



dentaid

IMPROVING THE WORLD'S ORAL HEALTH

1996-2011 the story so far and our vision for the future

The costs of producing this document have been kindly sponsored by:-



DENTISTS' PROVIDENT



Denplan



Mission:

To improve the oral health of disadvantaged communities around the world.



Vision:

A world in which everyone has the opportunity to enjoy good oral health and has easy access to safe and effective oral health care services.



Message from the Chairman



Dear friend,

This may be the most important document you will ever receive from Dentaïd. If you can take ten minutes to read it during the next few weeks, we would be very grateful.

Dentaïd began in 1996 with one person, his garage and a £10,000 grant. Today, primarily through the support of just a few hundred individuals, dental practices and companies, Dentaïd is now the leading oral health development charity in the world having supported oral health programmes in over 50 countries around the world. Yet, while this is a remarkable achievement, in reality, our work is only just beginning.

At this exact moment, it is conceivable that more people are suffering pain from untreated dental decay and oral disease than any other global health complaint. Over the last 20 years, oral health has deteriorated significantly in nearly every middle and low income country around the world, and hundreds of thousands are dying every year through preventable infections, oral diseases and dangerous cultural practices.

We want and need to show you the oral health issues overseas and our plans and programmes to combat them. As well as reporting on our current work, this document serves as a manifesto - identifying the problems and presenting a vision for how together we can bring about a better oral health future for hundreds of millions of people around the world. Please join us.

Thank you for your time.

A handwritten signature in black ink, appearing to read 'S.R. Gollings'. The signature is stylized and written over a horizontal line.

Dr S.R. Bruce Gollings BDS
Chairman of Trustees

Oral Health around the world



A blacksmith in Uganda extracts teeth by the side of the road, without anaesthetic or cross infection control.



An extraction in Nepal - again without anaesthetic or cross infection control.

The World Health Organisation (WHO) estimates that 5 billion of the world's 6½ billion population suffer from dental decay, making dental caries the most common non-communicable disease in the world. Dental decay, particularly among children, has recently been described by a leading expert as having reached "pandemic" proportions.

While most in high income countries have access to trained dental professionals, the vast majority of people living in poorer countries either have to live with the resultant pain of tooth decay or seek relief through DIY or "street" dentistry performed by untrained practitioners without anaesthetic. Both options can be life threatening. Severe decay can lead to serious infections, which without antibiotics can result in death, while "street" dentistry is rarely, if ever, administered in sterile conditions, risking contraction of serious diseases like HIV and Hepatitis.

In Cambodia, the average six year old has over 8 decayed, missing or filled teeth (DMFT score) compared to just 1.5 per child in England.



A child in Mongolia suffering dental pain.



The truth behind the smile - Pictures of smiling African children in magazines or on the television can give the impression of beaming healthy smiles. The reality close up can be somewhat different.

The effect of tooth decay

While deaths from infections, oral diseases and cultural practises run to hundreds of thousands per year, by far the biggest impact of dental caries and other oral diseases are their detrimental effect upon quality of life. Living with the persistent suffering of toothache day in, day out, is the probable experience of tens of millions of the world's population.

Persistent pain, difficulty eating and an inability to sleep are common effects of dental caries and new studies around the world are consistently showing the wider socially adverse effects of the disease. A recent study in the Philippines showed that oral pain was the most common cause of school absenteeism, while assessments of health and social issues carried out in middle and low income countries consistently show relief from oral pain as a

top ten "need" expressed by individuals and communities.

A recent worldwide study has also shown that untreated dental caries impacts significantly on the physical and cognitive development of young children. Finally, studies have shown a major impact on people's self-confidence and social interaction due to dental caries and infections causing physical disfigurement and bad breath.

A recent study in a region of the Philippines showed oral pain to be the most common cause of school absenteeism.



A child sucks a boiled sweet, Yunnan Province, China 2007. Western sugar products are the principal cause of the deterioration of oral health in many countries.

A health need ignored

Despite all this suffering, oral health remains a largely ignored and vastly under-resourced health issue in middle and low income countries.

High income countries on the other hand have experienced a dramatic improvement in oral health over the last thirty years. This is mainly down to successful public health measures, particularly utilising fluoride, which have led to a vast reduction in caries. In some countries, dental caries rates have fallen by 80%, with nearly all having access to trained dental professionals, who provide a wide range of services in sophisticated clinics.

However, middle and low income countries have not benefited from these advances. In many countries, due to changing diet and the

influx of “Western” refined sugar products, the caries burden is increasing sharply. Despite fluoride having been proven and used in the West for over fifty years and being a cheap commodity, the WHO estimates that still only 15% of the world’s population (essentially the developed world) have access to appropriate levels of fluoride. Therefore, over 5 billion people worldwide do not benefit from the most effective preventive measure against dental caries.

Less still have access to the most effective fluoride prevention tool of all - fluoride toothpaste. The WHO estimates that as little as 8% of the world’s population may brush their teeth with fluoride toothpaste, for reasons of access, lack of awareness and affordability.

A failed approach

Over the last fifty years, far too much emphasis has been given to trying to replicate Western dentistry in low income countries rather than preventive and public health measures. Many countries spend almost their entire oral health budget training a handful of dentists, who often leave the country at the first opportunity with their dental qualification a “passport” to the West.

Those who stay often have limited equipment and materials. As a result, the impact of trained dentists upon the oral health of local communities is often negligible.



Sixty worn & incomplete dental units donated from the USA, sitting on a hospital administration building veranda rusting, Uganda 2006.

Hundreds of tonnes of Western dental equipment is shipped at great expense to low income countries by well meaning but inexperienced non-dental charities. Most of it is inappropriate and never installed.

Only 8% of the world's population uses fluoride toothpaste, most of whom live in developed countries.



In Sierra Leone there are 5 dentists covering a population of 5.5 million people. Dr Debundeh is one of them. Before Dentaid helped, this was all the equipment he had.



The Coca-Cola company recently announced its global sales have reached 1.3 billion beverages per day, much of which is sold in middle and low income countries.



Loi, with a benign tumour, was found by a Dentaaid partner project outreach programme. A village healer had tried to skewer the tumour, exposing Loi to even more pain and infection risk.



Dentaaid's partner project was able to sponsor Loi to receive restorative surgery to remove the tumour and she has now returned to full-time education. However, most with such a condition would eventually die of asphyxiation or starvation.

Oral diseases

Oral diseases are a major problem in middle and low income countries. Even with the "pandemic" tooth decay already highlighted, still the greatest cause of tooth loss worldwide is periodontitis (gum disease). This causes difficulty eating, speaking and damages self-esteem.

Other diseases have more serious consequences. Without early diagnosis and treatment, infections, tumours and other anomalies grow unchecked until they develop into life threatening conditions. Tens of thousands die every year through tooth infections and oral diseases.

Dangerous Cultural Practices

In many parts of the world, there are cultural practices which are hugely damaging to health. In a wide part of Africa for example, there is a cultural practice commonly known as "Ebiinyo" but technically termed Infant Oral Mutilation. Parents are persuaded that the tiny white specks in babies' mouths are not teeth, but are in fact worms, which will cause the child to get sick. Village healers then remove them using unsterile instruments like knives, screw drivers or just their bare fingernails.

As well as causing pain and suffering to the child, underlying adult teeth are frequently damaged. Tragically, in a significant proportion of cases, infections like septicaemia set in and the child dies.



Health workers examine a baby who has been the victim of Infant Oral Mutilation - Northern Uganda.

In a recent study in one region of Uganda, child deaths due to infections caused by Infant Oral Mutilation (IOM) were 2nd only to malaria as cause of infant mortality.



This baby had her baby teeth removed by a "healer" with an un-sterile sharpened bicycle spoke. Infection set in and she died minutes after this picture was taken.

Dentaid History

Since Dentaid began in 1996, the charity has supported over 200 oral health projects in over 50 countries around the world.

In the early days, the charity's work centred upon providing dental equipment to charity and mission hospitals providing dental services to local communities.

From around 2003, Dentaid expanded into oral health promotion activities, to encourage a more preventive approach. By 2006, this work had expanded to include vital capacity building (training) initiatives, advocacy and campaigning work.

Today, Dentaid is the leading oral health development charity in the world, helping both governments and NGOs (Non Governmental Organisations) to improve oral health for the communities they serve.



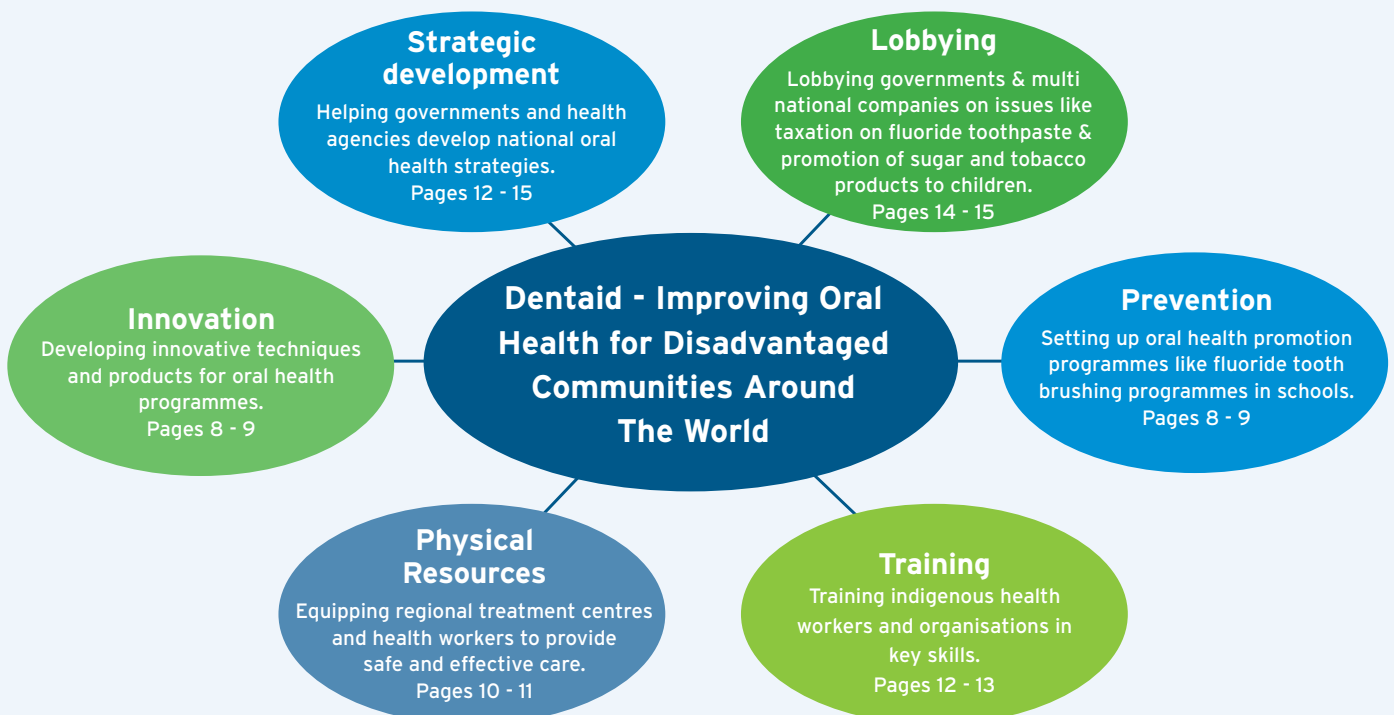
Dentaid's Director of Oral Health, Dr Robert Yee, screening a child, Uganda 2006. Robert Yee (BSc DDS MSc Dental Public Health) is an experienced oral health advocate and implementer of oral health initiatives in middle and low income countries.

Dentaid is committed to helping organisations provide compassionate care to those in oral health need. However, the charity's main focus is upon preventing oral health problems in the first place.

Dentaid's Strategy

Dentaid's work centres upon four key strategies through which Dentaid can most effectively improve oral health for disadvantaged communities around the world. Namely:- Oral health promotion, supplying physical resources, capacity building (training) and advocacy.

These encompass a number of key areas of work:-



Dentaid - Oral Health Promotion



Murambo Primary School, Uganda - None of these children had ever received dental treatment or brushed their teeth with fluoride toothpaste.



Culturally appropriate resources supplied by Dentaid.

Oral Health Promotion is key to reversing the deteriorating oral health experienced in middle and low income countries around the world. A preventive approach to oral health is not only better for the individual, but vastly more effective, cost-efficient and practical than treating the symptoms of poor oral health after they occur. Here are a couple of examples of Dentaid's work:-

School Oral Health

Since 2004, Dentaid has been developing a unique school oral health initiative in Uganda. As part of the Dentaid programme, every child receives screening and any necessary treatment, oral health education and daily tooth brushing using fluoride toothpaste. These are all using resources and techniques developed by Dentaid specifically for schools in middle and low income countries. It is hoped this will become a model for school oral health programmes around the world.

Currently 15 schools and almost 9,000 children are part of Dentaid's Ugandan school oral health programme.



School children brushing their teeth for the very first time, Uganda 2006.

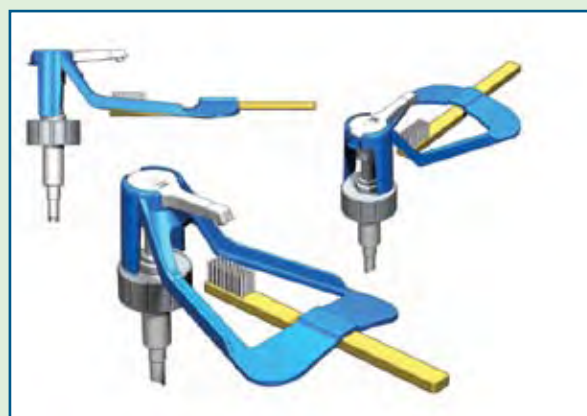


Infant Oral Mutilation (IOM) - Dentaid school programmes identify regions where IOM is prevalent, so preventive education against the practice can be given to mothers and community leaders.

Over the next couple of years, Dentaid is planning to develop and implement an international strategy to combat Infant Oral Mutilation.

Development of innovative resources and techniques

Innovation is key to Dentaids philosophy. One such example is a toothpaste dispenser designed specifically for use in school programmes. Although still at pilot stage, the dispenser promises to bring improvements over using normal tubes of toothpastes in accuracy of dosage, speed of administration, cross infection control, theft avoidance and reduced packaging costs. Dentaids hopes that this resource will soon be widely used in mass tooth brushing programmes around the world.



Dentaids innovative toothpaste dispenser.

Bright Bites packs sent free to 17,527 state primary schools in England.



Charity begins at home

Dentaids main focus as a charity is to improve oral health overseas. However, in 2006, with funding from the Department of Health, Dentaids developed a unique oral health education resource called Bright Bites, designed to exactly match the national curriculum requirements. This resource was sent free of charge to every state primary school in England. Dentaids has also sold thousands of Bright Bites resources to UK dental practices and Primary Care Trusts, raising vital funds for the charity's overseas work.



Then Health Minister Rosie Winterton with a pupil at the launch of Bright Bites, Doncaster, 2006.

A year in the life of Dentaids Oral Health Promotion

In the year 2006-2007, Dentaids completed the following oral health promotion projects:-

- Expansion of Ugandan School Oral Health Programme to 15 schools and almost 9,000 children.
- Further promotion and delivery of Bright Bites (officially launched March 2006) to 17,527 English primary schools, over 100 PCTs and hundreds of dental practices.
- Further developed toothpaste dispenser programme and oversaw pilot programmes testing its benefits.
- Arrest of Caries Technique (ACT) - Continued to research and develop this highly effective fluoride intervention in schools context.
- Advised dozens of NGOs on implementing oral health promotion techniques and programmes.

Future plans and projects in oral health promotion include:-

- Expansion of Dentaids school oral health programme globally.
- Facilitating the setting up of a manufacturing plant in Africa to produce quality affordable fluoride toothpaste for African countries.
- Developing and implementing an international strategy to combat Infant Oral Mutilation.
- Further development of culturally appropriate oral health education materials for different languages and contexts.
- Implementing an international pilot study to investigate the use of fluoride gel tooth brushing in school oral health programmes.

For more information about Dentaids oral health promotion programmes and strategies, please visit www.dentaids.org

Dentaid - Supplying Physical Resources



Before....
Dr Wilson, one of only a handful of dentists in Rwanda. His clinic is the main treatment centre for a population of 200,000.



After.....
Dr Wilson with his new Dentaid surgery, pictured alongside Dr Chris Barton, a Dentaid partner based in Uganda. Dentaid has equipped over 20 mission hospitals in Uganda and Rwanda.

Since 2002, Dentaid has supplied a complete dental surgery to a regional treatment centre on average every 12 working days.



Toothbrushes and Spanish language oral health education posters and resources, Argentina.



Dental outreach using Dentaid portable equipment, Sierra Leone.



Dentaid surgeries arrive, Tanzania. Every surgery is packed in a purpose made wooden crate to avoid damage in transit.



Seeing 1st patient three hours after Dentaid surgery arrives, Solomon Islands.



A Dentaid caravan sent to Sri Lanka to serve tsunami affected communities.

★ Each star represents a country receiving Dentaid equipment and resources. Some countries have received as many as 20 surgeries for mission hospitals and regional treatment centres.



Where at all possible, Dentaid encourages low-tech treatment techniques delivered by indigenous health workers within the recipient communities, backed up by regional referral centres.

Equipment operation

Dentaid is world renowned for its equipment supply operation. Since the charity began, Dentaid has helped establish almost 200 charitable dental treatment clinics in over 50 countries around the world. Hundreds of smaller shipments have also been despatched, including instrument kits to equip health workers to provide dental care in remote communities. Dentaid conservatively estimates that over a million people worldwide have been safely relieved of oral pain thanks to this work.



Dentaid employs specialist engineers who fully refurbish equipment and modify it extensively to be appropriate to recipient projects.

Dentaid estimates that over one million people worldwide have been safely treated using Dentaid supplied equipment.

A year in the life of Dentaid

Physical Resources

In the year 2006-2007, Dentaid completed the following physical resource projects:-

- Sent 19 complete fully refurbished dental surgeries, full instruments kits and oral health education materials to treatment centres and projects in Nigeria, Sudan, Uganda, Cameroon, Bulgaria, Somalia, Malawi and Tanzania.
- Sent numerous further smaller shipments of equipment, instruments, toothbrushes or education materials to projects in Tanzania, Uganda, The Gambia, Guinea, Kenya, Romania, Malawi, Peru, Ukraine, Mozambique, Nepal, Bulgaria, India and the Mercy Ships, serving West Africa.

Future plans and projects supplying physical resources include:-

- Equipping the national dental school in Lao as part of a wide ranging collaboration to help the Lao government implement their national oral health strategy.
- Supplying instrument kits to rural health worker programmes, alongside training.
- Continuing to supply appropriate dental equipment and resources to government, charitable dental clinics and outreach programmes, in countries where affordable or suitable resources are not available.
- Working with manufacturers to encourage the local availability of equipment and resources.

For more information about Dentaid's resource supply operations and strategies, please visit www.dentaid.org



Helping governments to implement national fluoride strategies and training NGOs to implement local and regional tooth brushing programmes are some of Dentaids key activities.

Dentaid - Capacity Building (Training)

There is an old Chinese proverb - Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.

Building the skills and abilities of communities, indigenous dental workers, organisations and governments to improve their own oral health is key to the sustainable improvement of oral health around the world.

Dentaid is involved in programmes ranging from training general health workers to provide basic dentistry to assisting governments to write and implement national oral health strategies.

Many such programmes involve a combination of services and training programmes. Here are just a couple of examples:-



Graduates of the 1st ever basic dental health worker training course in Lao, 2007.



Graduates of a Dentaid engineer training programme, Cameroon 2007.

Training hospital engineers to service and maintain dental clinic equipment is vital for sustaining dental services at regional referral centres.



Dr Robert Yee training “village doctors” to provide basic dental care, China 2007.

Mission Hospitals

Since 2006, Dentaid has been in partnership with the Cameroon Baptist Convention Health Board (CBCHB). With 31 hospitals and health centres, the CBCHB is one of the leading health providers in Cameroon.

In 2007, Dentaid supplied 10 new surgeries, increasing capacity to 4,000 patients per month. Dentaid also trained 15 CBCHB hospital engineers to maintain and service the equipment, and trained all their dental personnel in cross infection control and ART (Atraumatic Restorative Technique).

Future plans and projects involving capacity building (training) include:-

- Continual development of training courses and education resources to incorporate every discipline of oral health development in middle and low income countries.
- Expansion of training to governments and health/development agencies around the world in practical techniques and how to design and implement effective oral health strategies and programmes.

For more information about Dentaid’s capacity building (training) initiatives and strategies, please visit www.dentaid.org

Helping governments and charities to train rural health workers to provide basic dental care for remote communities is central to Dentaid’s strategy.

A year in the life of Dentaid Capacity Building (Training)

In the year 2006-2007, Dentaid completed the following capacity building (training) projects:-

- Held on-site training programmes for training rural health workers to provide basic dental services in China, Myanmar and Uganda.
- Delivered training courses and seminars to governments, dental association and NGOs in how to implement fluoride initiatives in Philippines and Cambodia.
- In two separate courses in Uganda and Cameroon, trained 30 hospital engineers from Cameroon, Uganda, Rwanda and Burundi in the maintenance and repair of dental equipment.
- Delivered lectures and seminars on developing and implementing broad oral health strategies to expert groups and international conferences in Australia, Thailand, France and the UK.



Fizzy drinks manufacturer sponsorship of a school sign, Uganda 2006.

Today, more than ever, we live in a global economy. This means that decisions, policies and behaviour by Western companies and governments seriously affect health globally.

Dentaid is in a strong position to influence global policies and behaviour affecting oral health around the world.

A key part of Dentaid's overall strategy is to campaign and lobby on behalf of individuals and communities to address the causes of poor oral health and to promote oral health by influencing the decisions of governments, companies, groups and individuals whose policies or actions affect the oral health of the people.

Dentaid is involved in advocacy activities both locally and regionally within middle and low income countries overseas, as well as engaging in campaigning activities that affect global oral health here in the UK. These activities take the form of research, articles,

presentations, meetings and informal advice, as well as formal training initiatives and courses (see capacity building - training).

Many of Dentaid's current advocacy campaigns centre upon fluoride:-



The effect - A father gives a fizzy drink to his baby, Uganda 2006.

In the UK it takes the average worker less than 1/2 an hour of earnings to buy a year's supply of toothpaste.

In Zambia it takes the average worker four days of earnings to afford the equivalent amount.



Taxation on fluoride toothpaste

Despite its proven health benefits, fluoride toothpaste is classified worldwide as a cosmetic, and as such is subject to VAT and other luxury taxes and tariffs.

Whilst in the UK this only amounts to 17.5% VAT, probably only having an effect on the lowest socio-economic groups, in many countries around the world, taxes and tariffs can add a staggering 55% to the retail cost of toothpaste.

Future advocacy plans and projects include:-

- To continue to advise and assist governments in middle and low income countries on how to introduce local and national fluoride strategies.
- To continue to advocate amongst governments, health/development charities and other NGOs a reorientation of dental services and policies to more primary health care approaches and strategies.
- To begin to challenge the un-restricted and un-regulated promotion of sugar and tobacco products, particularly by multi-national companies.
- To work in a number of areas to improve the affordability of fluoride toothpaste in middle and low income countries.

For more information about Dentaid's advocacy initiatives, please visit www.dentaid.org

For communities whom fluoride toothpaste is already very expensive, cosmetic taxes render it simply unaffordable.

Dentaid is at the forefront of an international campaign to see taxes and tariffs on fluoride toothpaste reduced or removed altogether.

A year in the life of Dentaid Advocacy

In the year 2006-2007, Dentaid completed the following advocacy projects:-

- Helped design and co-authored an international study entitled "Affordability of Essential Medicines - Case Study of Fluoride Toothpaste", for publication in 'Global Health'. This important paper is serving as baseline data for multiple fluoride toothpaste advocacy programmes.
- Made presentations and represented NGOs and developing world interests at a major fluoride convention jointly convened and hosted by the World Health Organisation (WHO), FDI World Dental Federation and the International Association of Dental Research (IADR).
- Initiated an ongoing UK campaign for the removal/reduction of taxation on fluoride toothpaste, with a view to setting a precedent for overseas governments to follow suit.
- Successfully lobbied ISO (International Standards Organisation) to remove unnecessary recommendation which limited the use of toothpaste dispensers and other such devices in schools programmes.
- Advised hundreds of charities and health agencies on appropriate responses to oral health needs around the world.

We need your support



A lot has been achieved since Dentaid began in 1996. However, in reality, our work is only just beginning.

Oral health remains one of the most poorly funded and ignored sectors of healthcare in the world today, despite it affecting quality of life for billions of people.

We need your help to ensure oral health doesn't remain bottom of the pile.

Please join us and become a regular donor or take part in a fundraising event.

Together, we can change the way the world smiles

Dentaid Legends

It is impossible to acknowledge and thank all the hundreds of individuals and scores of organisations who have contributed to Dentaid's work. However, we would like to single out a few who have made an outstanding contribution and without whose support and input, our achievements would simply not have been possible:-

Hope Now

Following the provision of a dental clinic to a prison in Ukraine as part of Hope Now's Christian humanitarian work, Hope Now founder and President Vic Jackopson was the first to realise the need and potential for a UK specialist oral health development charity. Despite having scarce resources itself, Hope Now "birthed" Dentaid with a £10,000 grant, with Vic giving input and oversight as founding president of Dentaid until 2001.



Since 2002 around eighty individuals have taken part in three Overseas Challenge events for Dentaid. These events have raised three large cash injections at vital times, each time enabling the charity to push with new initiatives and activities. Sincere thanks to all who took part.

Peter Gardner

Peter Gardner was Dentaid's first Chief Executive from 1996 - 2002. Peter's energy, skills and enthusiasm were instrumental in Dentaid being where it is today, and his outstanding contribution can not be over-stated.



The Grand Canyon Cyclers in 2002 raised £40,000, enabling Dentaid to employ specialist engineers, which revolutionised the equipment operation.

Partners In Action

These are individuals who have consistently supported Dentaid financially over a number of years, normally by Standing Order. Around 250 people now give between £2 to £200 a month. This reliable and regular income is the lifeblood of the charity. Thank you all for your massive contribution.



The China Trekkers in 2004 raised £50,000 for Dentaid, enabling the development of the toothpaste dispenser, and other key initiatives.

Fundraisers

Hundreds of individuals, dental practices and other groups take part in Dentaid events like golf days, Great North Run and Dress Up Day, while many others organise their own event or fundraising activities. Thank you to all for your support.



The Italy Trekkers in 2006 raised £40,000, enabling Dentaid to embark upon numerous training and advocacy initiatives.

Lions Clubs International

Lions Clubs of British Isles and Ireland have been stalwart supporters of Dentaid since 2001, sponsoring numerous Dentaid projects and collecting hundreds of shipments of donated equipment from around the UK.



Dental Trade

Dentaid has received remarkable support from the dental industry, collectively through the British Dental Trade Association and individually in a variety of ways. A big thank you to all. However, four companies deserve special mention:-



Dentists' Provident Society has been Dentaid's most consistent financial donor, making an annual donation to Dentaid for almost a decade.



Denplan has adopted Dentaid as its official charity for five years, organising numerous fundraising events, activities and sponsoring publications and initiatives like Bright Bites.



For over seven years, Admor Ltd has printed all Dentaid's literature, stationary and newsletters free of charge.



A-dec UK Ltd has donated large quantities of new equipment and spare parts free of charge and sponsored numerous Dentaid events and publications.



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