S Monajem

The WHO's action plan for oral health

Author affiliation:
Sara Monajem, MIHMEP Program, Bocconi University, Milan, Italy

Correspondence to:
Sara Monajem
Moosewiesenstrasse 5
9322 Egnach
Switzerland
Tel.: 411 818 0736
Fax: 411 818 0736
E-mail: saramonajem@yahoo.com

Abstract: The oral health action plan, recommended for adoption to the Sixtieth World Health Assembly of the World Health Organization in January 2007, included many of the necessary components. Had fissure sealants been added to the list of prevention methods and the roles of dental educational institutions and hygiene community better clarified, the action plan would have made a more viable and realistic package for the ministries and their directors of national programmes receiving the support of the World Health Organization and partners. Sealants remain under-utilized, few dental hygienists are integrated in the primary oral health team and fewer dental graduates have had service-learning experiences – all contradictory to the evidence in the literature. Translating research findings into public health action programmes is one of the recommendations made in the action plan and one way we can begin this is by implementing sealant programmes in 'Health Promoting Schools' that are WHO's brain child and borne of the wisdom of using schools as 'platforms' for the promotion and delivery of health care to the community.

Key words: dental hygienists; Health Promoting Schools; professional practice; sealants; service learning; WHO Oral Health Programme

Introduction

The report presented at the 120th Session of the Executive Board of the World Health Organization, and recommended for adoption to the Sixtieth World Health Assembly in January of 2007, made an enlightening read for those of us in dentistry who are involved in the delivery of oral health to the poor, especially children in the underserved communities. Entitled 'Oral health: action plan for promotion and integrated disease prevention', it truly upholds the letter and spirit of the Ottawa Charter

Dates:
Accepted 7 May 2008

To cite this article:
Int J Dent Hygiene **7**, 2009; 71–73
Monajem S. The WHO's action plan for oral health.

advancing along the principles of health promotion and disease prevention (1, 2). Judging from its language, it can be safely deduced that the wisdom of embracing oral health in general health has been attained and the commonality of social and environmental determinants between oral and chronic diseases are confirmed.

The four-page report presents a brief description of the current state of affairs in oral health aptly demonstrating the 'serious public health problem' that oral diseases have become. The solutions it proposes are not exclusive to oral health but comprise the standard public health measures for disease prevention and risk identification. Discussed under the heading 'Framing policies and strategies for oral health', they form an integral part of health promotion principles and methods that enhance health, well-being and better quality of life. Thus, access to clean drinking water, general hygiene, better sanitation and reduction of the level of exposure to major risk factors top the Report's list of the *primordial* means of disease prevention, and among the *primary* methods, mention is made of the promotion of healthy diet and lower consumption of sugars, prevention of diseases related to tobacco, alcohol and drug.

Efforts directly related to improving oral/dental health are presented in the Report as recommendations for the 'formulation or adjustment of policies and strategies for oral health'. Thus, fluoridation, provision of oral care to children and older people, early diagnosis of cancer, reduction of oral burden of HIV/AIDS, etc. are noted here. Recommendations are also made for the promotion of research in oral health and translation of findings into practice, development of oral health information systems, and capacity building.

There is cause for concern, however. Fissure sealants did not appear on the prevention list. Similarly, no role was delegated to the key actors in the dental public health stage, namely the dental hygiene community and dental educational institutions. The omission is particularly troublesome as the Report's policies, guidelines and recommendations form part of a package of support provided by the World Health Organization and collaborating partners to the ministries and their directors of national programmes.

Dental sealants in the prevention arsenal

Fissure sealants, and particularly those that are fully retained, have been proven effective in preventing caries that occur on the grooved surfaces (3). Sealants have also been proven cost-effective in school settings and one of the recommendations made by the United States' Task Force on Community Preventive Services was to include school-based and school-linked sealant programmes as part of a comprehensive population-based strategy to prevent or control dental caries in communities (4). Despite its strong endorsement and the growing literature documenting their effectiveness, the translation of research findings into practice has been slow, sealants remain under-utilized and school-based/linked sealant programmes have not yet been fully integrated into the prevention arsenal (5, 6). However, schools around the world are being recognized as centres of community outreach. The 'Health Promoting Schools' are following the guidelines of the Global School Health Initiative, designed by the World Health Organization, 'to improve the health of students, school personnel, families and other members of the community' (7, 8). This is inclusive of oral health. The statement 'schools can provide a platform for provision of oral health care' has been one of the many 'strong arguments' advanced since 1995 for the promotion of oral health through schools by the Oral Health Programme of the World Health Organization (9, 10).

Sealant programmes can be readily included in the 'focus areas' that are developed for the 'Health Promoting Schools', as they fulfil the requirements for the evidence-based approach to oral health promotion. While sealants help in extending the protective effects of fluoride to pre-teens, the programmes' most important added value will be in the areas of risk identification, needs assessment and care prioritization. Support of their implementation as demonstration projects by the World Health Organization will help to realize one of the Report's recommendations, namely 'translation of knowledge about oral health promotion and disease prevention into public-health action programmes'.

Actors in the dental public health stage

The dental hygiene community

Discussions on capacity building in the oral health systems that are oriented towards disease prevention and primary health care involve by necessity dental hygiene community whose services in the areas of primary and secondary prevention methods have demonstrated efficient and cost-effective (11). The International Federation of Dental Hygienists (IFDH), the membership organization of dental hygiene associations representing 32 countries, embodies hygienists who have graduated from accredited educational institutions, are schooled in disease prevention and health promotion-having completed required courses in community health programme planning, health education and evaluation (12). Each holds a license to practice. However, the license is not portable and country-specific

regulations regarding the dental hygiene scope of practice limit their employment largely to private practices. The opportunity cost to society, its impact on human capital and the resulting macroeconomic implications are yet to be calculated.

The patronage of the dental hygiene community by the World Health Organization can change these by empowering dental hygienists to effectively respond to the 'critical shortages of oral-health personnel', thus reducing the need to train 'primary healthcare workers' as suggested in the Report.

Dental educational institutions

The other group of actors in the dental public health stage are the dentists who appear to be little aware of their roles and relations in the community. The 'erosion of dentistry's social contract' can only be reversed if the representatives of dental educational institutions are engaged and reminded of the growing body of research documenting 'the positive effects of service learning on the student, the academic institution and society itself' (13). The findings also 'validate' that these effects were sustained years after the service-learning experience has occurred. While development of service-learning components in dental curricula represents a major step in exposing students to the larger community, this alternative to traditional campus-based education has not yet been introduced within a context of major curriculum change.

Advocating service-learning experiences by the World Health Organization especially in the 'Health Promoting Schools' will not only help increase access to care but also assist with the development of more socially aware graduates, who 'desire to provide their expertise to all those with oral health needs' and who will be committed partners with other community leaders.

Conclusion

All the elements for solution are being brought together in oral health. The oral curative methods appear to be no longer favoured by the international dental community, and although it is difficult to gauge the consensus, there is even declaration that the 'traditional, ineffective Western dental approaches need to be replaced …' (14). Support for the integrated oral health is growing and schools are increasingly becoming 'Health Promoting'. The next response to the 'call to action' is knowledge transfer and to bridge the existing gap between research findings and practice. One logical step towards achieving this is the promotion of sealants' demonstration projects in 'Health Promoting Schools' with the best and brightest work force fulfilling the reciprocity of service learning experience.

References

1 World Health Organization. *Oral Health: Action Plan for Promotion and Integrated Disease Prevention*. Geneva, WHO, 2006. EB120/10 and EB 120R5.

2 Ottawa Charter for health promotion. *First International Conference on Health Promotion*. Ottawa, 21 November, 1986 – WHO/HPR/HEP/95.1. Available at: http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

3 Ahovuo-Saloranta A, Hiiri A, Nordblad A, Worthington H, Makela M. Pit and fissure sealans for preventing dental decay in the permanent teeth of children and adolescents. *Cochrane Database Syst Rev* 2004; 3.

4 United States Task Force on Community Preventive Services. Recommendations on selected interventions to prevent dental caries, oral and pharyngeal cancers, and sport-related craniofacial injuries. *Am J Prev Med* 2002; **23(Suppl. 1):** 16–20.

5 Beltran-Aguilar ED, Barker LK, Canto MT *et al.* Surveillance for dental caries, dental sealants, tooth retention, edentulism, and enamel fluorosis – United States, 1988–1994 and 1999–2002. *MMWR Surveill Summ* 2005; **54:** 1–43.

6 Glasgow RE, Lichtenstein E, Marcus AC. Why don't we see more translation of health promotion research to practice? Rethinking of the efficacy-to-effectiveness transition. *Am J Public Health* 2003; **93:** 1261–1267.

7 World Health Organization. *Global School Health Initiative*. Geneva, WHO, 2006. Available at: http://www.who.int/school_youth_health/gshi/hps (accessed 03 September 2008).

8 World Health Organization. *What is a Health Promoting School? [about 1 screen]*. Geneva, WHO. Available at: http://www.who.int/school_youth_health/gshi/hps/en/ (accessed 03 September 2008).

9 World Health Organization. *Oral Health Through Health Promoting Schools*. Geneva, WHO. Available at: http://www.who.int/oral_health/action/groups (accessed 03 September 2008).

10 Kwan S, Petersen PE, Pine CH, Barotha A. Health promoting Schools: an opportunity for oral health. *Bull World Health Organ* 2005; **83:** 641–720.

11 Monajem S. Integration of oral health into primary health care: the role of dental hygienists and the WHO stewardship. *Int J Dent Hyg* 2005; **4:** 47–51.

12 International Federation of Dental Hygienists. Available at: http://www.ifdh.org (accessed 03 September 2008).

13 Davis EL, Stewart DC, Guelmann M *et al.* Serving the public good: challenges of dental education in the twenty-first century. *J Dent Educ* 2007; **71:** 1009–1019.

14 World Federation of Dentistry. Available at: http://www.WFD.org (accessed 03 September 2008).