

The FDI African Strategy for Oral Health: addressing the specific needs of the continent

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The FDI World Dental Federation has defined a strategy for the development of oral health in Africa during the “African Summit” held in Cape Town, South Africa. The summit gathered presidents from 16 African National Dental Associations, FDI stakeholders, the World Health Organisation and government delegates. The outcomes of this summit were stated in a Declaration, defining the functional principles of the African strategy as three priorities:

1. To establish and reinforce the credibility of NDAs
2. To acquire and develop leadership and management skills
3. Effective peer-to-peer exchange of information.

Key words: Oral health, Africa, strategy, leadership, declaration, national dental associations

FDI World Dental Federation is the global voice of the dental profession and diverse by nature; it reflects a wide range of needs and circumstances specific to individual regions and nations. Founded in 1900, its initial membership comprised a small group of mainly Western countries, Argentina, Australia, Austria, Belgium, Brazil, Canada, Chile, Colombia, Cuba, Denmark, France, Germany, Hungary, Italy, Japan, Mexico, the Netherlands, Portugal, Russia, Sweden, Switzerland, the United Kingdom and the United States of America. It was not until later that countries of the African continent became members.

Oral health and dentistry in Africa have been afflicted by the problems characterising the world's developing regions, such as poverty, malnutrition, high incidence of infectious diseases and child mortality, lack of oral health policy and inadequate national budget for oral health. Nevertheless, there are future opportunities for development and strong economic growth. A number of areas have registered significant progress in their transition towards sustainable economic development. In some large cities, high quality dentistry is being offered through private practices. Dental schools are being built in various countries

and there is an expansion of public awareness programmes on oral health such as the Live.Learn.Laugh. (LLL) partnership between FDI and Unilever, now implemented in six African countries.

Of an estimated 80,000 health professionals involved totally or partially in oral health care, some 40,000 are dentists¹, with an average ratio across the continent of 0.4 dentist to 10,000 inhabitants²; nevertheless there are wide discrepancies: in Egypt, the ratio is 1:2,904; in Kenya it is 1:40,631 in Ethiopia, it is 1:1,278,446. There are also huge disparities in research, as illustrated by the number of publications on oral health from African institutions³.

FDI African members have, through the General Assembly and representatives at the Council, repeatedly expressed the need for a special effort towards oral health in Africa. In 2004 (Nairobi) and in 2010 (Durban), FDI organised workshops to discuss global activities and supporting principles for an action plan in Africa⁴.

Within its overall commitment of ‘leading the world to optimal oral health’, FDI's Vision 2020 has now set very clear goals both for the dental profession and for access to oral health care; these are as applicable

Table 1 Comparative data for the 16 African countries attending the Summit

Country	Surface area (km ²)*	Population*	GNI per capita (USD, 2006, PPP) [‡]	Ratio head of population to working dentists [‡]	Number of working dentists [‡]
Benin	114,763	9,000,000	1,250	1	150,000
Burkina Faso	274,000	13,228,000	1,130	1	184,800
Democratic Republic of the Congo	2,344,858	71,712,867	774*	1	208,787
Egypt	1,001,449	80,335,036	4,940	1	2,904
Ghana	238,534	23,000,000	1,240	1	234,780
Guinea-Bissau	36,125	1,586,000	460	1	130,385
Kenya	580,367	38,600,000	1,470	1	950
Mali	1,240,192	13,518,000	1,000	1	8,140
Morocco	446,550	35,757,175	3,860	1	62,448
Mozambique	801,590	20,366,795	660	1	134,572
Niger	1,267,000	13,957,000	630	1	395,167
Nigeria	923,768	154,729,000	1,410	1	38,436
Senegal	196,723	11,658,000	1,560	1	41,263
South Africa	1,221,037	47,432,000	8,900	1	14,509
South Sudan [§]	644,329	8,260,490	1,780	1	79,179
Sudan [§]	1,861,484	36,787,012			
Togo	56,785	6,100,000	5,100	1	168,846
Zimbabwe	390,757	13,010,000	1,140	1	111,242
World			9,209	1	62,595

*CIA – The World Factbook.

[†]GNI, Gross National Income; PPP, Purchasing power parity (PPP) conversion factor. The PPP conversion factor shows how much of a country's currency is needed in that country to buy what USD1 would buy in the United States.

[‡]Source: Oral Health Atlas (2009) – figures 2007.

[§]The United Nations officially welcomed South Sudan as an independent country on 14 July 2011. Figures from 2007 are therefore pre-independence.

in Africa as elsewhere in the world. In terms of activities in the field, the focus has been on widening access to dental education through the Continuing Education FDI organises and supports and through the courses it runs and the programmes it finances through the World Development Fund and the LLL partnership^{5,6}.

In 2011, following a special request from African representatives, the FDI Council appointed a Task Team to develop a strategy for Oral Health in Africa with the specific aim, of working through FDI's natural partners, the National Dental Associations (NDAs), on improving oral health on the continent. The Task Team's role was, in the words of FDI President Dr Orlando Monteiro da Silva, to 'listen, learn and build capacity' and the strategy carefully prepared to ensure maximum input from the countries themselves, in the line with the United Nations principle of development based on local needs as expressed by local populations.

As the first visible step in the Strategy for Africa, Task Team members, FDI's professional staff and external advisors initiated a wide consultation among NDA leaders. From this consultation derived the basis of the African Summit for Oral Health, held in Cape Town on 30 and 31 October 2012. The first priority, according to the survey, was to reinforce the leadership of FDI members and provide them with the capacity and resources to lead FDI's development initiative.

WHY A SUMMIT

How to devise an overall oral health strategy and a plan of action to secure efficient and sustainable internal management as well as effective external communications, credibility and impact spanning a continent as wide and diverse as Africa? This was the question facing delegates to the African Summit for Oral Health.

It brought together presidents and representatives of sixteen NDAs—just under one-third of all African countries from all regions of the continent—officials from government and the World Health Organisation (WHO), as well as FDI Council and committee members and staff. The premise was that, in order to implement the FDI vision of 'leading the world to optimal oral health', NDAs need to be in a position to devise and efficiently implement international policies and to influence government oral health policy. To do this, they would have to acquire and strengthen the necessary skills.

The challenge was to develop the basis of a plan as relevant to the needs of countries with low access to oral health care as to those with comparatively good access, in economies ranging from 'least developed' to 'middle-income'¹ (see *Table 1*).

¹ World Bank definitions.

METHODOLOGY

The Summit was conceived in two parts: first preparation, which involved advance distribution of questionnaires and workbook; second, a workshop, devised to build up cumulative knowledge and information over a 2-day period. Together, these would provide substantive input to a strategy for Africa, comprising a statement of principles and a preliminary list of actions.

The questionnaires included a list of general questions as well as a series of questions to deliver (i) a micro analysis (SWOT) of individual NDA strengths, weaknesses, opportunities and threats, and (ii) a macro-analysis (PESTEL) of the political, economic, social, technological, environmental and legal trends outside the control of the NDAs, their partners, donors, competitors, and other stakeholders, within which they carry out their activities.

NDAs would then, during the course of the Summit, be in a position to address key functional aspects of their internal operations at different levels and define oral health priorities and a long-term plan of action for prevention and care (Tables 2 and 3).

IDENTIFYING THE NEEDS AND GOALS OF THE NDAs

According to the debate and breakout sessions of the Summit, NDA needs and goals centre on:

- Improving NDA governance, with the establishment of clear roles and responsibilities, duties and obligations
- Increasing NDA membership, notably through services provided including dissemination of information, national standard-setting for the dental

Table 2 SWOT analysis

Strengths	Weaknesses
High potential of global oral health workforce	Financial means
Uniqueness of NDA	Ability to retain workforce
Existence of continuing education	Membership engagement
Oral health stakeholders esteem for NDAs	Workforce qualification
Collaboration with governments and Ministries	Communication and networking
Opportunities	Threats
Develop partnership and raise funds	Governance instability
Offer benefits to membership	Technological mutations
Increase workforce	Workforce migration
Reinforce capacity and training	Illegal practice
Development of oral health policies and programmes	Restrictive and/or unsuited legislation

Table 3 PESTEL analysis – key points

Factor	Analysis
Political	Lack of oral health policy; increased awareness on NCDs, governance instability
Economic	Development of insurances policies, small part of health care resources dedicated to oral health, private sector development
Sociological	Young population, difficult access to education, cultural habits (chewing sticks) sticks...), increased awareness of oral health through media, new carcinogenic food habits
Technological	New information technologies increase number and specificity of treatment demands, access to telemedicine
Environmental	Poor access to waste management, lack of accurate hygiene conditions, exposure to poor quality water (high fluoride concentration)
Legal	High tax and duties on dental material imports, absence of oral health and/or dentistry legislation, increased lobbying for legislation on NCDs

profession and creating Continuing Professional Development programmes

- Enhancing external credibility, to become the essential adviser and ‘spokesperson’ on oral health to government, in particular the Ministries of Health, Education and Environment, health officials, notably the Chief Dental Officer (CDO), agencies such as the World Health Organisation (WHO) and other stakeholders
- Participating in the regulation of the profession at national level, such as tying membership to right to practise and stamping out illegal dentistry
- Creating partnerships with the dental industry, which could contribute both to their influence on national oral health policy and to financing national projects in the field of oral health.

NDA capacity-building

The consensus was that FDI could build NDA internal capacity by:

- Identifying opportunities to align NDA governance structures and financing arrangements with those of FDI
- Supporting NDAs through standardised management training courses—with modules to include strategic planning, leadership, governance, marketing/communications, project management and negotiation—with the possibility of certification, and developing dedicated publications such as best practice guides to enhance NDA leadership and management skills
- Reinforcing contacts between FDI and NDAs in Africa in order to increase their impact across the continent and facilitating more regional and sub-

regional meetings of NDAs to promote exchange of information, Continuing Professional Development, leadership training, notably in advocacy

- Helping NDAs identify opportunities for private and public financing in the field of oral health.

NDA external relations and advocacy

Summit discussion agreed that FDI could contribute towards the effectiveness of NDA external relations and advocacy by:

- Leveraging FDI programmes, for example on NCDs (Non Communicable Diseases), to ensure the place of oral health in NCD prevention and control at national and international level, or the Global Caries Initiative (GCI), whose focus on babies and young children would contribute towards developing relations with other international agencies, notably the United Nations International Children's Emergency Fund (UNICEF)
- Creating a platform for the exchange of information on WHO, NCDs and evidence-based information, to support advocacy and engage common actions across the region and highlight NDA/CDO leadership in specific areas such as alcohol and tobacco control and prevention
- Supporting NDA efforts to reinforce the collaboration between the CDO and the NDAs, and enhance the impact on national policies
- Publishing more FDI policy documents—along the lines of the FDI Guide to Advocacy on the UN Political Declaration on Non Communicable Diseases—for NDAs to use as a basis for their discussions with government ministers and officials
- With the support of WHO and CDOs, securing recognition of the role of the dental practitioner within the health system of each country and institutionalising the NDA role as spokesperson and adviser on oral health affairs
- In cooperation with WHO, and to enhance NDA credibility, developing indicators and an oral health database for Africa.

COMMITMENT BY FDI AND NDAs: THE AFRICAN SUMMIT DECLARATION

The result of the 2-day event in Cape Town was a Summit Declaration, defining the agreed functional principles of a strategy to build capacity, reinforce credibility and enhance the operational effectiveness of African NDAs.

In it, FDI and NDAs committed to three objectives:

- Establish and reinforce the credibility of NDAs: it was recognised that NDAs play a crucial role in advising national authorities in the field of public oral health policies. This is an essential mission of

the NDAs and their leadership; it requires efficiency and contributes towards establishing and reinforcing the credibility of the national organisations

- Acquire and develop leadership and management skills: NDAs and their leadership are, for the most part, volunteers; they need to, where necessary, acquire and develop leadership and management skills. These skills, essential to running and leading a professional organisation, are not taught in dental schools, nor are they part of the curriculum of health care providers. Effective collaboration and partnership between volunteer dentists and professional partners also require specific skills and qualities
- Effective peer-to-peer exchange of information: each NDA, despite its own specific and unique challenges, very often faces the same realities and challenges as other NDAs, but develops its own, and sometimes different solutions. Such individual experiences can be shared through common tools and platforms for the mutual benefit of the entire oral health community. Peer-to-peer exchange should be an essential function of FDI, whether at the level of the practising dentist, of the NDA or of leadership.

During the Cape Town Summit, FDI and the African NDAs agreed to articulate and implement a plan of action to achieve these ambitious goals.

WHERE DO WE GO FROM HERE?

How, then, will these commitments translate into a plan of action? According to the contributions and comments from two days of debate in Cape Town, the areas covered by, and division of tasks in the preliminary plan of action should be:

NDA management and leadership: professional development

Today, it is frequently the case that, during their professional career, people with a medical, scientific or engineering background are required to take on more business and management responsibilities. In response to this, many universities and business schools now offer continuing professional development programmes or training facilities for professionals facing new challenges.

Dental training covers a wide variety of areas, but not the management of a professional association, the development of communication and marketing skills and project management. Management training will ensure that, regardless of specific individuals, NDA administration and projects will move forward and guarantee their long-term sustainability. Developing leadership skills will enhance the credibility of each

NDA as an expert and trusted partner in the field of health and oral health *vis-à-vis* national administrations and governments.

The need for leadership training in these areas was perceived as a necessary step in order to strengthen and reinforce the capacities of NDAs. Some initiatives have been taken to address some of these issues, but not necessarily addressing the specific needs of NDAs in Africa.

The anticipated and measurable benefits for each NDA would be the capacity to develop its own programmes and initiatives. This would lead to a gain in professionalism and efficiency, which would be beneficial to the recognition and development of oral health in the country. It would also foster the integration of the NDA into the FDI global family and allow African NDAs to display a high level of professionalism in organising events, commercial exhibitions and in approaching the industry to propose partnerships. Thus, developing the economic independence and sustainability of NDAs would count as an important long-term outcome of the management training programme and constitute a clear indicator of success.

In the light of this, FDI will develop a leadership and management programme for the leaders of the African NDAs. This programme will be based on existing training programmes for NGO executives (for reference, please visit <http://ngomanager.org/>), using the resources of some of our highly-organised NDAs. It might be interesting to run this programme with the support of professionals or business schools, with the course leading to some form of recognised certification.

FDI will	NDAs will
Develop a series of training modules to enhance NDA skills in strategic planning, leadership, negotiation, governance, marketing and communications and project management	Organise leadership and management training courses for governance and staff, based on standardised materials supplied by FDI, at their executive and continuing education events
Develop management training courses to be held at regional events in Africa and during the Annual World Dental Congress.	Identify human resources to be trained by FDI

Oral health advocacy

There is a need to engage with government, health authorities and other medical professionals to increase the visibility and credibility of ‘the dentist’ within the health system and as a potential source of knowledge and support in key areas of health policy. Thus, in parallel to leadership and management training, FDI

and NDAs will work together to ensure that the voice of African dentists is reflected in international, regional and national health and oral health policy.

The African continent is facing many challenges. The recognition of oral health as an essential component of global health can be undertaken at the global level, mostly within WHO but also at the national and regional level. This second aspect is even more relevant as WHO will act only in accordance with the decisions of its Member States. With this in mind, the content of the draft WHO Work Plan 2014–2019, as published in September 2012⁷ was taken as a case study at FDI’s Cape Town African Summit and discussed at length.

FDI is an excellent platform for advocacy. Using the resources of some of its members as well as the connections at its Geneva headquarters, it has been able to develop a number of advocacy packages relevant to the needs of its members, notably the advocacy guides to the United Nations Political Declaration on Non Communicable Diseases and to the Use and Future Use of Dental Restorative Materials. Another example, this time in the field, is a UNEP-WHO-FDI-IDM partnership in East African countries for a pilot project to phase down the use of dental amalgam. The educational material produced for this pilot will be made available to a wider community, and should be used as a basis for other countries to carry out similar projects.

The message is clear: FDI and its NDAs need to enhance their credibility in order to carry out effective advocacy on oral health and avoid implementation of damaging policies. FDI is committed to developing, together with its African members, advocacy toolkits relevant to the situation in Africa, and to helping and supporting its members in carrying out advocacy on better oral health in Africa.

FDI will	NDAs will
Advise NDAs on topics to raise with their national authorities, based on FDI’s insider knowledge of the evolution of oral health policy within the United Nations development agencies, notably the World Health Organisation (WHO)	Write to their Minister of Health and other relevant Ministries to introduce themselves and their work and arrange regular face-to-face briefings
Keep national governments informed of the opinions of FDI African members through contacts with each African country’s mission to the UN in Geneva and New York	Undertake timely advocacy activities with their public health authorities to advance the cause of oral health in specific areas of national or international policy, including face-to-face encounters

(continued)

(continued)

FDI will	NDA will
Develop and post online toolkits and template letters in appropriate formats for FDI members to use to contact their national government	Develop a long-term working relationship with their national Chief Dental Officer (CDO) and provide support and advice to the CDO to ensure a common front of the dental community in their contacts with public health authorities
Develop and post online toolkits template news or information releases and backgrounders to enable FDI members to establish and pursue permanent relations with their national media	Identify potential allies for NDA oral health policy positions within academia, other government departments, other NGOs, other medical associations and the national business community
Ensure the participation of an FDI executive at national oral health events to strengthen the credibility of NDAs <i>vis-à-vis</i> their national government and, upon request, ensure FDI participation in meetings with the Minister of Health	Ensure alignment between policy of the dental profession and national health policy
Make the necessary introductions between NDAs and the international and regional development agencies and financial institutions	Systematically invite representatives of international and regional agencies and financial institutions to their national and regional events
Develop and institutionalise regular contacts with NDAs in their sub region and throughout the African continent	Institutionalise contacts with the local representatives of the international agencies
Pursue its current strategy on Non Communicable Diseases (NCD) within the UN, WHO etc., based on the common risk factor approach, keeping its NDAs up-to-date and alerting them when action is needed	Follow up calls to action from FDI by writing to their national health authorities to arrange meetings
Demonstrate the potential role in oral health preventive care from projects such as the Global Caries Initiative, in particular for babies and young children, and strengthen its relations with agencies such as the United Nations International Children's Emergency Fund (UNICEF)	Follow up at national level FDI's efforts in specific areas such as the Global Caries Initiative
Pursue and strengthen its production of timely guidelines in specific areas of concern, along the lines of the FDI Guide to the UN Political Declaration on NCDs and the FDI Guide to Advocacy on Dental Materials	Ensure implementation of FDI Guides into NDA policy and action

Collecting and sharing evidence

There is a need for African NDAs to devise a consistent approach to oral health policy throughout the region and work together to ensure their voice is heard within the regional operations of international and regional development agencies and financial institutions. This requires a greater knowledge of each other's operations, concerns and situations on national oral health. NDAs need to better understand the role and activities of these agencies as well as strengthen their ties vertically and horizontally.

The definition of relevant indicators and the collection of epidemiological data for oral health are essential to acquire an accurate picture of the situation in Africa and to be in a position to measure progress⁸. This was made clear in the case of noncommunicable diseases (NCDs). During the WHO negotiating process on establishing a global framework for NCD prevention and control, including relevant indicators and targets, it became clear that indicators for oral health could be improved: baselines are not often available and, in many African countries, data are lacking or inexistent.

Such figures need to be collected, made available to the national Health Minister and authorities and used as a basis for a rapid improvement of oral health in Africa. Thus FDI, in close collaboration with WHO, will develop a series of indicators and provide a platform for data collection, data sharing and database maintenance. This tool will support advocacy work and will also allow a close monitoring of the improvements in oral health as part of the process of implementation of FDI Vision 2020.

FDI will	NDA will
Organise regional gatherings for African NDAs to exchange information	African NDAs to promote and support actively the activities.
In cooperation with WHO and other partners, develop national capacity to collect and analyse data	Contribute actively to the definition of relevant indicators and data collection
In cooperation with WHO and other partners, create a database on oral health for Africa	NDA to lead at the national level sustainable data collection
Develop a web-based platform for exchange of information on issues of concern such as illegal dental practice	Post and share information relevant to other African NDAs
Keep NDAs permanently informed of its activities within the international governmental and non-governmental arena and develop a guide for working with them on national projects	Inform FDI of ongoing activities, including positive outcomes

Implementing the plan through Public/Private Partnerships

NDA's in Africa vary greatly in size, some representing up to 4,000 practitioners, some fewer than 50. However, all share a need for support from the private sector to develop and implement projects. Implementing the strategic plan for Africa will require significant financial resources: FDI will seek funding to ensure that the implementation can be initiated immediately.

FDI will	NDA's will
Publish the results of the African summit and have the plan approved by the FDI General Assembly	African NDA's to share and disseminate the plan through their own membership and contacts, attend the FDI General Assembly
Disseminate the plan to all stakeholders within the FDI community, the industry and international organisations	African NDA's to share and disseminate the plan through their own membership and contacts
Identify areas in prevention and control where the dental profession can take the lead	Apply the template business plan for a preliminary approach to sponsors
Develop a template oral health project business plan for the attention of potential sponsors	Advocate and promote business plan; use the template to raise sponsorship.
Actively seek funding of the different activities	Identify local financial partners
Develop World Oral Health Day as a rallying point for national oral health policy and a sponsorship opportunity	Identify potential allies in support of oral health policy within the national business community

CONCLUSION

FDI is committed to implementing and promoting this strategic plan for Africa and communicating it to all FDI management bodies, beginning with the FDI Council. It is set to be presented and approved by the General Assembly in 2013. It will be particularly important to identify how the plan fits into Vision 2020 and which activities can be combined with the Vision 2020 implementation plan. Standing committees and Task Teams need to be aware of the strategic plan for Africa and integrate it into their own work plan.

For its part, FDI will disseminate the strategic plan for Africa through its Annual World Dental Congress, its National Liaison Officers and its member NDA's and will advise the media and other inter-governmental and non-governmental international organisations on the plan, its implementation and the progress made.

Africa is facing numerous challenges and oral health is one of them, making FDI's mission and commitment towards 'Leading the world to optimal oral health' even more relevant today and for this specific part of the world.

Vision 2020 offers a unique opportunity to address the global challenges of the profession and of achieving optimal oral health: the strategic plan for Africa will support Vision 2020 with some highly targeted activities, taking into account the diversity of the continent's needs. The common aim is to respond to the requests of FDI's African members and, through capacity-building and specific interventions, give them the support they need to achieve optimal oral health for their citizens.

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MEETING DELEGATES

Present at the meeting were:

Health officials

Dr. Bimpe Adebisi, Chief Dental Officer, Nigeria; Dr. Benoit Varenne, Regional Adviser, oral health WHO Regional Office for Africa, Republic of Congo.

Delegates

Dr. Marc-Aurèle Catraye, Association des Chirurgiens-Dentistes du Benin, Benin; Dr. Jocelyne Gare Koplmo, Association des Chirurgiens-Dentistes du Burkina Faso (ACDB), Burkina Faso; Dr. Brigitte Banza, Association Nationale des Chirurgiens-dentistes, Democratic Republic of Congo; Prof. Marvet Rashed, Egyptian Dental Association, Egypt; Dr. Gilbert A. Ankrah, Ghana Dental Association, Ghana; Dr. Mamadu Cande, Guinea-Bissau Dental Association, Guinea Bissau; Dr. Jane G. Wamai, Kenya Dental Association, Kenya; Dr. Susan Maina, Kenya Dental Association/FDI Strategy For Africa Task Team, Kenya; Dr. Ahmed Ba, Association des Odonto-Stomatologistes du Mali (AOSMA), Mali; Prof. Lahcen Ouseha, Association Marocaine de Prévention Bucco-Dentaire (AMPBD), Morocco; Dr. Paula Ahing, Mozambique, Dental Association, Mozambique; Dr. Ibrahim Amadou, Association des Chirurgiens Dentistes du Niger, Niger; Dr. Oluotimi Olojede, Nigerian Dental Association, Nigeria; Dr. Wakabe Kane, Association Nationale des Chirurgiens-dentistes Senegalais (ANCDS), Senegal; Dr Roux Vermeulen, South African Dental Association, South Africa; Dr. Fadil Elamin, Sudanese Dental Union, Sudan; Dr. Alphonse Mangamana, Association des Chirurgiens-Dentistes du

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