manifestations of systemic diseases on individuals and the society, and to use these manifestations for early diagnosis, prevention and effective management of systematic diseases.

The implementation status of the policy guidelines for oral health care in Tanzania (2002) is discussed in this paper, putting emphasis on the achievements and constraints.

The development of strategies and plans for implementation focusing on the councils/districts and community levels, strengthening health facilities with appropriate oral health technologies, methods, equipment and human resource, integrating training in essential oral health skills and undertaking operational research on oral health priority problems and needs are the future plans of action.

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Introduction

Oral health means more than good teeth, it is integral to general health and essential for well being. It implies being free from chronic oro-facial pain, oral and pharyngeal (throat) cancer, oral tissue lesions, birth defects such as cleft lip and palate and other diseases and disorders that affect oral health. Good oral health allows us to speak, smile, kiss, touch, smell, taste, chew and swallow and to cry out in pain. Oral diseases restrict activities in school, at work and at home causing a lot of working hours to be lost each year. The psychosocial impact of these diseases often diminishes quality of life.

As regards to the burden of oral diseases, oral diseases are major public health problems. Their impact on individuals and communities in terms of pain and suffering, functional impairment and reduced quality of life is considerable, and they are the fourth most expensive to treat in most industrialised countries. The greatest burden of oral diseases is on the disadvantaged and socially marginalised. Dental caries (tooth decay) and periodontal disease (gum diseases) have been the most important global oral health burdens.

In Tanzania 80% of the population is affected by periodontal (gum) diseases. There are also important links between oral health and general health. For example gum disease is associated with general health conditions such as heart diseases and diabetes. Dental caries affects between 25-55% of the older population, while 30% of school children are affected. Of particular concern in Tanzania is that 90% of the caries in Tanzania remains untreated. There is also very high prevalence (90-95%) of endemic dental fluorosis (brown teeth) in regions with high fluoride levels in water.

Besides dental caries and periodontal diseases, oral cancer is the eleventh most common cancer with a 5-year survival rate of less than 50%. Maxillo-facial trauma has increased as a result of inter-personal violence and motor accidents. Oral lesions are the first signs of life threatening diseases such as HIV/AIDS. Infections and NOMA with a mortality rate of between 70% to (90%) if untreated are likely to increase. Harmful practices such as removal of tooth germs (Nylon Teeth Myth), extraction of upper and lower anterior teeth and trimming and sharpening of upper anterior teeth continue to occur. Congenital abnormalities, and total tooth loss (edentulism) are also important oral public health problems in Tanzania.

Oral health services are part of the overall services being offered by the government in different institutions. The oral health sector is administered by the Chief Dental Officer (2004), who for the mainland Tanzania is head of the Central Oral Health Unit in the Ministry of Health. Under the Central Oral Health Unit the following activities are undertaken: Oral Health Promotion and Dental Laboratory and Equipment Maintenance Services.

Oral Health care services starts at the dispensary and Rural Health centre level where patients are given Urgent Dental Treatment to alleviate pain or referred to the nearest dental clinic by non dental personnel (Clinical Officers or Assistant Clinical Officers). At district and regional hospitals level the number of oral health manpower and supplies permit the execution of full oral treatment. Referral and Specialized Hospitals provide most aspects of dental treatment including major oral surgery. These are staffed by Specialists, Dental Surgeons, Assistant Dental Officers, Dental Therapists, and Dental Technicians.

Overall Goal for Oral Health in Tanzania

The provision of Health Services since independence (1961) is free of charge paid by government and centralized. The Health Sector Reforms were introduced in 1994 because of economic constraints and limited Government resources allocated to the Health sector. The Health Sector Reforms (1994) came as a result of poor quality and quantity of health services provided in the public health facilities. The objective of the Health Sector Reforms is the development of sustainable and equitable health care based on the efficient use of available recourses and health care providers.

The Overall Goal for Oral Health in Tanzania is to improve oral health and well being of all Tanzanians. The purpose being to ensure the provision of quality oral health care at all levels of the community and the Vision being improved oral health of all Tanzanians, Available and accessible oral health services, sufficient oral health personnel at all levels, sensitized community on oral health problems and appropriate action taken through community involvement. The Mission is to ensure provision of preventive, curative and rehabilitative OHC services, which are efficiently and effectively managed.

The Strategies for Oral Health are promotion of lifestyles conducive to oral health, reduction of preventable oral conditions, provision of curative and rehabilitative Oral Health Services and that Oral Health Care services cover the majority of the Tanzanian population.

Indicators for Oral Health Care

Dental Caries

- 5-6 year's olds will be caries free
- The DMF-T 12 of years will be not more than 1.0
- DMFT: D-85%, M-10%, and F-5%.

Endentulousness

- Current rate of 2% for 35 – 44 years olds and 0.6% for 55+ years should be maintained.

Periodontal Disease

- Gingival Bleeding will occur in no more than 1.5 sextants of 12 years olds using CPI. index

Dental Fluorosis

- An appropriate method for reducing excessive fluoride intake available at household level in fluoride endemic areas.

Prevention

- Oral health education at all Reproductive and Child Health clinics and 20% of Primary Schools.

HMIS

- A data base to monitor OHC activities established.

Activities to Achieve the Targets

Training

- Curriculum revision
- Continuing education
- Production of teaching and learning materials, teaching models and handbooks.

Prevention

- School oral health services
- Oral health education activities in RCH clinics
- ICE.

Services

- Supportive supervision
- Coordination of oral health activities
- Operational research on researchable oral health problems
- Equipment, instruments and supplies.

Monitoring and evaluation

- Supportive supervision
- Periodic Evaluation of Oral Health Status.

Tanzania Package of Essential Health Interventions

The Package of Essential Health Interventions has five components namely: reproductive and child health services, communicable disease control, non-communicable disease control, treatment and care of other common diseases, e.g. oral conditions, eye conditions etc and Community health promotion and disease prevention. Oral Health Care Interventions in Tanzania includes; emergency oral health care services at PHC facilities, prevention of oral diseases (school oral health services and oral health education activities) and provision of curative and rehabilitative oral health care services at levels I, II, and III hospitals.

Management and Budget for Oral Health Care in Tanzania

Management of OHC Services is in accordance with Health Sector Framework, that is: decentralization of responsibility for delivery of OHS to PORALG, regional level supports councils/districts to offer a link with central/national level and core functions of central level/MoH; policy formulation, monitoring, regulation, human recourse development and resource mobilization and allocation.

The budget for oral health care services is in line with the Package of Essential Health Interventions as reflected in the Health Sector Strategic Plan (HSSP) 2003-2008 and Medium Term Expenditure Framework (MTEF). Oral Health Issues in the HSSP 2003-2008 include: Provision of quality OHS at all hospital levels and emergency oral health care at PHC facilities, Dental clinics at all hospital levels rehabilitated and equipped, Quality, safe, adequate and effective dental supplies made available in all Public and Faith Based Organizations and Preventive maintenance (dental equipment and instruments) system established.

Implementation Status (Achievements)

- The Central Oral Health Unit is an established body within MoH to coordinate Oral Health Services
- Policy Guidelines for Oral Health Care in Tanzania have been prepared and approved by MoH (2002)
- Standard Treatment Guidelines for Oral Health Care in Tanzania have been prepared and approved by MoH (2001)
- A plan for the Rehabilitation and Equipping Dental Clinics at all Hospital Levels in Tanzania has been prepared and approved by MoH (2001). As a result of this plan, 97 Council/District dental clinics have been equipped and are operational
- A central workshop has been established for maintenance of equipment and preventive maintenance is tought in the oral health training institutions
- Thirty two dental surgeons, 66 assistant dental officers, 98 dental therapists and 16 dental technicians are providing services throughout the country
- Guidelines for provision of emergency oral health care have been reviewed and approved by MoH (2003)
- Two hundread and seventy PHC facilities are providing emergency oral health care using non dental personnel (clinical officers)
- Manuals for oral health education in primary schools, reproductive and child health services and communities have been reviewed
- Manual for Quantification of National Requirements of Equipment and Supplies for Dental Services in Tanzania has been prepared and approved by MoH (2002)
- Thirty seven dental officers, 2 assistant dental officers and 5 dental technicians are teaching at 5 oral health training schools (1 dental school, 1 ADO training school, 2 dental therapist schools and 1 dental laboratory school)
- Intake at the School of Dentistry MUCHS has increased from 12 to 25 students annually
- Curricula for training DDS (2003), ADO (2002), DT (2003), and DLT (2003) have been reviewed and approved by MoH

- A meeting for Regional Dental Officers is held annually to discuss progress, achievements and constraints in the implementation of essential package of oral health care
- From 2003 annual meetings for DDOs have been restarted to discuss achievements and constraints in the implementation of OHC activities in CCHPs
- Priority areas for operational research in oral health have been identified (2004) and a research protocol has been prepared and submitted for funding
- Evaluation of oral health status of 5-6, 12, 18, 35- 44 and 55+ year old Tanzanians was done (2003) and a preliminary report has been prepared and is available by 2004
- Oral health education manuals, posters and leaflets have been reviewed and are ready for printing and distribution
- Training manuals DT, ADO, DLTs and COs have been reviewed, and will be printed and distributed to all dental training institutions.

Constraints

- Inadequate number of oral health personnel to provide services (dental surgeons and technicians in particular). This is due to the fact that some dental surgeons have gone for greener pastures and some do not report for work in remote areas
- The scarcity of appropriate and adequate facilities is reflected in low demand for some types of services by the communities
- Low morale among health workers because of lack of equipment and supplies
- Inadequate funding for planned oral health care activities because of limited resources.

Future Plans

- Increase the coverage of the rural population where possible with minimal oral health care services
- Sensitize councils to employ oral health personnel for the different levels of health facility
- Finalize rehabilitation/establishment of district dental clinics and provision of appropriate equipment, instruments and supplies
- Work together with the private sector in the provision of OHS by providing them with guidelines and monitoring their performance
- The role of traditional oral health care providers to be explored for possible utilization of their services
- Quality assurance of services to be monitored
- Provide incentives and motivation to oral health personnel for maximum productivity
- Identification of alternative funding mechanisms in addition to government sources
- ADO and DLT training to be programmes of the School of Dentistry MUCHS
- More Postgraduate programmes on oral health subjects at School of Dentistry
- Dental equipment and supplies to be included in MSD catalogue
- Production and distribution of IEC materials

Conclusions

In March 30, 2005, I retired from Government Service after 34 years of Public Service. My advice to my colleagues in the oral health sector is that, in order to attain the specific objectives outlined in the Policy Guidelines for Oral Health Care in Tanzania 2002, targets should be set based on available recourses for the provision of care and demands of the communities. Secondly work plans must be prepared for appropriate utilization of working time. Thirdly oral health personnel should move out of the dental clinics to provide outreach oral health services. Cost effectiveness by using with care dental equipment, instruments and supplies is essential. Lastly it is important to abide by professional ethics when performing your duties and smartness is essential in requesting for resource allocation.

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Your Boss & you

When you take a long time, you're slow.

When your boss takes a long time, he's thorough.

When you don't do it, you're lazy.

When your boss doesn't do it he's too busy.

When you make a mistake, you're an idiot.

When your boss makes a mistake, he's only human.

When doing something without being told, you're overstepping your authority.

When your boss does the same thing, that's initiative.

When you take a stand, you're being bull-headed.

When your boss does it, he's being firm.

When you overlooked a rule of etiquette, you're being rude.

When your boss skips a few rules, he's being original.

When you please your boss, you're apple-polishing.

When your boss please his boss, he's being co-operative.

When you're out of the office, you're wandering around.

When your boss is out of the office, he's on business.

When you're on a day off sick, you're always sick.

When your boss is a day off sick, he must be very ill.

When you apply for leave, you must be going for an interview.

When your boss applies for leave, it's because he's over worked.