

FDI/WHO PLANNING CONFERENCE FOR ORAL HEALTH IN AFRICA

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PUBLIC-PRIVATE PARTNERSHIP FOR BETTER ORAL HEALTH

Commonwealth Dental Association (CDA)

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INTRODUCTION

The Commonwealth Dental Association (CDA) was founded in May 1990 by a decision of delegates from 23 Commonwealth countries meeting in London; its official launching followed almost a year later in Kuala Lumpur.

Membership of the CDA is open to all national dental associations within the 54 constituent countries of the Commonwealth. In collaboration with the National Dental Associations and the respective Governments, the CDA is committed to the promotion of oral health in the Commonwealth and in particular, in the underserved and underdeveloped communities.

One of its principal objectives is to enhance the importance of oral health among policy makers, as this affects the resources made available for oral health programmes.

CDA IN THE AFRICAN CONTEXT

It is a well known fact that poverty is a very important determinant of health and ill-health; and the severe lack of financial and technical resources has had a direct impact on the health of the populations in Africa. The presence of widespread poverty and underdevelopment in African countries exposes communities to all of the major environmental determinants of oral disease.

Against this background, CDA working in collaboration with national dental associations and other partners like FDI and WHO, has organised a wide range of activities in Commonwealth African countries.

There was a workshop in Kenya in 1993 that examined problems faced by dentists trying to provide oral health care and promote oral health in African countries; and in South Africa in 1996, another workshop addressed many of the delicate issues surrounding the provision of oral health care in countries where there are enormous inequities in oral health care delivery.

In 1992 in Jos, Nigeria, CDA participated in an HIV/AIDS Cross Infection Control Workshop that addressed the role and responsibilities of oral health personnel in the presentation, diagnosis, infection control and care of HIV/AIDS patients in Africa. CDA organized an exhibition and seminar on HIV/AIDS, Child Abuse and Noma at the Commonwealth Heads of Government Meeting in South Africa in 1999; and held a workshop on Appropriate Research and Development of the Atraumatic Restorative Treatment (ART) technique in Zimbabwe in 2000.

Several African countries have benefited from used computers in good working order, donated to CDA by Unilever for distribution to Commonwealth countries. Also, a consignment of dental books and journals donated to CDA, has been sent to ICOH in Jos, Nigeria and the Lusaka Dental School in Zambia.

In the CDA *Adopt-a-Dentist scheme* launched in 2001, dentists throughout the UK volunteer to join the scheme to establish links with dentists in Commonwealth countries, giving them the opportunity to exchange views and send professional journals, books, materials and even equipment to the named contact in the other country. In Africa, the scheme has been highly appreciated by dentists in Kenya, Seychelles, Tanzania and Zimbabwe.

COLLABORATION WITH OTHER STAKEHOLDERS AND PARTNERS

CDA welcomes all possibilities for continued collaboration with other partners and stakeholders for the promotion and improvement of oral health in the African Region.

The need for concerted action towards improving oral health in Africa is great. CDA is aware that both modern and traditional health practitioners as well as communicators and educators are emerging as strong

advocates for health in the African Region; and for oral health, this will be reflected in the proposed CDA 5-year strategic plan.

However, there is need to build more solid public-private partnerships between governments and all stakeholders, at both the country and international levels. These partnerships must link the oral health community to other development actors. Within governments, health ministries must become partners of ministries of finance, planning and trade.

We sincerely hope that Governments would develop and maintain a strong commitment to oral health, in particular to ensuring equitable distribution of oral health resources and services, paying special attention to the more impoverished members of the community. Dialogue between governments and bilateral and multilateral bodies should be encouraged in order to respect national priorities and needs, and strengthen cooperation. Similarly, dialogue between bilateral and multilateral organizations involved in oral health development in Africa needs to be improved.

CONCLUSION

CDA is convinced that the successful delivery of interventions that are affordable and effective in improving community oral health in African countries, depends on the degree to which they are integrated into general health services, and the extent to which decision makers in the health and development sectors are involved.