PRESIDENT'S ADDRESS

Dear friends and colleagues,

Welcome to volume 8 issue 1 of the *International Journal of Dental Hygiene*.

The year 2010 is going to be an exciting one with the 18th International Symposium on Dental Hygiene in Glasgow, Scotland as a highlight. The topic 'Oral health – New Concepts for the New Millennium: New technology for preventing and treating oral diseases, including alternative treatments' is a very interesting theme. The conference takes place from 1st to 3rd July, 2010. Please visit http://www.ifdh.org for regular updates and registration information.

New technology as Consumer Health Information, defined as any electronic tool, technology or electronic application that is designed to interact directly with the consumers, with or without the presence of a health care professional, will become more and more important as Maria Perno Goldie writes in 'What is new in research'.

New technology is also used in the Global Health Professional Network of the WHO. In June 2009, an invitation from the WHO to participate in 'Global Consultation: The Contribution of Health Professions to Primary Health Care (PHC) and the Global Health Agenda' was accepted by me representing the IFDH in this forum.

Let me give some background first.

To reduce health inequalities and improve the health of their populations, WHO Member States are increasingly focusing on PHC as a means to achieve equitable, fair, affordable and efficient care. The PHC approach requires major policy commitments including inclusive leadership, universal coverage, integrating health into broader public policy, putting people at the centre of care and developing collective partnerships. The success of the PHC approach will also require the active and collective involvement of all stakeholders, particularly health professionals, throughout the implementation process. Addressing these inequities will require a concerted multidisciplinary and inter-professional approach in which each discipline identifies what it can contribute and then works collectively towards a common purpose.

It was felt that the virtual network for inter-professional collaboration should focus on sharing knowledge, experience and expertise to define the potential contributions of different groups of health professionals in addressing global health issues. In addition, it was envisaged that 'through this virtual community, diverse groups of health professionals will engage in dialogue and explore opportunities for collaboration that will contribute more effectively to the work of WHO in improving health and provision of equitable health care' to quote the summary report.

It was also agreed that in order to define the vision, goals and activities of the proposed Health Professionals Global Network (HPGN), it would be important to convene a global consultation for representatives of a broad spectrum of international health associations and professional bodies, to meet to identify synergies and discuss how they would like to structure and support HPGN.

I have highlighted some parts of the WHO conference:

The first group working session used a specific methodology known as the

World Café (http://www.worldcafe.com). This methodology is designed to support an interactive working group session in which all participants have an opportunity to circulate and work in different groups to discuss and formulate their opinions and recommendations on the following three questions:

1 What needs to happen to support effective multi-professional collaboration towards improving PHC?

2 What practical and realistic ways can health professionals use to work together across boundaries/conventions to contribute towards improving specific international health challenges and inequities?

3 What should we do, do more of, or indeed stop doing in order to foster inter-professional collaboration at organisational and global levels?

What fascinated me in the discussions and also in the plenary meetings was that cure and care were mentioned but that prevention was not. It showed me that we as dental hygienists are different as prevention is what we think about first.

The second group working session was focused on creating recommendations towards an inter-professional framework of action. Participants were divided into three working groups and asked to prioritize the conclusions reached for each question discussed during the World Café based on of the following criteria:

1 Conclusions that resonate for their organisation and/or association.

2 What is feasible within the framework of their own organisation and/or association?

3 What is practical and realistic?

The conclusions and recommendations of each group were talked about in the plenary feedback session. Although each group had taken a slightly different approach to the facilitated discussion, the degree of similarity reached by each working group was quite remarkable.

The conclusion and recommendations have been reviewed by the WHO to identify common themes, synergies and areas in which a degree of consensus was reached.

Each of the delegates got homework to prioritize the conclusions and recommendations in accordance with his/her own priorities and to identify three activities which we as IFDH would be willing to support and which contributes to the implementation of these conclusions and recommendations. They were then discussed in the Executive Committee of the IFDH and a selection was made. The next step will be to discuss the summary of the meeting and the following steps in the next IFDH House of Delegates meeting in Edinburgh prior to the 18th ISDH to be held in Glasgow, Scotland.

For those wishing to become a part of the Global Health Professional Network of the WHO, please visit http://hpgn.org to submit your membership application. The IFDH welcomes your contribution and support. I find it most exciting that we can thus communicate with other health workers all over the world.

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