

TANZANIA DENTAL ASSOCIATION (Agent for Oral Health Promotion in Tanzania)

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Introduction

- Oral Health is essential to general health and quality of life
- OH defined as state of being free from
 - mouth and facial pain
 - Oral and throat cancer
 - Oral infections and sores
 - Periodontal (Gum) disease
 - Tooth decay
 - Tooth loss
 - and other diseases and conditions that limit an individual's capacity in biting, chewing, smiling, speaking and psychosocial well-being
- Promotion of oral health – a cost effective strategy to reduce the burden of oral disease and maintain oral health and quality of life.
- It is an integral part of health promotion in general, as oral health is a determinant of general health and quality of life

Tanzania Dental Association (TDA)

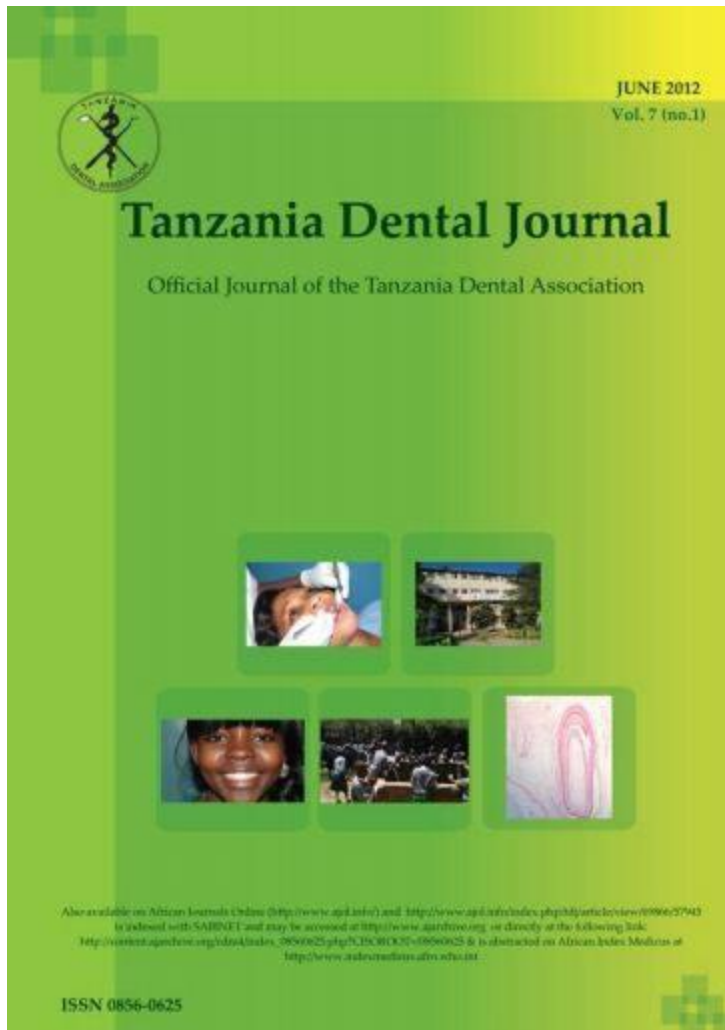
- Registered on 2nd April 1980
- Aims and objectives
 - To ensure, maintain and safe guide the interests, privileges and welfare of its members
 - To promote the dental and allied sciences, maintain the honor and interests of the dental profession and uphold a high standard of medical and dental ethic/conduct among its members
 - To act as a representative body of the dental profession in Tanzania and to liaise with and advise the government and community on general and oral health matters
 - To encourage and where possible assist members to attend professional development scientific meetings, symposia and workshop
- To disseminate technical information and research findings in the field of dentistry and allied sciences through the Tanzania Dental Journal

Tanzania Dental Association (TDA) ..

- To maintain liaison with members of other related associations and other bodies throughout the world
- To seek and raise funds to enable the Association achieve its objects
- To establish or assist in the establishment of centers in suitable premises and to advocate the causes of the Association and to publish newsletters, brochures, periodicals, books and other publications for the purpose of promotion of the objects of the Association
- To foster public interest in the profession
- Office at the Dental Building, MUHAS
- Recently acquired land at Kigamboni for permanent premises

• Membership

- Ordinary – Dentists, ADOs, DTh, DTech
- Associate – holders of medical or dental qualifications not registerable by MCT or holders in paramedical or biological sciences
- Student – studying at medical or dental institution
- Honorary – with outstanding contributions
- Foreign – from outside Tz
- Life – retired dentist, eminent dental professional and allied health worker
- Elections of MC members after every 2 years
- Finances from subscriptions, contributions - audited accounts
- Meetings – annual general, extraordinary, scientific, CPD
- Outreach programs to reach targeted groups (communities, schools, special groups, events)
- OH awareness programs through visitation, radio, tv, brochures
- Tanzania Dental Journal



- TDJ – registered with ISSN: 0856-0625
- 2 publications a year
- Submissions from within and outside TZ
- Articles from original research work, reviews, short communications, letters, case reports from all aspects of oral health
- Editorial board
- Available on African Journal Online, abstracted on African Index Medicus, indexed with SABINET, accredited by MUHAS
- Affiliated to WHO, FDI, CDA, IADR, MCT, MAT, foreign dental associations, TBS, MoHSW
- Partnerships with dental industries, companies, NGOs

Oral diseases/conditions

- Key facts
- Worldwide 60-90% of school children and nearly 100% of adults have dental caries
- Dental caries preventable by maintaining a constant low level of fluoride in the oral cavity
- Severe periodontal (gum) disease (result in tooth loss) is found in 15-20% of middle aged (35-44 years) adults
- About 30% of people aged 65-74 years have no natural teeth
- Oral diseases higher among poor and disadvantaged population groups
- Incidence of oral cancers ranges from 1-10 cases per 100,000 people - higher in men, older people and among people of low education and low income
- Poor oral hygiene major causative factor for oral diseases

Risk factors for oral diseases include unhealthy diet, tobacco use and harmful alcohol use

- Same risk factors for the 4 leading chronic diseases (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) – need to integrate prevention of oral diseases with that of chronic diseases on the basis of common risk factors
- Geographic variations in prevalence of oral diseases
- Prevalence of oral diseases is increasing in low and middle income countries
- Oral disease burden significantly higher among poor and disadvantaged population groups
- Strong social determinants in oral health
- Prevention
- Proper oral hygiene – prevent all diseases
- Decrease sugar intake, well-balanced nutritional intake and fluoride - prevent tooth decay and premature tooth loss
- Fruits and vegetables – protect against oral cancer
- Stop tobacco use and decrease alcohol consumption – reduce risks of oral cancers, periodontal diseases and tooth loss
- Protective sports and motor vehicle equipment –reduce risk of facial injuries
- Safe physical environments

Limited availability and accessibility of professional dental care

- Limited HR for oral health – few training institutions (Tz 1 university dental school, 1 ADO school, 3 DT schools, 1 DTech school)
- Low utilization of services among older people, in rural and areas of low income and education
- Traditional curative dental care expensive – significant economic burden
- The high cost of dental treatment can be avoided by effective prevention and health promotion measures

Common oral diseases - dental cavities, periodontal (gum) diseases, oral cancers, oral infectious diseases, trauma from injuries and hereditary lesions Dental cavities

- Destruction of tooth structure that involve outer and inner parts of tooth
- Occurs following interplay of hard tooth surface, sugar and time
- 60-90% of school children and nearly 100% of adults worldwide have dental cavities
- Signs and symptoms – sensitivity to cold and hot, discolored spots on tooth, hole in a tooth, pain and discomfort, swelling,

Periodontal diseases• Diseases of the supporting structures of tooth• Caused by bacteria in plaque on tooth surfaces• Signs and symptoms – bleeding, reddish swollen gums, bad breath, pus out of gums, gums moving away downwards or upwards, malalignment of teeth, spaces created by shifting of teeth, loose teeth



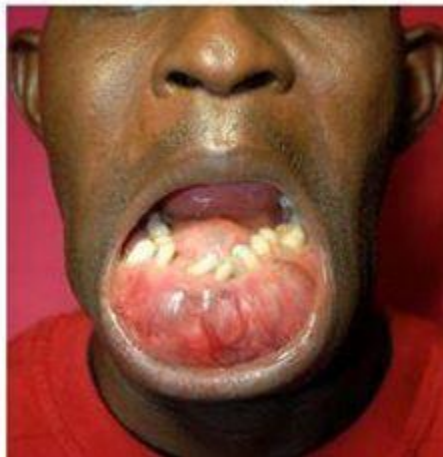
Tooth loss

- Causes – dental cavities, gum diseases, trauma
- Complete loss wide spread and particularly affects older people.
- Prevalence worldwide 30% of people aged 65-74 years.
- Prevalence Tz range from 0.5-2.4%



Oral cancer

- Incidence in TZ low but patients report late – high morbidity which affects ones quality of life and increased mortality



Fungal, bacteria or viral infections in HIV

- Almost half (40-50%) of HIV positives have oral fungal, bacterial or viral infections.
- Occur early in the course of HIV infection – oral manifestation of HIV/AIDS



Oro-dental trauma

- 16-40% of children in the age range 6-12 years affected through unsafe playing grounds, unsafe schools
- In adults injuries caused by road accidents (Tz 57.1%), assault (Tz 16.2%) and falls (Tz 14.3%)



Noma

- Gangrenous lesion affecting young children living in extreme poverty primarily in Africa and Asia
- Severe gingival lesions followed by necrosis (premature death of cells in living tissue) of lips and chin
- Many affected children suffer from other infections such as measles and HIV
- About 90% of affected children die



Cleft lip and palate

- Birth defects
- Occur in about 1 per 500-700 births
- Rate varies substantially across different ethnic groups and geographical areas
- In Tz frequency of patients with orofacial clefts and associated congenital anomalies 2.8%



WHO OH improvement initiatives

WHA 2007- Global policy for improvement of oral healthAction plan:

To strengthen the formulation or adjustment of policies and strategies for oral health and its integration in national and community health programs Particular emphasis on:

- Promotion of healthy diet - lower consumption of sugars and increased consumption of fruits and vegetables

Prevention of oral and other diseases - involve oral health professionals in tobacco cessation programs and discouraging children and young people from adopting the tobacco habit

- Provision of access to clean drinking water, general hygiene and better sanitation for proper oral hygiene
- Prevention of oral-cavity cancer and oral pre-cancer -involve oral health professionals or specifically trained primary health-care workers in screening, early diagnosis and referral to care, and appropriate interventions
- Strengthening of management of HIV/AIDS through oral health professional screening for HIV/AIDS-related oral disease, early diagnosis, prevention and treatment
- Establishment of national plans for use of fluoride, based on appropriate programs for automatic administration of fluoride through drinking water, salt or milk or topical use of fluoride such as affordable fluoride tooth paste.

Build capacity in oral health systems oriented to disease prevention and primary health care with special emphasis on meeting needs of disadvantaged and poor populations

- Promotion of oral health in schools aiming at developing healthy lifestyles and self-care practices in children and young adults
- Promotion of oral health among older people, aiming at advancing oral health, general health and wellbeing into old age through a life-course perspective in health promotion, integrated disease prevention and emphasis on age-friendly primary health care

Development of oral health information systems as an integral part of national surveillance of oral health and risk factors, in order to provide evidence for oral health policy and health practice, formulation of goals/targets and measurement of progress in public health.

- Promotion of research in oral health, aimed at bridging gaps in research between low- and middle-income and high in-come countries, conduct operational research, and translation of knowledge about oral health promotion and disease prevention into public-health action programs

FDI OH improvement initiatives

- Realization
- Burden of oral diseases is high and traditional curative model proving too costly in terms of both human and financial resources
- Poor OH is an important contributing factor of several preventable diseases
- Inequalities of access to OH care
- Political agendas - OH not a priority area
- Dental profession lacking an overarching long term vision
- OH is not an integral part of general health

- Need for profession to be at forefront of a global move to shift from traditional curative and concentrate on prevention and promotion of good health that includes all stakeholders

FDI identified 5 areas of priority

- Meet increasing need and demand for OH care
- Advocate for increased resources for education and training of dentists
- Advocate for a sustainable economic environment to educate, train and retain dentists in areas of need
- Advocate incorporation of non-traditional oral health care professional (allied health personnel)• Define roles and responsibilities of alternative healthcare professionals
- Educate nontraditional oral healthcare professionals
- Expand the role of OH care professionals
- Traditional oral healthcare professionals to take lead role
- Become an integral part of general healthcare and perform new tasks
- Alternative delivery of prevention and patient education
- Shape a responsive educational model
- Focus more on public health issues
- More emphasis on critical thinking, team management, interprofessional education
- Promote Continuing professional development

Mitigate the impacts of socio-economic dynamics

- Develop models of oral healthcare that delivers beneficial and measurable health outcomes
- Ensure ability to access and utilize oral healthcare
- Advocate towards third party payers for services
- Foster fundamental and translational research and technology
- Integrate oral health data with other health data
- Regulate and use of healthcare delivery models (telemedicine)
- Regulate socio media (ethical standards, safety, confidentiality)

- Advocate for increased oral health research funding
- Encourage research initiatives
- Ensure strong link between ongoing changes in type of oral healthcare deliverables and research efforts

Tz OH improvement initiatives Strategic Plan 2010-2015 ..

- Initiative 1- Provide routine and appropriate OHE in dental clinics, RCH clinics, primary schools, handicapped and general public
- Raise awareness on dental issues among Tz population
- Initiative 2 – provide appropriate and uninterrupted curative, rehabilitative and corrective OH services at all levels
- Avail dental equipment, instruments, materials and support at all levels of care
- Develop HR
- Adherence to professional standards
- Out reach programs
- Initiative 3 – facilitate and coordinate development of OH personnel
- CPD
- Competence based curriculum

Initiative 4 – facilitate oral health research and dissemination

- Conduct research and disseminate findings
- Initiative 5 – monitor and evaluate oral health services
- Monitor and evaluate OH services• Initiative 6 – prevent HIV transmission in OH care settings
- Prevent transmission of HIV among dental workers
- Initiative 7 – improve gender mainstreaming and equity in OH services
- Ensure gender sensitive OH services
- Ensure equal opportunity for male and female in training, recruitment and promotion

Conclusion

- TDA, WHO and FDI believe in partnership
- PPF qualifies as a good partner in our activities
- TDA welcomes PPF to partner with the oral health profession in promoting oral health to our people
- PPF can participate in awareness programs and in investments to ensure accessibility and utilization of oral health care services in the country
- TDA wishes PPF a Happy 36th Anniversary and congratulates PPF for a successful 24th Meeting
- TDA wishes PPF every success in future endeavors