Review Article

BASIC PACKAGE FOR ORAL CARE: A STEP TOWARDS PRIMARY ORAL HEALTH CARE

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Abstract

Oral health remains a luxury for most of the world's population. This is especially true for the disadvantaged irrespective of whether they live in some of the worlds most wealthy or the world's poorest countries. Oral health problems remain a global problem and therefore must be a global concern. The Basic Package of Oral Health Care (BPOC), as presented in this report, represents a fusion of concepts and approaches that have developed over the last decade. In presenting this package, great emphasis has been placed on approaches with proven effectiveness and that are acceptable, feasible and affordable for most disadvantaged communities. The *Basic Package of Oral Care* (BPOC) places great emphasis on approaches which are acceptable, feasible and affordable and can be provided within the framework of the existing first line care, the primary health care system. Oral Urgent Treatment (OUT), Affordable Fluoride Toothpastes (AFT), Atraumatic Restorative Treatment (ART). Role of NGOs in implementing the Basic Package of Oral Care, Role of local dentists and dentist as a volunteer in a foreign country, Role of Oral care and Primary Health Care (PHC), Role of public private partnership. The implementation of the three components of the BPOC depends on prevailing local factors, including available human and financial resources, existing infrastructures, local perceived needs, treatment demands of the community, their leaders and dental association

Key Words: - Basic Packages of Oral Care, Fluoride, Oral Care

Introduction

More than 70% of the world's population, mainly those living in low- and middle income countries, have little or no access to oral health care. Although oral health is recognised as a basic human right, the lack of appropriate and affordable oral care to more than 4 billion people worldwide does not result in a massive increase of political activity and financial resources to address the problem.[1]

India is one of the developing country where health sector has improved a lot in recent decades but the disturbing fact is that only 25% of India's specialist physicians reside in semi-urban areas, and a mere 3% live in rural areas.[2] As a result, rural areas, with a population approaching 700 million, continue to be deprived of proper healthcare facilities. The people residing in rural India are deprived of health care facilities, are unaware and illiterate. Unsurprisingly, standards of oral health are very poor in India, with a large proportion of the population affected by conditions such as gum diseases and tooth decay; in addition to this, two thirds of people have never seen a dentist. There is an urgent need for an effective oral health program meant for the rural community.

The Basic Package of Oral Care (BPOC) developed by the WHO Collaborating Centre in Nijmegen, describes a package of basic oral care activities which can be provided within the framework of the existing first line care, the Primary Health Care System.[3]

Oral Care and Primary Health Care (PHC)

More than 25 years ago, the Alma – Ata conference, organised by the WHO and UNICEF, gave for the first time priority to local, simple curative and preventive care addressing the needs of the population; in contrast to expensive western-oriented health care which remains largely restricted to hospitals and private clinics.[4] Delegating tasks to auxiliaries in Community Health Centres and using simple but effective approaches are important components of primary health care. During the last few decades, PHC has been the basis of health care in many low and middle-income countries. In dentistry however, this change has not been actively pursued, but for a few exceptions. Oral health care remains largely the domain of dentists in private clinics and hospitals in urban areas. Simple oral health care, combined with information and preventive activities for the majority of poor and disadvantaged populations, delivered by assistants or health care workers in the community, rarely became a reality.

Some of the reasons for the huge gap in oral health status and availability of oral health care are:

1. Low priority for oral health in relation to other diseases;
2. Lack of professional and political advocacy for oral health and for redistributing resources;
3. Absence of living conditions and health determinants conducive to good oral health;
4. Dominance of the restorative approach and western treatment and education models as = well as inadequate workforce planning;
5. Lack of integration of oral care into PHC;
6. Resistance of the dental profession to delegate tasks to non-dental personnel together with failure to address the problems of quackery;

7. Services not based on community needs and demands;[5]

The Basic Package of Oral Care (BPOC)

The Basic Package of Oral Care (BPOC) developed by the WHO Collaborating Centre in Nijmegen, describes a package of basic oral care activities which can be provided within the framework of the existing first line care, the Primary Health Care System. (BPOC)

Rationale of BPOC: - The situation in most non-EME (non-established market economy) countries and in disadvantaged communities in EME (established market economy) countries calls for a change in approach. Traditional western oral health care should be replaced by a service that follows the principles of PHC. This implies that more emphasis should be given to community-oriented promotion of oral health.[6]

Components of BPOC [7]

- Oral Urgent Treatment (OUT)
- Affordable Fluoride Toothpastes (AFT)
- Atraumatic Restorative Treatment (ART)

A] Oral Urgent Treatment (OUT) for the Emergency Refers to management of oral pain, infections and trauma. This discusses services targeted at the emergency relief of oral pain, management of oral infection and dental trauma through (OUT). An OUT service must be tailored to the perceived needs and treatment demands of the local population. The three fundamental elements of OUT comprises of: -

- Relief of oral pain
- First aid for oral infections and dento-alveolar trauma
- Referral of complicated cases.

Although most oral diseases are not life threatening, but still they constitute an important public health problem. Their high prevalence, public demand for treatment, and their impact on the individual and society in terms of pain, discomfort, functional limitation and handicap affect the quality of life. In addition, the social and financial impact of oral diseases on the individual and community can be very high.

Treatment Modalities (OUT)

- Extraction of badly decayed and severely periodontally involved teeth under local anaesthesia.
- Treatment of post-extraction complications such as dry sockets and bleeding.
- Drainage of localized oral abscesses.
- Palliative drug therapy for acute oral infections.
- First aid for dento-alveolar trauma.

Referring complicated cases to the nearest hospital. Oral Urgent Treatment (OUT) is an on-demand service providing basic emergency oral care. Relief of pain is the predominant treatment demand of underserved populations. Emergency oral care that is easily accessible for all should be the first priority in any oral health programme.[5]

B] Affordable fluoride toothpaste (AFT)[5] Affordable Fluoride Toothpaste (AFT) is an efficient tool to create a healthy and clean oral environment. The WHO states that fluoride toothpaste is one of the most important delivery systems for fluoride. The availability and affordability of effective fluoride toothpaste is essential for every preventive programme. Rationale for using Affordable Fluoride Toothpaste (AFT).

- The anti-caries efficacy of fluoride toothpaste has been proven in an extensive series of well-documented clinical trials.
- The widespread and regular use of fluoride toothpaste in non-EME countries would have an enormous beneficial effect on the incidence of dental caries and periodontal disease.
- Governments should recognize the enormous benefits of fluoride toothpaste to oral health and should take the responsibility to reduce or eliminate the tax burden on this product.

Affordable fluoride toothpaste with anti-caries efficacy should be made available to all to ensure that all populations are exposed to adequate levels of fluoride by the most appropriate, cost-effective and equitable means. The packaging of the fluoride toothpastes should be clearly labelled with the fluoride concentration and the descriptive name of the fluoride compound. Advice for adult supervision of tooth brushing by young children. Production and expiration date should be labelled. Instructions for using a pea-sized amount of paste by children. Directions for proper rinsing after brushing should be given. The Fluoride toothpaste that meets recommended standards for efficacy should be tax-free and classified by governments as a therapeutic agent rather than a cosmetic.

C] Atraumatic Restorative Treatment (ART)[5] While preventive methods, such as affordable fluoride toothpaste, continue to make a large impact on the level of caries, some carious lesions inevitably progress to cavitations. ART is a novel approach to the management of dental caries that involves no dental drill, plumbed water or electricity. The ART approach is entirely consistent with modern concepts of preventive and restorative oral care, which stress maximum effort in prevention and minimal invasiveness of oral tissues. Appropriately trained dental auxiliaries, such as dental therapists, can perform ART at the lower level of the health care pyramid such as in health centres and in schools. This makes restorative treatment more affordable, while simultaneously making it more available and accessible. ART therefore meets the principles of PHC. Effectiveness of the ART approach, survival of ART restorations, ART restorations vs. conventional restorations and the acceptability of ART restorations are some of the issues to be considered prior to placement of ART restorations. The ART approach is consistent with modern concepts of preventive and minimally invasive restorative oral care. ART is particularly suitable for school children

and can be provided within a school dental care system. By treating small cavities premature extractions are avoided.

Implementing the BPOC

1) Role of NGOs in implementing the Basic Package of Oral Care The concept of the BPOC provides many opportunities for NGOs to engage themselves in a structured effort towards better oral health. Despite a growing importance of non- governmental organisations (NGO) in the medical and general health sector, which has brought about a new generation of highly professional, social responsible and financially transparent organisations, the situation in the sector of oral health development assistance is very different.[8]
Some of the drawbacks of this sector include:

- Financial resources for the majority of NGOs are very limited,
- The degree of professionalism is generally very low (in terms of organisation management, accountability, volunteer training, evidence-based interventions, quality control, evaluation and sustainability),
- Integration into existing local community structures is often very low,
- Lack of coordination, information and technology sharing between the different dental NGOs.

Although organisations and individuals involved are often highly motivated and sacrifice significant amounts of time, money and resources with the best of intentions, the impact and sustainability of such volunteer engagement remains at best very limited. Therefore, a profound strategic reorientation for the majority of dental NGO's and the volunteers serving for them is long overdue. Their programmes and projects need to be reoriented towards projects that are efficient, sustainable and integrated and accepted by host communities.[5]

2) Role of Local Dentists and Dentist as a Volunteer in a Foreign Country There are a fairly large number of dentists from the high-income world who are prepared to volunteer to work in a low socio-economic community for a limited period. Their motivations to volunteer may vary but in most cases are rooted in the recognition of need and the desire to help.[2] They seek guidance from NGOs sending volunteers or start projects on their own with the best of intentions and undoubtedly praiseworthy motives. Patients receiving medical assistance certainly benefit, but these patients constitute only a small and almost insignificant section of the whole population. The dentist can also train the local health workers who can continue with the care after the departure of the volunteer. Training packages in form of videos can be created to train local health workers. However, training of health workers in OUT is only justified if there is a functioning Primary Health Care system where the health worker can work with the acquired OUT skills. There also needs to be referring network for cases beyond the health worker's capabilities. Once the training is completed it is imperative for a local dentist, a volunteer or an NGO to carry out regular evaluation visits. These visits are needed to monitor the health worker's activities, the service performance and to make changes where necessary. It is self-evident that only with a close co-operation with local communities, government administrations and other relevant organisations this type of NGO and volunteer involvement is possible.[8]

3) Role of Oral care and Primary Health Care (PHC) During the last few decades, PHC has been the basis of health care in many low and middle-income countries. If sufficient funds and manpower are available then primary health care can be efficient ways to achieve the goal. Hence there is a need to strengthen the health care centres at all levels. The oral health care should be blended with the on-going primary medical care.

4) Role of Public Private Partnership (PPP) Given strong economic growth of country in past decade, increasing demand for public investment across all sectors has created investment gaps in these key sectors. In addition, challenges are also increasing in terms of service delivery standards, performance benchmarks, and incorporation of technology into provision of health and education services to all, especially poorest and those located far from urban growth centres of country. Public- private partnerships or PPPs have shown their ability to meet some of these challenges in India. Public private partnership has been identified as a key focus area for increasing access to health services by integrating common people and local government institutions. Public and Private sectors have separate but complimentary roles recognized by health sector which tried to make best use of their comparative advantages.[9] There is a need to identify areas of collaboration of varied nature in PPP some of them are awareness generation, health education, outsourcing of non-health services. With respective strengths and weaknesses, neither public sector nor private sector alone can operate in best interest of health system.[6]

Conclusion

Presently, oral health is being given immense importance at the national level. Most initiatives are aimed at the prevention of oral disease, there is a need to look into affordable and effective curative modalities too. Basic Package of Oral Care can be a golden step in this direction. The rural section of the community will be immensely benefited and in turn the overall burden of oral diseases will come down drastically. There is an utmost need for public health dentists along with dentists in government service, preferably with some training in public health to implement BPOC at their respective areas and analyze the feasibility and effectiveness of it in the community.

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