COMMUNITY REPORT

Reorienting Primary Oral Healthcare – Pakistan Dental Mission 2017, An IMANA-Riphah Collaboration

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ABSTRACT

"More than 90 percent of all systemic diseases have oral manifestations, meaning that your dentist could be the first health care provider to diagnose a health problem" (Raymond Martin, Academy of general dentistry). [1]

Oral health is widely recognized as a significant determinant of general health.[2] The burden of poor oral health has crucial social and economic implications, especially in the developing world.[3] Low BMI, poor pregnancy outcomes, low birth weight, diabetes mellitus and cardiovascular diseases are some of the conditions associated with compromised oral health.[4] In third world countries, other risk factors such as poor socioeconomic status, lack of dental health education and awareness and inappropriate health policies further contributes to the oral ill health of the general population.[5]

Islamic Republic of Pakistan ever since her embodiment has been paving roads to become a welfare state. On one hand it is the only Muslim nuclear power, while on other hand the country has been a victim of political instability and inaptness of beneficial policies. Pakistan has a total population of 180 million, majority of which resides in rural areas.[6] Pakistan ranks at 146 out of 187 countries in human development index and spends only 0.5% of GDP on the health sector which includes oral health services.[7] The challenges to Oral Health care system in Pakistan are substantial. With scarce resources it is difficult to contend with procurement of dental treatment; the prevention of oral diseases and the promotion of oral health. There lies a paucity of dental workforce in Pakistan, especially in rural areas. According to WHO recommendations, dentist to population ratio in developing countries should be 1:7500.[8] As of December 2016, the total number of registered dentists by PM&DC is 17,125.[9] This makes the dentist to population ratio of 1: 130,581 – this ratio drops to more than 1: 200,000 in rural areas of the country.

Oral health is still considered an amenity rather than a need among the masses in Pakistan. The population is burdened with many oral diseases because of the combination of limited resources and mismanagement of the available resources

To address the oral health situation in Pakistan, Riphah International University, in collaboration with the Islamic Medical Association of North America (IMANA), started a relief project focusing on the oral health needs of the socioeconomically deprived population in the rural areas of Northern Punjab. IMANA, founded in 1967, is the largest Muslim medical organization in North America carrying out medical relief programs all over the world. [10]

This outreach project named 'Pakistan Dental Mission 2017' (PDM 17) was jointly planned by the team of experts from IMANA and Riphah. The project was set up as a three step process. The first step of the project was to set up fully operational dental camps, providing free oral health services to the population who could not afford the dental treatment. Secondly, the mission set out to educate the masses with respect to oral health hygiene and its maintenance. Thirdly, an important objective with abiding aftermath was to conduct an oral health needs assessment of this population. These assessments, would in turn serve as a guideline for similar field projects directing towards the areas to be focused in the future. Also, this would be beneficial with respect to informing local health bodies to help build better oral health care policies.

After eight months of detailed planning, the first leg of the PDM 17 was initiated in August, 17. In this mission IMANA's 16-member team of dentists, dental hygienists and dental students from Howard University, Washington D.C, headed by **Dr. Sultan Chauhdary** took part along with a 26-member team from Riphah, Islamic International Dental College, inclusive of dentists, dental hygienists and dental

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assistants. Riphah's team was led by **Dr. Muhammad Humza Bin Saeed**.

This field mission lasted a week starting from 7th Aug till 11th Aug, 2017. The teams visited the districts of Doltala, village Missa Kaswal, Dharyala Kahun KalarKahar, Khora Khel Attock and lastly Pakistan Sweet Homes Orphanage, Islamabad.

Every day the camps were setup into mini dental hospitals around 9:00 am and operated unfalteringly till the treatment of last person. The camp treated patients with all kinds of dental problems, many counseled and medicated with free medicines. Respecting the cultural limitations and to provide comfort to the locals, male and female patients were treated separately. A total of about 1500 patients were treated over the period of these camps. The data collected during these dental camps suggested that the prevalence of dental caries among this population was quite high.

Traditional treatment of oral disease is extremely costly, the fourth most expensive disease to treat in most industrialized countries. The camp was equipped enough to manage all kinds of basic dental treatments and provide immediate relief to patients.

At the end of the camps, Dr Sultan commented that this was his first experience of working in Pakistan and most definitely, a memorable one. On the behalf of his team, he commended the efforts of the Riphah dental team and local authorities involved in arranging these camps. A particular observation that Dr Sultan was found to be highly impressive was the large number of female dentists who volunteered to participate in this camp.

When this project was being planned, it was expected that the total number of patients to be treated, would be around 4000. However, during the dental camps the patients' attendance was around 1500. Even though extensive efforts had been made by the organizers to spread the information regarding the dental cams, a relatively low attendance was observed. The low turnout proposes the possibility that the local population does not value their oral health as much as general health. This observation was supported by the clinical evidence, as many of the patients who came for the treatment had severely progressed caries and the only treatment that could be offered to them was extraction.

This alarming lack of concern for oral health must be tackled with an upstream approach by focusing on increasing oral health education among the masses. Engaging the lady health workers (LHWs) in the different Basic Health Units for oral health promotion would be a good place to start. This would require lobbying and advocacy at the government level to approve oral health education programs for the LHWs and mothers in rural areas. Dental camps supporting the effort of the oral health educators would prove to be highly effective adjuncts to the whole process. This education must reach the commoners. A healthy community will not only be able to perform better but will also impress less financial burden on the society.

This IMANA-Riphah camp is a step forward to public welfare of the country but the journey must not end here. This great initiative must continue so that the general public can benefit and be more active members of the society, each individual contributing in their own capacity. This would have an impact on lowering poverty and increasing the overall health of the society. Furthermore, it will improve maternal and child health and reduce geriatric health issues.

At the government level, acceptable and practical time-defined health related goals and standards of oral health should be decided and documented. Barriers to oral health promotion need to be overcome through co-operation between various sectors. Local and federal policies must focus on reducing such health inequalities. Advocacy of oral health education initiatives through collaborations such as The IMANA-Riphah PDM project must be supported and promoted equally by local health bodies and the government. Together a difference could be made, lives could be changed and the quality of life could in turn be improved.

"Only through improved dental awareness and education can we make an impact on dental health and ultimately the cost of providing care" (Sharon Zelkind, Vice president, Healthplx).[11]

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