

From humble beginnings.....

In April 2002, a man called Frank spent six days running across the Sahara. Six months later, thanks to the sponsorship raised, a Dentaid surgery left England destined for a small, remote Baptist hospital in Cameroon. Less than five years later, this initial donation has flourished into a national network of dental services providing lifesaving care to thousands of people every month!

Luke Wordley, Dentaid's Chief Executive charts the development of this remarkable story.

Until recently, like many people now in their 30's, whenever I heard mention of the name 'Cameroon,' my mind immediately led to the memory as a teenager of a Cameroon football legend, Roger Milla, smiling broadly and dancing around a corner flag after scoring a wonder-goal at the 1990 football World Cup! Neither before nor since has an African nation progressed further at the World Cup, bedecked in the national colours of red and green and forever since nicknamed "*Lions Indomptables*" (*Indomitable Lions!*), brought such vibrancy and excitement to the world's biggest sporting event. While two dubious Gary Lineker penalties eventually sent England through and Cameroon home at the quarter-final stage, even English fans (not to mention every other neutral supporter in the world!) were sad to see the departure of the 'Lions.' Yet still today, beyond their football team, very few in England know anything about this West African country.

The modern state of Cameroon was created in 1961 by the unification of two former colonies - one French and the other British. Slightly larger than California, Cameroon is home to over 16 million people, made up of 500 or more ethnic groups speaking a mind-boggling 280 different dialects! While literacy is among the highest in Africa, so is corruption, which blights the government and commercial sectors. Although it is a major exporter of crude oil, timber, cocoa, aluminium and cotton, Cameroon's people are still poor with an average annual income of just 1000 US dollars per year (less than \$3 a day).

In terms of oral health, the situation is even more bleak. The WHO estimates that there are only 150 dentists in total – being less than one per million population. Therefore, most people in Cameroon will never have access to a dentist. Instead, if suffering oral pain, they are forced live with the pain, carry out DIY treatment or visit witch doctors (or even blacksmiths) to receive care – inevitably with no anaesthetic or cross infection control. While HIV nationally is only around 5%, in certain pockets it can be much higher and undoubtedly HIV and other infectious diseases are regularly being transmitted through witchdoctors or blacksmith dentistry. Millions are likely to be living with various levels of untreated dental disease.

Dentaid's past involvement

In 2003, Dentaid was approached by Bansa hospital for help. Bansa hospital is part of the Cameroon Baptist Convention Health Board who are one of the biggest and most respected health providers in Cameroon, operating from 2 major hospitals, 29 health centres and 40 primary health centres. Bansa was the first hospital across this network to offer specialist dental services, for which Dentaid provided a complete refurbished surgery in 2002.

The provision of this surgery was sponsored by Frank Russell on behalf of a South African NGO called CADRE (Centre for Aids development, Research and Education), who were chronically concerned about the spread of HIV through "witch-doctor" dentistry in the Bansa region. To raise the funds for the provision of the surgery, Frank took part in the Marathon Des Sables – a six-day 151-mile gruelling endurance race across the Sahara desert. This enabled Dentaid to supply a complete dental surgery, including critically an autoclave steriliser, which was duly installed in the hospital.

However, as word spread, demand for dental services rocketed, both at Banzo hospital and across the other Baptist Convention Health Board hospitals and health centres. By 2006, the Health Board employed five dentists and 25 dental assistants who between them treat around 2,000 patients a month. However, all the other hospitals and health centres were desperately short of suitable dental equipment to adequately and safely treat this volume of patients. Only the Banzo hospital had the autoclave provided by Dentaaid. Elsewhere, sterilisation mainly relied on the liberal use of bleach – an unsatisfactory process, which also rapidly destroyed the hospitals' short supply of instruments.

Happily, in December 2006, Dentaaid was able to provide another ten complete surgeries (including instrument kits, oral health education resources and even uniforms) to the Baptist Convention Health Board hospitals and health centres across Cameroon. And, as part of the services Dentaaid is now able to provide, two Dentaaid engineers flew out to Cameroon in February to oversee the installation of all the new surgeries. A number of times during their visit, the installation of surgeries was disturbed by emergency cases coming in to be treated. At Bingo hospital, Dentaaid's engineers had to postpone the installation mid-way through as an emergency patient was admitted. Elvis, a young man in his twenties from a remote part of Cameroon, had been walking home from work when he was mown down by a motorbike, knocking him to the floor. When he got up, he had a severe gash to the face and a broken jaw. He was taken to the nearest government hospital where they didn't have the facilities or the expertise to treat the jaw and so simply stitched up the gash crudely and sent him home. Knowing his only chance of healing was the renowned Baptist church hospital; he travelled by bus for 300kms, arriving while the engineers were installing the new surgery. The Health Board dentist was able to wire his jaw and re-stitch his face, giving him an excellent chance of a full recovery. Without the Health Board hospitals and clinics, Elvis would have had to live with a broken jaw for the rest of his life. The dentist at Bingo estimated he alone treated around 13 similarly broken jaws a month from all over Cameroon, mainly as a result of motorbike accidents with riders not wearing helmets.

Another case, which presented during the engineer's visits, highlighted the need for these vital services and outreach education into the surrounding communities. During installation at another clinic, the engineers became aware of another patient suffering from a sadly all too common story. Living in a remote rural village, she had been suffering severe toothache for a year from a rotten tooth and resultant infection. However, when the pain started she naturally visited the local witch doctor who made a number of incisions in her cheek and mouth, into which he stuffed herbs. This had been done repeatedly over many months, costing the patient a great deal of money, yet only causing more pain and exposing her to potentially life threatening infection from the witch doctor's knife. Eventually, she heard about the availability of care at the Baptist clinic in the nearby town and walked 14kms to be seen; where she had the tooth safely removed and received antibiotics for the infection.

While the engineers were in Cameroon, they also held a comprehensive dental engineer-training course for 14 hospital engineers to maintain and service the dental equipment. This was building upon a similar course held in Uganda in October 2006 for 15 Ugandan, Rwandan and Burundian engineers. During their 1500km round-trip the engineers also trained the five dentists and 25 dental assistants to use and maintain the equipment, including vital sterilisation processes.

Following the provision of the new surgeries, the Cameroon Baptist Convention Health Board team now believe they have capacity to treat up to 4,000 patients a month across their hospitals and health centres. From next month, they plan to implement a double shift system at the clinics to allow 12 hours of surgery time per day. All this from the provision of one dental surgery to one clinic in 2002!

Dentaid's future involvement

However, Dentaid's involvement does not stop here. Dentaid passionately believes that the provision of dental surgeries and the establishment of regional referral clinics is just one part of the overall oral health provision needed in countries like Cameroon. Dentaid staff have been at the forefront of developing community oral health promotion and care programmes in a number of low-income countries. The charity is desperately trying to raise further funds to be able to send its Director of Oral Health Robert Yee out to Cameroon, to train the Health Board staff how to implement primary health care programmes in the community. These include the teaching of trainers to train rural health workers in ART (Atraumatic Restorative Technique) to provide simple fillings and basic extractions safely and effectively in communities well beyond electricity and conventional dental clinics. Ultimately, due to the scarcity and the relative expense of dentists and establishing and running dental clinics, the majority of the dental treatment needs of vast rural populations which make up countries like Cameroon will never be met through Western style dental clinics. Instead, the majority of care must be provided by rural health workers trained to provide basic treatment using hand instruments, simple techniques and portable sterilising equipment, referring only complex cases to regional referral centres in the main towns.

Perhaps even more important however, will be Dentaid's work to help and equip indigenous organisations like the Cameroon Baptist Convention Health Board to implement oral health promotion and prevention programmes within their countries and communities. Dentaid is developing a number of school and community based prevention programmes, including fluoride tooth brushing programmes and resources, suitable for countries like Cameroon. In the same visit, Dentaid's Director of Oral Health also plans to help the Health Board implement a community oral health needs assessment, as well as training all the dental personnel in improving cross infection control.

Over the next few years, Dentaid hopes to expand the partnership with the Cameroon Baptist Convention Health Board even further to revolutionise oral health in Cameroon. And perhaps, if the 2018 football World Cup is held in England, the bright smiles worn on the faces of the 'Lions Indomptables' and their fans will be all the brighter thanks to one Dentaid surgery sponsored in 2002 by a man who ran across the Sahara!