

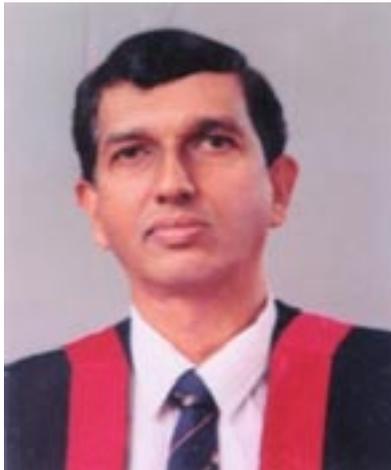
Commonwealth Dental Association

Working for Oral Health in the Commonwealth

CDA BULLETIN

The Newsletter of the Commonwealth Dental Association
CDA is supported by The Commonwealth Foundation

President's Message



Hilary Cooray

Let me state at the outset that I have accepted this prestigious Presidency with utmost humility. I will strive to work to the best of my ability to fulfill the aims and objectives of the CDA.

The Commonwealth is unique: although, it is not an organization of all the nations of the world; it encompasses of most diversities such as race, colour, religion, language, culture, health and wealth. It is also rich in professional networks. Nelson Mandela once said that "The Commonwealth makes the world safe for diversity". This means that the Commonwealth is a good example of how different people from different countries can work together for a common purpose. I have assumed the office of the President at a very challenging time for the societies in which we live.

The global economic downturn, effects of climate change, pandemic spread of diseases and mal-distribution of health care including oral health care

of the population are some of the challenges at present. All of these issues impact on the health of the population. This is also a part of the phenomenon of globalisation. Just as each organ in our body however big or small makes up the human body, each nation, however rich or poor, is part of the global village.

No nation can any longer afford to be indifferent to the plight of others without affecting the whole family of nations. This has been amply demonstrated by the recent global events. The CDA will take up issues affecting the Commonwealth countries with our governments, with the assistance of the member associations, Commonwealth Secretariat, World Health Organization (WHO), Federation Dentaire Internationale (FDI) and the Commonwealth Foundation and other agencies who have come forward to share these responsibilities.

I assure the membership that together with the new CDA Executive, I will work harmoniously and diligently. I will endeavour to share and work on new ideas and strategies and provide expertise in oral health care for the benefit of all the people of the Commonwealth in particular and the world in general. This, I must say, cannot be done by your office bearers alone unless we have the active participation, enthusiasm, cooperation and the support of all the member associations, which I solicit very strongly.

Hilary Cooray
President

From the Editor



D Y D Samarawickrama

This is the first Bulletin to be published after the Triennial Meeting held in Singapore. It includes a message from the new President Dr. Hilary Cooray, the Triennial Meeting Report and other reports relating to matters discussed at the meeting.

One of the most important items is the CDA Declaration on Infection Control which was adopted at the meeting. Infection control has gained added significance in view of some of the recent events. Readers are encouraged to study this Declaration and lend support to carry forward its message.

Continued on page 2

CONTENTS

| | |
|----------------------------------|----|
| President's Message | 1 |
| From the Editor | 1 |
| Annual Report | 2 |
| Treasurer's Report | 4 |
| Nauru Dental Day | 6 |
| Action against Infant OM | 7 |
| Declaration on Infection Control | 8 |
| Triennial Meeting Report | 9 |
| For the Record: CDA Activities | 13 |
| The CDA Website | 20 |

Continued from page 1

As a small organisation and with limited resources, CDA cannot function alone in the global village.

Therefore, it seeks to work with other like-minded organisations. One such organisation is Dentaid.

The Bulletin is pleased to publish an article by Dr. Rosemary Longhurst on Infant Oral Mutilation.

In addition, there are reports on CDA finances and activities. It will be evident that the CDA acts with due diligence in trying to meet its aims and objectives.

We have to acknowledge the past as we look to the future.

Firstly, the CDA Executive Secretary, Dr. Sam Thorpe, has reviewed the Association's history and the activities it has undertaken to date.

Secondly, CDA Awards were presented to Professor Martin Hobdell and Dr. John Hunt in recognition of their outstanding contribution to the Association over many years. The Bulletin wishes them well.

This issue also carries digests of several useful papers.

The Bulletin is always keen to publish articles of value to the members.

Enjoy the read!

DYD Samarawickrama

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ANNUAL REPORT - 2008-09

Dr Sam Thorpe OOR - CDA Executive Secretary



Sam Thorpe

Symposium on Migration of Health Workers (India)

In November 2008, the Commonwealth Foundation, in collaboration with the Commonwealth Secretariat and the Commonwealth Medical Association (CMA), convened a two-day symposium in India, on the migration of health care workers, with particular focus on the Commonwealth Code of Practice for the International Recruitment of Health Workers.

Eight Asian Commonwealth countries attended the symposium and participants included four dentists, one each from India, Malaysia, Pakistan and Sri Lanka, nominated by CDA. Dr. Suresh Shanmuganathan from Sri Lanka presented a paper entitled: 'A Case Study of Successful Retention Strategies,' which subsequently was published in the December edition of the CDA Bulletin.

The two-fold objective was to share experiences of good practice among countries and to address challenges on managing health workers migration.

Strategies to manage issues on migration at national, regional and international levels were identified and discussed.

Workshop on Oral Urgent Treatment

In partnership with the CDA and the Tanzania Dental Association, Bridge2Aid conducted a workshop in February 2009 at their facility in Mwanza, Tanzania – "The Bridge2Aid Model for Training of Rural Clinical Officers in Oral Urgent Treatment" – a training programme for dentists from less developed countries. The CDA sponsored eleven dentists from seven Commonwealth countries in Africa and Asia to attend the workshop. This enabled them to take back to their respective regions ideas about dental outreach programmes. A comprehensive report of the workshop, including recommendations, was produced and published on the CDA website.

Commonwealth Health Ministers Meeting (CHMM) 2009

The CDA President-Elect and the Executive Secretary represented the CDA at the Commonwealth Health Ministers Meeting (CHMM) in Geneva in May 2009. The theme of the meeting was 'Climate Change and Health'.

Symposium on Migration of Health Workers (Botswana)

The Commonwealth Africa Migration Symposium took place in Gaborone, Botswana from 16-18 June 2009. The symposium was organised by the Commonwealth Health Profession Alliance and funded by the Commonwealth Foundation. Six dentists participated in the symposium: two each from Botswana and Kenya and one each from Tanzania and Uganda.

CDA Bulletin

The CDA Bulletin continues to be published and distributed mainly electronically. A few copies were printed internally at minimal cost - primarily for distribution to the

Continued on page 3

Commonwealth Foundation, the Commonwealth Secretariat, CDA Sponsors, CDA Corporate Members and at some special meetings.

One edition was published in December 2008 and another in July 2009 (prepared before the year end on June 30th).

It has now been decided that in future the two CDA Bulletins will be produced in January and July each year.

Others

In an historic move, the Commonwealth Health Professions Alliance (CHPA) was formed on 9th March 2009 (Commonwealth Day) and officially launched at the CHMM in May this year.

Membership in the first instance includes: the Commonwealth Pharmacists Association, the Commonwealth Association for Paediatric Gastroenterology and Nutrition, the Commonwealth Dental Association, the Commonwealth Medical Association, the Commonwealth Nurses Federation, the Commonwealth Association for Health and Disability and the Commonwealth HIV and IADS Action Group. The Commonwealth Nurses Federation agreed to act as Secretariat for the first twelve months.

The reasons for the formation of the CHPA were that:

- Such an alliance would promote greater collaboration and sharing of information;
- A unified position on issues would strengthen the position taken;
- The current informal network would be formalised.

During the period of this report, virtual meetings of the CDA Executive Committee conducted by e-mail continued regularly. Four such meetings took place during 2008/2009.

During the period covered by this report, CDA was represented at various local meetings and functions organised by the

Commonwealth Secretariat and the Commonwealth Foundation by UK-based CDA Executive Members (Executive Secretary, Treasurer, Regional Vice-President for Europe and the Administrator).

External Sponsorship

The Treasurer has continued to approach a large number of major dental companies with a view to obtaining sponsorship, but again most have declined.

A consistent theme is that they do not see the Commonwealth as an entity which would support their commercial activities.

We are changing our strategy to move towards local sponsorship of regional activities.

However, we did obtain support funding for our December 2008

Bulletin, using personal contacts within the UK dental profession.

We also obtained considerable funding from the International Life Sciences Institute and the National Australia Bank, towards the cost of our Triennial General Meeting in Singapore.

These will show in our 2009-10 Financial Accounts and Report. All the other avenues have proved unsuccessful. We remain pessimistic that – in the current global financial climate – there is any reasonable possibility that our activities will receive significant external sponsorship.

We will, of course, use our financial reserves to support these activities as long as this is viable.

Sam Thorpe

ACKNOWLEDGEMENTS

CDA thanks the Commonwealth Foundation for their funding and support. CDA also thanks the Commonwealth Secretariat for their support and encouragement.

The CDA is very grateful for the continued support of Dr Michael Knowles and other sponsors and Corporate and Individual Friends of CDA.

Presentation of CDA Honours to Prof. Martin Hobdell & Dr. John Hunt



Prof. Martin Hobdell and Dr. John Hunt with their CDA Awards. Also in the picture are Ms. Ulrike Mathesius, Dr. Anthony Kravitz and Dr. Sue Greening. The presentations took place at the BDA Headquarters in London.

FINANCIAL REPORT - JULY 2009

Dr Anthony S Kravitz OBE - *Treasurer*



Dr Anthony Kravitz

At the Triennial Meeting in Singapore in September I gave an overview to members present of our finances during the last three years.

However, I would not be a Treasurer if I was not an eternal pessimist about our funds – but I am afraid I am such a person in relation to the CDA currently.

Nevertheless, I will start with the positives. As I reported in Singapore, we did finish our last financial year with a small surplus of income over expenditure. And, because of the last minute sponsorship of £6,358 from the ILSI and the National Australia Bank, our budgeted deficit for the

Triennial Meeting – which was held during our current financial year - turned out to be much smaller than anticipated, at around £3,000. Also, we have received four subscription payments in recent weeks, amounting to just under £2,000 – although all four would normally have been received by the end of our financial year, in June. This means that by the end of 2009 we will have 18 fully paid-up member associations, but this compares unfavourably with our peak of 27 members, 15 years ago.

On the expenses side, the British Dental Association has continued to bill us a very conservative amount for their administration on behalf of our association – for which we are very grateful – and the Officers have taken on an increased activity on our behalf, without cost to us.

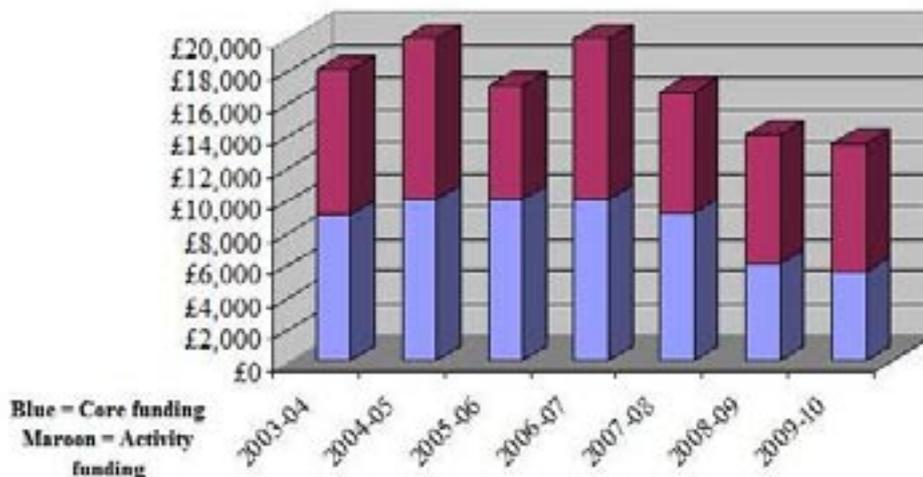
So, what are the negatives? Firstly our financial support from the Commonwealth Foundation, whilst very gratefully received, is shrinking year-on-year. As I write, we are awaiting the outcome of our bid for funds for 2010-11. But this is the position for the last seven years:

You will see that whilst “activity” funding, which supports our workshops, has remained relatively stable, our “core” funding, which pays for our administrative and general expenses, has been going down. This Foundation funding is now barely half of what it was just 5 years ago. The Foundation has expressed concern, on many occasions, that we are not raising enough of our income from subscriptions and sponsorship. We believe that these reductions in their funds may be linked to putting pressure on us to raise more ourselves.

The agreement, in Singapore, for an increase of 10% in subscription rates is very welcome in trying to balance our books, but unfortunately one of our larger paying members has indicated recently that they may not be continuing as a member next year. We are trying to persuade them to change their minds.

But, our biggest problem is the drying up of sponsorship, especially support through “CDA Friends” – both individual and corporate – and the lack of advertising in the Bulletin. We have also been turned down for financial support

Commonwealth Foundation funding 2003-10



for our activities by many, large international dental companies, citing a number of reasons including the current economic climate and the lack of relevancy (to them) of our organisation.

Notwithstanding this, we are looking outside the narrow, restricted sphere of dentistry to see where we might get support. To assist us with this we have received a promise of the expertise in these matters from a Canadian organisation who work in this field (of raising sponsorship from Commonwealth based companies), and at no cost to ourselves for their work. This support has come to us through an Alberta-based not-for-profit association of dentists.

Although we are planning two workshops in the next 12 months – in Colombo in May (during the APDF meeting being held there) and Lagos next November, the former will not prove to be a major draw on our funds. The Sri Lankan Dental Association have promised 100% financial support for our intrinsic costs, so we will only need to pay for travel costs for dentists from less developed countries in the region, who might not otherwise be able to attend and therefore request help from us.

We have asked the Nigerian Dental Association to look for local sponsorship to support our activity there and hopefully we will receive funding from the Foundation, as I mentioned above.

So, do I need to be pessimistic? Well, undoubtedly the outturn of this financial year (next June) will show a deficit for the year; and, we could be facing the same next year, also, unless all our member associations pay their full subscriptions on time and we find sponsors for our Bulletins and workshops. We do have sufficient reserves such that this will not create a crisis, but I do not like for us to run deficit budgets and so I am finding it hard to be an optimist!

Nevertheless, following the renewed enthusiasm for our organisation displayed at the

Triennial Meeting, I would very much hope that subscriptions will be paid on time, so that the Executive can concentrate on organising our very worthwhile activities in the knowledge that support for the CDA is continuing and gaining momentum. We still need to prove that we meant what we said – and if that is so, maybe my report in July will be more optimistic.

Anthony Kravitz

Treasurer, December 2009

Dental Digest

Causes of oral cancer – an appraisal of controversies

Warnakulasuriya S Brit Dent J (2009) 207: 471 – 475

Oral cancers are defined as cancers of the lip, tongue and mouth. When oral and oropharyngeal cancers are grouped together, they form the sixth most common cancer in the world. In order to plan effective preventive measures, it is important to understand the risk factors associated with oral cancer.

Key epidemiological studies from several countries have identified smoking and alcohol misuse as risk factors. Both cigar and cigarette smoking carry equal risk. Smokeless tobacco increases the risk. Betel quid chewing is an important risk factor. There is evidence to suggest that cessation of these habits leads to reduced risk although it may take up to 10 years to reach the low risk status of never users.

Infection with human papilloma virus infection is a risk factor particularly for the oro-pharynx. How this virus may inoculate the oral cavity remains controversial.

Immunosuppressive agents are associated with increased risk. Lip cancer is reported to be increased following kidney transplantation; tongue cancer may increase following use of azathioprine for the management of inflammatory bowel disease.

Low intake of fresh vegetables and fruits appear to be associated with an increased risk of oral cancer. Higher risks are also associated with a high intake of meat and processed meat products.

Lower socio-economic groups and those living in deprived areas show oral cancer more often. This unequal distribution is thought to be accounted for by a higher prevalence of smoking, alcohol use and poor diet. However, new research suggests that lower socio-economic status is an independent risk factor.

The following controversial factors have limited evidence: ethnicity and race; oral hygiene and dentition; indoor air pollution.

The following controversial factors have inconsistent, limited or no evidence: heredity and familial risk; marijuana smoking; khat chewing; nicotine replacement therapy; HIV infection; alcohol in mouthwashes.

It is important for dentists to recognise the major risk factors for oral cancer in their populations and take appropriate preventive measures.

CDA Administration

General Matters:

For queries of a general nature, and membership please contact the CDA Administrator:

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CDA Secretary Matters:

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Financial Matters:

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THE NAURU DENTAL DAY

A Dental day in Nauru was held on 30th September 2009 to promote Dental Health.

The Chief Guest was the Nauru Minister for Health, the Honorable Mathew Batsiua.

Also in attendance were the Ambassadors of Australia and Taiwan to Nauru.

The event was also attended by the Senior Managers of the Nauru Health Department and members of the community including school heads and students.

Approximately 75 people were in attendance.

The staff members gave 5 presentations on Dental Health topics:

1. Dental Caries
2. Smoking and Dental Health
3. Fluorides and Teeth
4. Tooth Erosion
5. Diet and Dental Health.

In addition, the week from 28th September to 2nd October was declared Dental Awareness Week.

Some of the activities undertaken included:

1. Visiting communities doing dental health promotion work
2. Organising a poster and essay competition for the school children and the winners were awarded prizes during the Dental Day
3. Visiting the Well Baby clinic to carry out dental health promotion amongst new mothers.
4. Visiting the Ante-Natal clinic to carry out dental health promotion amongst expectant mothers.
5. Visiting the Diabetic clinic to carry out dental health promotion amongst diabetic patients.
6. Making some TV/Radio advertisements containing dental health messages

7. Sending out dental health messages through Digicel mobile phones to the public

8. Printing and distributing T-shirts containing dental health messages

9. Leading the Wednesday Walk for Life around the airstrip. It is a Public Health initiative for physical activity. T-shirts were given to participants joining the work.

10. Production of dental health pamphlets.

The events were led by Dr. Neel Nitesh, Senior Dental Officer, Republic of Nauru.



The Minister of Health



The poster competition



Members of the community and students



The visitors who attended

ACTION AGAINST INFANT ORAL MUTILATION

Dr Rosemary Longhurst
BDS

The issue of Infant Oral Mutilation (IOM) has been a concern of the UK oral health charity Dentaid, since 1996. This followed a fact-finding visit to Northern Uganda by Peter Gardner, the charity's first Chief Executive. On this trip he witnessed, at first hand, the death of a baby girl from septicaemia. According to the hospital doctor, she had recently had some baby teeth buds gouged out with bicycle spokes.

It soon became clear that general awareness of IOM is negligible. There exists an increasing body of literature recording the practice but many governments and aid organisations are completely unaware of it.

Dentaid has set up an Action Group to raise awareness of this dangerous cultural practice of IOM, which is prevalent in the African countries of Chad, Ethiopia, Kenya, Somalia, Sudan, Tanzania, Uganda and DR Congo. There have also been reports of IOM being seen in immigrants from these countries to France, Israel, USA, Australia, Norway and the UK.

What is Infant Oral Mutilation?

IOM is the UK term for the traditional practice performed, usually by village healers, but also by others such as priests and midwives, as an accepted remedy for illness. In East African countries it is known by many names, such as "ebiino" in Uganda or "nylon/plastic/false teeth" in Tanzania and Kenya. Recent literature highlights that well-educated people, including dental practitioners and dental students also believe in existence of "nylon teeth".[1]

Infants presenting with diarrhoea and/or fevers, are subjected to the removal of unerupted deciduous teeth as the swelling of the gingivae is mistakenly thought to indicate the presence of "tooth worms".

The tooth buds, usually the canines, are prised out of the gum, without anaesthesia, with unsterile tools such as a bicycle spoke, a hot nail, a penknife etc.

Blood loss and shock due to the crude nature of the operation can lead to anaemia. The unhygienic methods can cause septicaemia, tetanus, transmission of blood-borne diseases such as HIV/AIDS, and can on occasion, be fatal. Long-term effects can include eradication and/or malformation of other primary and permanent teeth in the area.

What can be done to stop it?

The charity is aiming to raise awareness of the practice among governments, dental schools, health professionals, teachers, missionary societies and charity workers in Africa and in countries where immigrants settle. To this end, Dentaid has produced an introductory leaflet outlining the main facts of IOM and the ways in which it might be stopped.

This leaflet, together with a detailed Overview document on IOM and a Literature Analysis of published papers to aid those wishing to research the subject, may be downloaded and printed from:

www.dentaid.org

and then by clicking on Overseas Projects.

If you can use further printed copies of the IOM leaflet for distribution to health workers, teachers etc. these are available free of charge from Dentaid. Please contact Rosemary Longhurst at:

rosemary@dentaid.org

with your full details and the number you require.

Dentaid is producing culturally appropriate educational materials in partnership with Christian Relief Uganda's Dental Mission, for use in local African groups.

Further research into the prevalence of IOM in these and other countries is being encouraged.

For further information, or if you have know of evidence of IOM in any other countries, please contact:

info@dentaid.org

1. Kahabuka FK. The 'Nylon teeth myth' Tanzania Dental Journal May 2007 Vol 14.No. 1

Dentaid, Giles Lane, Landford, Salisbury SP5 2BG

www.dentaid.org

Dental Digest

The prevalence of postoperative pain and flare-up in single and multiple-visit endodontic treatment: a systematic review

Sathorn C, Parashos P & Messer H Int Endod J (2008) 41: 91-99

Root canal treatment is traditionally carried out over several visits. This is to ensure adequate cleaning and elimination of bacteria from the root canal systems (RCS) while allowing adequate operating time without tiring the patients. However, complete sterility of RCS is not achievable. With modern instrumentation techniques, root canals can be cleaned and shaped efficiently with less time than in the past. This has revived interest in single-visit endodontics.

This review analysed data from sixteen studies. The prevalence of postoperative pain ranged from 3 – 58%. The studies included in this analysis were too heterogeneous to yield meaningful results.

There is insufficient evidence to indicate whether prevalence of postoperative pain or flare-up following single visit endodontics is significantly different to that following multiple-visit endodontics.

CDA DECLARATION ON INFECTION CONTROL

CDA Policy Statement on Infection Control adopted following a workshop held in conjunction with the CDA Triennial General Meeting in Singapore 5th September 2009

The Commonwealth Dental Association (CDA) recognises that effective infection control in rural dental practices – especially in resource limited communities – is challenging.

However, the need for effective infection control cannot be ignored or downplayed, especially with the ongoing threat of the spread of highly infectious or easily communicable diseases, such as Hepatitis B and HIV/AIDS and outbreaks of pandemic influenza from time to time.

It is important for health authorities, working in partnerships with interested NGOs, to develop effective strategies to improve infection control measures. These strategies should encompass the protection of patients and also that of the dental health care workers who provide them with their oral health care.

The CDA is committed to offering its expertise in these matters, through its partner national dental associations, to improve the standard of infection control across the Commonwealth, especially in resource limited countries.

Recognizing the significance of infection control in maintaining optimal oral health care, the Association highlights the need for action at several levels.

CDA calls on:

National Governments to:

- Formulate policy guidelines detailing minimum standards of infection control to be implemented in all health facilities, be they state-run or private clinics. In doing so, the help and advice of the dental profession, and - where appropriate - relevant medical personnel, should be sought.

- Ensure that infection control forms an important component in curricula of oral health worker training institutions

- Ensure that there is regular training for all workers on most modern methods of infection control

- Provide resources to support effective measures of infection control at all levels and also for appropriate training of all health care personnel

- Ensure that infection control features in national health campaigns, to raise awareness of the issues amongst the general public, which will empower patients with knowledge and the need for information and control

- Engage with manufacturers of equipment to address the issue of the current high technology and the need to ensure that their equipment can be used in a rural setting.

National Dental Associations to:

- Include infection control as part of their publicity platforms

- Work in partnership with the industry to improve awareness of and the standards of infection control

- Seek to create a central resource which can be adapted for local use

- Take steps to formulate a Glossary of Terms so that everyone concerned with infection control speaks the same language

Dental Practices/Clinics to:

- Display posters showing what patients can expect by way of infection control

- Appoint a nominated staff member to take on the responsibility for overseeing infection control implementation in the practice, remembering the overall responsibility for ensuring implementation of infection control rests with the dental operator

(dentist, therapist, hygienist, prosthetist)

- Offer continuing training to all staff on modern methods of infection control

- Educate patients attending for treatment the significance of infection control

ANNOUNCEMENT

A Follow up meeting on Infection Control in Resource Limited Settings will be held in Colombo, Sri Lanka during the Asian Pacific Dental Congress. The Congress is due to be held from 12 – 16 May 2010.

The Agenda is as follows:

1. Welcome / Introduction.
2. Table the CDA policy statement on Infection Control.
3. Reports from Regional VP / NDA's (South East Asia Region) To be submitted by the 1st May 2010. The reports will contain action already taken and plans for the future.
4. Barriers to implementation of measures as outlined in the CDA policy document.
5. Future plans / action plans (for South East Asia).
6. Agree on a date for next review of regional progress.
7. Close

CONTACT INFORMATION

CDA now uses electronic information as its primary means for communication so it is important that it has an up to date record of E-mail addresses. People do occasionally change their E-mail address so please keep us up to date with yours.

REPORT OF THE 6TH TRIENNIAL MEETING

Singapore, 5th September 2009

Dr Sam Thorpe OOR - CDA Executive Secretary

INTRODUCTION

The 6th Triennial Meeting of the Commonwealth Dental Association (CDA) took place at the Suntec International Conference Centre, Singapore on 5th September 2009.

The programme included a Workshop chaired by Dr John Hunt (CDA Regional Vice-President for Europe) followed by the Triennial General Assembly, chaired by Professor Jacob Kaimenyi (CDA President).

CDA WORKSHOP

The CDA Workshop took place in the morning of Saturday 5th September. There were 35 participants from 15 Commonwealth countries and the theme was: *The Challenges of Infection Control in a Rural Dental Practice*.

The following were the objectives of the Workshop:

- To make the oral health personnel – dentists, dental hygienists, therapists and clinical dental and laboratory technicians - aware of the need for appropriate infection control in a rural setting
- To enable them make use of the facilities available in that setting
- To empower them with the expertise to upgrade the techniques they are using at present, in order to bring about some improvement within the resources available.

During the first plenary session, there were three presentations:

- *Improving Infection Control in Resource Limited Settings*, by Associate Professor Robert Yee (Singapore)
- *Training and Monitoring for Infection Control in Rural and Urban Settings*, by Associate Professor Sanjay Joshi (India)
- *Update on Infection Control and Antibiotic Prophylaxis in*

Dentistry, by Dr Christopher Vincent (Malaysia).

The presentations were followed by three working group sessions to examine the following topics:

- How to raise awareness on infection control
- The role of governments on infection control
- Cost effective methods of training in infection control.

There was a second plenary session during which the working groups presented their reports. This was followed by lively discussions at the end of which a CDA Policy Statement on Infection Control was adopted.

CDA GENERAL ASSEMBLY

At the CDA General Assembly which took place in the afternoon; there were 40 representatives from the following 16 Commonwealth countries: Australia, Bahamas, Canada, The Gambia, India, Kenya, Malawi, Malaysia, Nigeria, Pakistan, Sierra Leone, Singapore, South Africa, Sri Lanka, Tanzania and the United Kingdom.

President's address

In his report, the outgoing President Professor Jacob Kaimenyi thanked members for the support accorded him and the entire CDA Executive in the discharge of their duties. He paid special tribute to the late Julia Champion who had died so unexpectedly in November 2007.

He highlighted the aims and objectives of the CDA and stated that when elected into office in 2006, the Executive members promised to do all they could to meet these aims and objectives, with a view to making it a vibrant body. He then catalogued the achievements and activities of CDA for the past five years, which demonstrate that the Executive "had done the Association proud".

However, he noted that the Executive committee experienced real challenges in the course of its duties and listed the following as some of the challenges:

- Delayed payment of subscriptions by some NDAs;
- Reluctance of a few key Commonwealth countries to pay their subscriptions;
- Failure of some NDAs to respond to questionnaires sent to them by the CDA;
- Irregular quarterly reports by some Regional Vice-Presidents;
- Non-participation in CDA electronic meetings by some Executive committee members;
- Decreasing funding from the Commonwealth Foundation
- Inadequacy in the number of dentists who attend workshops and other professional meetings organised by the CDA.

He stressed that these challenges were not unique to CDA, but were shared by other Commonwealth health professional associations and national dental associations. He urged members to work hard and devise innovative ways of facing these challenges. Finally, Professor Kaimenyi thanked the CDA Treasurer, Executive Secretary and Editor for their work; he also thanked all those who have continued to fund the activities of CDA.

The Executive Secretary's Report

The Executive Secretary, Dr Sam Thorpe, in his report, highlighted some major achievements of the CDA during the 2006 to 2009 triennium. These included:

- the system of *Virtual* meetings of the CDA Executive Committee - conducted by e-mail - which made it possible for Committee meetings to be held regularly;

- preparation and adoption of 'Guidelines for Hosting CDA Triennial Meetings';
- preparation and adoption of 'Welcome Pack for New CDA Executive Members';
- and participation of the CDA at the annual meetings of Commonwealth Health Ministers Meetings in Geneva and the Commonwealth People's Forum in Uganda in November 2007.

He also made special mention of the CDA workshop on 'The Integration of Oral Health Workers in Disaster Management' in Australia in May 2008; and the workshop on 'Training of Rural Clinical Officers in Urgent Oral Treatment' in Tanzania in February 2009, in collaboration with Bridge2Aid and the Tanzania Dental Association.

He mentioned the appointment of Ms Ulrike Matthesius as the new CDA Administrator in April 2008 following the death of Mrs Julia Campion, and stated that in future only two CDA Bulletins will be published every year, in January and in July.

He noted the formation of the Commonwealth Health Professions Alliance (CHPA) in March 2009, the founding membership of which includes the CDA. He stated that UK-based CDA Executive members regularly represented the Association at various meetings and functions in London organised by the Commonwealth Foundation, the Commonwealth Secretariat and other organisations. Finally, Dr Thorpe thanked the Commonwealth Foundation, Dr Michael Knowles, Quayle Dental Manufacturing Company and all others who supported the CDA financially and otherwise during the past three years.

The Treasurer's report

In his financial report, the Treasurer Dr Anthony Kravitz, outlined the sources of income which in 2008/2009 came mainly from the Commonwealth Foundation (61%) and subscriptions from NDAs and CDA Friends (31%).

Principal expenditure during the same period was for conferences and workshops (66%) and Administration (26%). The costs for the CDA Bulletin were now not exceeding 1%.

He stressed the fact that although the Commonwealth Foundation continued to be the biggest contributor to the income of CDA, its contributions have been gradually reduced:

| | |
|-----------|-----------|
| 2006/2007 | (£20,000) |
| 2007/2008 | (£16,660) |
| 2008/2009 | (£14,000) |
| 2009/2010 | (£13,500) |

Proposals by Dr Kravitz for the Triennium starting January 2010 were unanimously adopted:

- Subscriptions to be raised by 10% to 13.3 pence per member;
- The minimum subscription to be raised to £35;
- The maximum subscription to be limited to £2,000.

The Regional Vice Presidents' reports

CDA Regional Vice-Presidents for South-East Asia, West Africa, Europe and the Pacific presented brief reports on significant activities in their respective regions during the triennium.

Proposals

After the presentation of all the reports, the Assembly discussed a formal proposal on the future of the CDA. The proposal put forward by the British Dental Association called for suspension of the constitution and activities of CDA for a period of two years to enable CDA to review its recent work and explore whether it continues to have a purpose in the support of Commonwealth dentists. Dr Anthony Kravitz (CDA Treasurer) introduced the proposal. He commenced by offering the formula:

$$\text{Enthusiasm} + \text{Finance} = \text{Success}$$

He presented several instances of the lack of enthusiasm in the activities of the CDA, as well as non-payment of subscriptions by

many NDAs. During a lengthy debate that followed, several country representatives spoke against the proposal, after which Dr Kravitz suggested that a motion was adopted for the proposal to be withdrawn. It was agreed that restoring enthusiasm for CDA activities had been achieved. It was therefore not necessary to discuss a further proposal from the Sri Lanka Dental Association which reaffirmed that the CDA had contributed significantly to the improvement of oral health especially of the people of less developed Commonwealth countries and called on the Association to continue this laudable service.

Constitution

The General Assembly then adopted several amendments to the current CDA Constitution, presented by Dr Kravitz. He said that copies of the updated Constitution will be sent to all NDAs.

Regarding the next agenda item "An open forum on the Millennium Development Goals (MDGs)", it was agreed that NDAs would provide feedbacks from their meetings within three weeks of the end of the present triennial meeting.

Elections

The election of Officers for the period 2009 to 2012 was then conducted. The new CDA Executive Committee is now composed of the following officers:

- President
Dr Hilary Cooray (Sri Lanka)
- Executive Secretary
Dr Sam Thorpe OOR (Sierra Leone)
- Treasurer
Dr Anthony Kravitz OBE (UK)
- President-Elect
Dr William O'Reilly (Australia)
- Immediate Past-President
Prof Jacob Kaimenyi (Kenya)
- Regional Vice-Presidents:
 - Europe
Dr Sue Greening (UK)

- South East Asia
Dr Lee Soon Boon
(Malaysia)
- Pacific/Australasia
VACANT
- Canada/Caribbean
Dr Tanya Mortemore
(Bahamas)
- West Africa
Prof Adeyemi Olusile
(Nigeria)
- East, Central and
Southern Africa
Prof Flora Fabian-Taylor
(Tanzania)

The following were appointed to support the Executive Committee:

- CDA Administrator
Ulrike Matthesius (UK)
- Editor CDA Bulletin
Professor D Y D
Samarawickrama (UK)

Installations and Awards

The election of officers was followed by:

- the installation of the new CDA President for the 2009-2012 Triennium by the outgoing President;
- the installation of the Immediate Past-President by the new CDA President.

In his installation address, the new CDA President, Dr Hilary Cooray, thanked all NDAs in the Commonwealth and the Executive for electing him as their President for the period 2009/2012.

He said that he accepted the prestigious office with utmost humility and promised to strive to do his best to fulfil the aims and objectives of the Association.

He gave a brief history of the CDA, highlighting its aims and objectives and recalling his predecessors who had provided the Association with good leadership.

He noted that the Commonwealth was unique in that it consists of nations of many diversities such as race, colour, religion, language, culture, health and wealth, and that

it is rich in professional networks, of which the CDA is one.

Dr Cooray assured the meeting that he and the new Executive would strive harmoniously and diligently to share new ideas and expertise in oral health care from all regions of the world.

Finally, he emphasised the fact that to assist in improving the oral health of the people of the Commonwealth, the full cooperation and support of all members of the Association would be needed.

Dr John Hunt one of the two nominees for the first CDA Awards, for outstanding and dedicated service to the CDA, was presented with his certificate by the CDA President.

The other nominee, Professor Martin Hobdell, had received his certificate the day before, as he was leaving Singapore.

Inscribed cut glass bowls, pictures of which were shown on the screen, will be presented to the two recipients in London at a later date.

All participants were hosted to a Reception at the end of the Triennial Meeting.

FIRST MEETING OF CDA NEW EXECUTIVE

The new CDA Executive held its first meeting in the Pan Pacific Hotel, Singapore on Sunday 6th September 2009. Among the issues discussed were:

- Revision of the current CDA Standing Orders;
- Projects/Activities for the new triennium including the next CDA Triennial Meeting ;
- Financial matters including funding submission for 2010/2011 to the Commonwealth Foundation;
- CDA Bulletin including news from the Regions;
- Participation of CDA Executive members in electronic meetings.

CONCLUSION

The CDA 6th Triennial Meeting was very successful.

The CDA thanks its sponsors – the Commonwealth Foundation, ILSI (Dr Mike Knowles) and the National Australia Bank – without whose generous funding support the meetings could not have taken place.

The CDA would like to thank also the FDI World Dental Federation and all concerned for the excellent arrangements for the meeting. Everybody enjoyed the very polite and extremely warm Singapore hospitality.

Dental Digest

Periodontal disease and coronary heart disease incidence: a systematic review and meta analysis

Humphrey LL Fu R, Buckley DI, Freeman M & Helfand M J gen Intern Med (2008) 23: 2079 - 2086

Many studies have shown a relationship between periodontal disease (PD) and coronary heart disease (CHD). However, the exact mechanism of this association is not clear. Part of the difficulty in understanding this is due to the fact that different studies have used different indices such as bone loss and tooth loss as markers of PD.

In this meta analysis, the authors have weighted the results on the basis of quality of evidence. Some of the seven studies analysed showed that PD was independently associated with increased risk of CHD. Summary risk estimates ranged from 1.24 (95% confidence interval CI) to 1.34 (95% CI).

PD is an independent risk factor or marker for CHD.

PHOTOGRAPHS TAKEN AT THE 6TH TRIENNIAL MEETING



The 6th Triennial Meeting in progress



Delegates who attended the Triennial Meeting



Dr John Hunt addresses the Triennial Meeting



Outgoing President Professor Jacob Kaimenyi presenting the President's badge to the incoming President Dr Hilary Cooray



Dr Hilary Cooray pins the past President's badge on Professor Jacob Kaimenyi



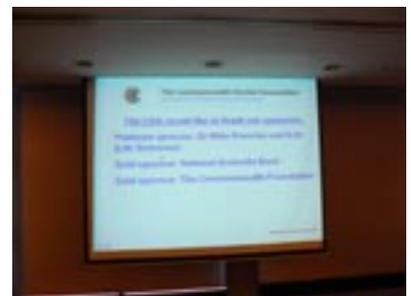
Dr Sam Thorpe, CDA Executive Secretary, presents the Association's Triennial Report



*The first Meeting of the new Executive Committee
From left to right:
Dr. Anthony Kravitz, Dr. Sue Greening, Dr. Sam Thorpe, President Dr. Hilary Cooray, Professor Flora Fabian-Taylor, Professor Jacob Kaimenyi, and Dr. Lee Soon Boon*



President-elect Dr William O'Reilly addresses the meeting



*The screen says that CDA would like to thank its sponsors:
Platinum: Dr Mike Knowles and ILSI (Life Sciences)
Gold: National Australia Bank
Gold: The Commonwealth Foundation*

FOR THE RECORD: CDA ACTIVITIES 2000 - 2009

Dr Sam Thorpe OOR - CDA Executive Secretary

The Commonwealth currently accounts for around 1,500 million people, one quarter of the world's population, who live within its 53 constituent countries. These countries vary enormously in size, from India, Pakistan, the UK, Australia and Canada on the one hand to Kiribati and Vanuatu on the other. Some are amongst the poorest in the world and some amongst the richest, but they are drawn together by a common language (English), historical ties, educational links and similar legal and business cultures.

It is the bond between the individuals of these countries which helps to forge the links and develop the Commonwealth bodies which, in their turn, can facilitate the exchange of information and provide assistance for the less developed countries.

History of the CDA

It was in this spirit that the Commonwealth Dental Association (CDA) was established. It is one of the 202 non-governmental organisations that are "very much the lifeblood of the official Commonwealth" and was formed in May 1990 by a decision of delegates from 23 commonwealth countries meeting in London. Its official launch followed almost a year later in Kuala Lumpur when the then Prime Minister of Malaysia, headed the inaugural celebrations.

The Association's principal objectives are to assist in the promotion of oral health and the development of primary oral health care strategies especially in the less well developed countries. To this end one of its more important achievements to date has been to obtain 'observer status' to the Commonwealth Health Ministers Meetings which precede the World Health Assemblies in Geneva each May. This entitles the CDA to receive documents on

Commonwealth health matters as well as attending meetings of the Health Ministers. The challenge here is to raise the awareness and stress the importance of oral health in the minds of the decision makers.

Several workshops have been held throughout the Commonwealth usually in cooperation with the national dental associations. The format and subjects have varied considerably. The CDA developed *Guidelines for formulating oral health policy for Commonwealth countries* and these guidelines are a tool to persuade governments of the need to develop such policies within their overall health strategies.

Over the years since its foundation the CDA has participated in or arranged many workshops, the first being an HIV/AIDS Cross Infection Control Workshop in Jos, Nigeria in March 1992, sponsored by the WHO and the World Dental Federation (FDI). This dwelt on the role and responsibility of oral health personnel in the presentation, diagnosis, infection control and care of HIV/AIDS patient with special reference to Africa. Delegates from eleven African countries participated in this workshop which clearly demonstrated the value in sharing information and experiences.

One of the significant changes that has emerged during the last few years is the movement away from the Commonwealth simply being centred in the United Kingdom to a matrix of individuals and organisations stretched across the Commonwealth countries participating in exchanges of dialogue and communications stretched across more than 50 nations. Such exchanges require a network of interested and committed individuals and the establishment of such a network within the dental profession is one of the most important aspects of

the work of the CDA. Such links are fostered and reinforced by attendance at conferences and congresses and it has been most encouraging to witness the increasing number of participants especially from the African countries. Often delegates to our meetings are sponsored by the CDA through funding from the Commonwealth Foundation.

The Association thus uses the opportunity of NDAs attending FDI congresses to enable networking and to hold regular CDA business meetings. However, between these congresses the CDA uses modern methods of communication. Telephone conversations, faxes and now e-mail allow speedy transmission of the spoken and written word and hardly a day goes by during which no contact is made between the offices and members of the Association.

Membership of the Commonwealth Dental Association is open to all national dental associations within the Commonwealth, who contribute by way of a yearly subscription. Additional and substantial funding has been made available by the Commonwealth Foundation whose support for the Association since its inception has been laudable. Many individuals have also made enormous contributions to the work of the Association.

General Meetings

At the inaugural meeting of the CDA in 1991, Dr Sonny Akpabio became the founder President. *The First Triennial Meeting* was held in Trinidad in July 1994, when Dr Ratnesan of Malaysia became the second President. Infection Control was the subject of a concurrent workshop organised jointly by the CDA and the Dental Association of Trinidad and Tobago. In developing countries there are enormous difficulties in conforming to reasonable standards which are the norm

in the more affluent countries. The shortage of resources and of trained manpower presents problems which were explored in this forum.

In June 1997 the *Second Triennial Meeting* was held in the United Kingdom in conjunction with the Annual Conference of the British Dental Association in Bournemouth. The theme of that CDA meeting was '*Fluoride – Its Benefits and Dilemmas in Dental Public Health*'. At this meeting Dr Victor Eastmond, from Barbados, was installed as the third President of the CDA. It was during his term of office that the CDA began to participate in the Commonwealth Heads of Government Meetings (CHOGM). In October 1997, in Edinburgh, a display stand was mounted demonstrating the importance of oral health, and at a meeting in South Africa (November 1999) the CDA, in collaboration with the South African Dental Association, again mounted a display and held a seminar on HIV/AIDS, Child Abuse, and NOMA.

The *Third Triennial Meeting* was held in Delhi, India, in January 2000 in conjunction with the 54th Annual Conference of the Indian Dental Association. The joint meeting had the theme '*Oral Health – Equity and Excellence in the new Millennium*'. Dr Brian Mouatt was installed as the President and under his guidance a comprehensive list of activities was planned. These included promoting the use of the *Atraumatic Restorative Technique (ART)* within developing Commonwealth countries; collection of data for *Fluoride Mapping and Screening*; *Distance Learning initiatives* and work on *HIV/AIDS, Oral Cancer and Noma*. The very successful programme of supplying used computers to dental personnel in Commonwealth countries was continued and was extended to include the distribution of textbooks and journals.

The *Fourth Triennial Meeting* was held in Nairobi, Kenya (13-14 December 2003). It was arranged in collaboration with the

Kenya Dental Association's and the FDI World Dental Federation's *Continuing Education Programme*. It was the FDI's first attempt in bringing continuing education on a regular basis to dentists in Africa. Sixty eight delegates attended, representing 16 countries (Bahamas, Botswana, Fiji, Ghana, India, Kenya, Malaysia, New Zealand, Nigeria, Sierra Leone, South Africa, Sri Lanka, Swaziland, Tanzania, Uganda and the United Kingdom).

In the business meeting, Dr L K Gandhi (India) was installed as the President for a three-year term of office and the Officers of the CDA were elected. A new CDA Executive Secretary, Dr Sam Thorpe (Sierra Leone), and Treasurer, Dr Anthony Kravitz (UK) were elected. During the CDA General Assembly the title *Emeritus Founder President* was conferred upon Dr S Prince Akpabio (Founder President 1991-1994 and Executive Secretary 1994-2003) in acknowledgement of the distinguished service he had given to the Commonwealth Dental Association.

The *Fifth Triennial Meeting* took place at the Bandaranaike Memorial International Conference Hall Colombo, Sri Lanka from 1 to 3 December 2006. The meeting was hosted by the Sri Lanka Dental Association, as part of their *Continuing Education Programme*. The theme was: *Yesterday, Today and Tomorrow*.

The Continuing Education Programme was held over three days and included lectures by eminent speakers, symposia, free communications, poster presentations and a trade exhibition.

On Saturday 2 December, there was a CDA Symposium followed by the CDA General Assembly. The Symposium opened with the theme "*Oral Health Workforce in the*

Footnote 1

Most associations pay a minimum subscription and small countries (with less than 10 dentists) do not pay anything

Commonwealth" with lectures on *Continuing Education*, by Professor Martin Hobdell, *Dental Auxiliaries Across the Commonwealth*, by Dr Anthony Kravitz and *the Impact of a World Dental Organisation (FDI) on the Daily Practice of each Dentist World-Wide*, by Dr Michèle Aerden (President, FDI World Dental Federation).

The presentations were followed by three working group sessions to examine the following topics:

- "*Training Appropriate Personnel to Demands in each Category including Auxiliaries*"
- "*Regulations, Licensing, CPD and Ethics*"
- "*How the Workforce could be Retained in Their Own Economy*".

Following a second plenary session during which the working groups presented their reports a *Statement on the Oral Health Workforce* was adopted.

At the CDA General Assembly which took place in the afternoon, 13 countries were represented: Australia, Bahamas, Botswana, India, Kenya, Malaysia, Nigeria, Pakistan, Sierra Leone, Singapore, Sri Lanka, United Kingdom and Zambia.

Professor Jacob Kaimenyi (Kenya) was installed as the President for a three-year term of office and the Officers of the CDA were elected. Executive Secretary, Dr Sam Thorpe (Sierra Leone) was re-elected as was Treasurer, Dr Anthony Kravitz (UK). During the CDA General Assembly changes to the CDA constitution were again agreed.

During the whole period from 1990 until November 2007 the CDA was administered by Mrs Julia Champion. However, after a short illness, Mrs Champion was tragically taken from us when she died on November 9th 2007.

The *Sixth Triennial Meeting* took place at a meeting in Singapore, held at the same time as the World Dental Congress of the FDI, on Saturday September 5th 2009.

The meeting was preceded (in the

morning) by a half-day workshop entitled "The challenges of infection control in resource limited settings". Thirty-Five delegates from 15 countries attended. Presentations were made by three speakers:

Prof R Yee (Singapore) – "*Improving infection control in resource limited settings*"

Prof S Joshi (India) – "*Training and Monitoring for Infection Control in Rural and Urban Settings*"

Dr C Vincent (Malaysia) – "*Update in infection control and antibiotic prophylaxis in dentistry*"

The presentations were followed by working groups, whose reports were later incorporated into a CDA Policy on Infection Control.

At the General Assembly which took place in the afternoon, 16 countries were represented: (*Australia, Bahamas, Botswana, India, Kenya, Malawi, Malaysia, Nigeria, Pakistan, Sierra Leone, Singapore, Sri Lanka, United Kingdom and Zambia*).

Dr Hilary Cooray (Sri Lanka) was installed as the President for a three-year term of office and the Officers of the CDA were elected. CDA Executive Secretary, Dr Sam Thorpe (Sierra Leone) was re-elected as was Treasurer, Dr Anthony Kravitz (UK).

During the CDA General Assembly changes to the CDA constitution were agreed.

MEMBERSHIP

Open to National Dental Associations (NDAs) in Commonwealth countries.

REGIONAL ORGANISATION

The Commonwealth Dental Association is organised under the 6 Commonwealth Regions:

- (1) Europe
- (2) South East Asia
- (3) Pacific/Australasia
- (4) Caribbean/Canadian
- (5) West Africa
- (6) East, Central and Southern Africa

Other CDA activities

August-September 2000: Harare, Zimbabwe IADR/CDA Workshop

The CDA held a workshop in collaboration with the International Association for Dental Research (IADR) on the Appropriate Research and Development of the ART Technique (Atraumatic Restorative Technique). Dr Brian Mouatt (CDA President) gave a review of the science behind the Atraumatic Restorative Technique (ART) and a detailed look at the chemistry of glass ionomers, and Dr S Prince Akpabio (CDA Executive Secretary) described the use of the technique in practice.

November-December 2000: Paris, France FDI 2000

The CDA was represented at the International Dental Federation (FDI) World Dental Congress. CDA's half-day seminar, chaired by Dr Brian Mouatt (CDA President), was attended by representatives from the Bahamas, Botswana, Ghana, India, Malaysia, South Africa, UK and Zimbabwe, included 2 presentations entitled 'Links with the World Health Organisation' and 'The FDI Developing Countries Fund', followed by an Open Forum.

March 2001: London, UK CF Commonwealth Fellow

A CDA nominee, Dr Dileep De Silva from Sri Lanka, was awarded a Commonwealth Foundation Fellowship and came to London in March 2001 to undertake the Commonwealth Foundation's programme. Dr De Silva's chosen research project was a 'Survey on Community based Oral Health Care Systems' and as part of this he had meetings with the Chief Dental Officer for England, the Department of Health, the Department of Epidemiology & Public Health, University College London Medical School and the Department of Conservative Dentistry, Royal London Hospital.

April 2001: Geneva, Switzerland WHO Consultation Meeting

The Commonwealth Dental Association was represented at the WHO Consultation Meeting on Oral Health Promotion and Oral Disease Management. The objectives of the consultation meeting were:

- To outline evidence-based policy for improving global oral health with emphasis on disadvantaged populations, with recommendations for WHO.
- Review common risk factor approach in health promotion and oral disease prevention.
- Discuss opportunities for including basic oral health activities into Primary Health Care.

May 2001: Geneva, Switzerland Pre-WHA Meeting

At the 34th Pre-WHA Commonwealth Health Ministers' Meeting on Sunday 13 May 2001, The Commonwealth Oral Health Statement, initiated by the CDA, was unanimously approved and adopted by the Commonwealth Health Ministers. CDA, together with the International Life Sciences Institute (ILSI), hosted a Reception for the Commonwealth Health Ministers; this was funded by ILSI

June 2001; London, UK Adopt-a-Dentist Scheme

The CDA's Adopt-a-Dentist scheme was officially launched at the Local Dental Committees Conference on 14 June 2001. Dentists throughout the Commonwealth were invited to join the scheme giving them the opportunity to exchange views and to send professional journals, books, materials and even equipment to their named contact in the other country. The scheme was supported by colleagues from India, Kenya, Nigeria, Seychelles, Tanzania, United Kingdom and Zimbabwe.

June 2001: Nassau, Bahamas CARDA Meeting

While in Nassau, at the 11th

Biennial Conference of the Caribbean Atlantic Regional Dental Association (CARDAs) the CDA's representative, Dr Brian Mouatt (CDA President), also had a meeting with the Minister of Health (Bahamas) to discuss CDA activity in relation to educational initiatives and risk management, also a courtesy meeting at Government House with the Governor General. Dr Brian Mouatt was also given an opportunity to address the CARDAs AGM to expand on the virtues of CDA.

September–October 2001: Kuala Lumpur, Malaysia FDI 2001

During the FDI World Dental Congress in Kuala Lumpur CDA held a half-day seminar (28.9.01) focussing on HIV/AIDS. As Dr Brian Mouatt (CDA President) was unable to be present, Dr T Thurairatnam (CDA Regional Vice-President for South-East Asia) took the Chair. Two presentations were given by Dr S P Akpabio (UK) on 'HIV/AIDS – The Global Picture' and by Dr K Ranganathan (India) on 'HIV/AIDS – The Asian Experience'.

An Open Forum followed. At this FDI Congress Dato Dr A Ratnanesan (who was CDA President 1994-97) was elected as FDI President; he attended the CDA Seminar.

October 2001: Brisbane, Australia Commonwealth People's Centre

Although the Commonwealth Heads of Government (CHOGM) was postponed until March 2002, the Commonwealth People's Centre went ahead as planned. CDA was represented by the Executive Secretary and helped to produce the Communiqué.

October 2001: Barbados, West Indies Barbados Dental Council

A CDA representative acted as External Supervisor of the first examination to be held by the Barbados Dental Council (BDC). The written examination consisted of a multiple choice question paper

and an essay question paper. The clinical/practical examination consisted of practical exercises covering operative, endodontic, periodontal and prosthetic disciplines. No oral surgical skills were tested.

November 2001: Christchurch, New Zealand 13th CHMM

The CDA was represented and participated in the 13th Commonwealth Health Ministers' Triennial Meeting (13CHMM) and also at the 2-day (23-24.11.01) Non-Governmental Organisations' (NGO) Workshop which preceded it.

March 2002: Diet, Nutrition & Prevention of Dental Caries

The Commonwealth Dental Association published a paper on Diet, Nutrition and the Prevention of Dental Caries.

May 2002: Montreal, Canada Canadian NDA Meeting

The CDA was represented, by Dr Victor Eastmond (CDA Immediate Past President), at the 100th Anniversary of the Canadian Dental Association held in conjunction with the Quebec Association, which celebrated its 31st Anniversary.

October 2002: Vienna, Austria FDI 2002

During the FDI World Dental Congress in Vienna CDA held a half-day seminar (2.10.02), chaired by Dr Brian Mouatt (CDA President), focusing on Partners in Oral Health. Presentations were given by Dr Habib Benzian (FDI) on 'The Role of FDI'; Dr Brian Mouatt (CDA) on 'The World Dental Development Committee'; Dr David Purdell Lewis (Unilever) on 'Questions to Industry'; Dr Jenny Wordly (Dentaid) on 'Dentaid – Dentistry and Oral Health in the Developing World'; Dr S Prince Akpabio (CDA) on 'The Role of the Commonwealth' and Dr L K Gandhi (CDA) on 'Aid in India'. The last item on the agenda was an Open Forum; this was followed

by an informal reception.

January 2003: Kuala Lumpur, Malaysia Commonwealth Medico-Legal Conference

Dr T Thurairatnam (CDA Regional Vice-President, SE Asia) represented the CDA at the Commonwealth Medico-Legal Conference. It was jointly organised by the Commonwealth Medical Association, Commonwealth Dental Association, Commonwealth Lawyers Association and the Royal Commonwealth Society of Malaysia.

At the conclusion of the conference the following Resolution was adopted:

'This Conference Advocates that the various national Medical, Dental and Legal Associations of the Commonwealth countries discuss and actively move towards the formation of a Commonwealth Medico-Legal Society for the mutual benefit of the Medical, Dental and Legal professions as well as the people of the Commonwealth'.

March 2003: Trinidad, West Indies Quality Assurance

The CDA was invited to be part of a small team to conduct a Review of the UWI's School of Dentistry which was built and equipped in the late 1980s and the first students enrolled in 1989. The main task of the Team was to review the aims and objectives of the School and the degree to which the curriculum had been designed to deliver those aims and objectives. The currency, relevance and appropriateness of the curriculum as well as the range and appropriateness of the teaching strategies, the learning opportunities and the assessment methods were looked at – as well as the adequacy of the human and physical resources and the quality assurance procedures in place. The Review Team visited the School for five days during which time they observed:

- Classes in action
- Practical work in the phantom

head laboratory

- Operative work on patients in the poly-clinic and children's clinic

They also toured the library which has an extensive range of journals, books and videos and other distance learning materials. At the end of their visit the Review Team submitted a Report to the University of the West Indies.

April 2004: Nairobi, Kenya Oral Health Planning Conference

Dr Sam Thorpe (CDA Executive Secretary) represented the CDA and gave a paper at the FDI/WHO Planning Conference for Oral Health in Africa, at which Ministers of Health and Senior Government Officials participated. The principal outcome was the Nairobi Declaration on Oral Health in Africa. This was the first time that African Ministers of Health and Senior Government Officials have met solely to discuss Oral Health matters in Africa.

May 2004: Geneva, Switzerland Commonwealth Health Ministers Meeting

Dr L K Gandhi (CDA President) represented the CDA on the Commonwealth Advisory Committee for Health (CACH) and at the Commonwealth Health Ministers' Meeting (CHMM) in Geneva.

September 2004: New Delhi, India CDA Meeting & Seminar on Oral Cancer

The CDA held a meeting, chaired by their President (Dr L K Gandhi) during the FDI World Dental Congress in New Delhi. One of the items discussed was the Oral Cancer Seminar which they had attended that morning.

January 2005: Bangalore, India Oral Health Conference

The CDA President, Dr L K Gandhi, was invited by The Commonwealth Association for Mental Handicap and Developmental Disabilities (CAMHADD) to represent the CDA at this conference which was organised by CAMHADD

and WHO. Dr Gandhi was the moderator of two plenary sessions on 'Global Challenges to Oral Health Promotion', 'The Burden of Oral Diseases in Children and Adolescents in Asia' and the 'Role of Tri-Sectors: Government, Private Sector and Civil Society to Promote Oral Health as a Component of Healthy City Project'.

May 2005: Geneva, Switzerland Commonwealth Health Ministers Meeting

Dr John Hunt (CDA Regional Vice-President for Europe) and Dr Anthony S Kravitz (CDA Treasurer) represented the CDA at the Commonwealth Health Ministers' Meeting (CHMM) in Geneva.

September 2005: Montreal, Canada CDA/Caribbean HIV/AIDS Seminar & Open Meeting

The CDA held a very successful half-day seminar to bring awareness of HIV/AIDS and cross infection to the Caribbean Region. This was followed in the afternoon by an Open Meeting to give feedback on the morning seminar and to discuss other issues relevant to the CDA.

October 2005: Abuja, Nigeria Joint NDA, CDA and FDI meeting

The CDA participated in a joint Continuing Education Programme of the Nigerian Dental Association and the FDI World Dental Federation, in Abuja, Nigeria (October 2005). Among the topics covered were Common Oral Infections, Infection Control and HIV/AIDS in Dental Practice and the Migration of Health Workers.

November 2005: Valletta, Malta Seminar at the Peoples' Forum, CHOGM

The CDA in collaborated with the Commonwealth Pharmaceutical Association, the Commonwealth Nurses Federation and the Commonwealth HIV/AIDS Action Group/Para55 in holding a one-day seminar on 'Global Health – Networking for Better Outcomes'. There were two sessions on 'HIV/

AIDS – Access to Treatment and Care' and 'Migration of Health Workers – The Global Impact'. At the end of the seminar a Communiqué was delivered to the Commonwealth Foreign Ministers who met immediately prior to CHOGM.

November 2005: Suva, Fiji Pacific Regional Meeting

The CDA is held its first Pacific Regional Meeting in collaboration with the Fiji Dental Association, to establish the Pacific Region of the CDA and to discuss the Role of Dental Auxiliaries. Oral health is regarded a low priority in the health sector, therefore, the meeting was an opportune time for representatives from 10 national dental associations in the region to emphasize the mounting oral health problems. Countries represented at the meeting were Fiji, Australia, Samoa, Tonga, Solomon Islands, Papua New Guinea, Vanuatu, Cook Islands, Kiribati and Tuvalu – with participation from India and the UK also.

March 2006: London, UK Planning Conference

The CDA participated in a two-day conference held in London (21-22 March 2006) on Mobilising the African Diaspora Health Care Professionals and Resources for Capacity Building in Africa'. Dr John Hunt (CDA Vice-President, Europe) gave a presentation demonstrating the need for oral health care and education and illustrated methods developed by people to deal with common oral diseases in the worst areas of health worker shortage. He emphasised the importance of oral health and the need for oral health professionals and educators.

May 2006: Geneva, Switzerland Commonwealth Health Ministers Meeting

Dr John Hunt (CDA Regional Vice-President for Europe) and Dr Anthony S Kravitz (CDA Treasurer) represented the CDA at the Commonwealth Health Ministers' Meeting (CHMM) in Geneva.

May 2006: Geneva, Switzerland Tobacco Cessation Workshop

Two days before the CHMM the CDA held a one-day seminar on 19 May 2006, in Geneva, on Commonwealth Priorities for Oral Tobacco Cessation. Delegates from Ministries of Health, the Commonwealth Secretariat, the Commonwealth Foundation and Physicians for a Smoke-Free Canada participated. The outcome of the seminar was The Commonwealth Chewing and Smokeless Tobacco Cessation Statement which was tabled at CHMM 2006. A project proposal was developed for the role of National Dental Associations in promoting tobacco use cessation.

January 2007: Dental Workforce Survey

A research project by Dr Anthony Kravitz was completed and a paper: "The Dental Workforce Across The Commonwealth" was published on the internet.

May 2007: Geneva, Switzerland Commonwealth Health Ministers Meeting

Professor Jacob Kaimenyi (CDA President), Dr Sam Thorpe (CDA Secretary) and Dr Anthony S Kravitz (CDA Treasurer) represented the CDA at the Commonwealth Health Ministers' Meeting (CHMM) in Geneva. Dr Kravitz presented a paper: "Impact of Nutritional Changes on Lifestyle Diseases"

November 2007: Kampala, Uganda Seminar at the Peoples' Forum, CHOGM

'Prioritise Health – Realise Potential' - A one and a half day workshop at the Commonwealth People's Forum in Kampala, Uganda in collaboration with the Commonwealth Medical Association (CMA), the Commonwealth Nurses Federation (CNF) and the Commonwealth Pharmaceutical Association (CPA), was held on 19 and 20 November 2007. The theme

was 'Prioritise Health – Realise Potential' and the sub-themes cover Human Resources, Maternal & Child Health, Lifestyle Diseases and Safe Health Practices. The CDA is, in particular, focussing on Safe Health Practices, which covers the disposal of waste and is a great problem in the developing Commonwealth countries.

May 2008: Geneva, Switzerland: Commonwealth Health Ministers' Meeting

Professor Jacob Kaimenyi (CDA President) and Dr Sam Thorpe (CDA Secretary) represented the CDA at the Commonwealth Health Ministers' Meeting (CHMM) in Geneva.

May 2008: Sydney, Australia "Disaster Management" Workshop

'*The Integration of Oral Health Workers in Disaster Management*' – A workshop to identify the key areas where oral health workers can be integrated in disaster management and to publish guidelines for dental personnel in Commonwealth countries was held in Sydney, Australia (under the auspices of the Australian DA). The CDA financially supported (with external sponsorship) dentists from Nigeria, Botswana, Tanzania, Uganda, Kenya, Sri Lanka, Fiji and the Cook Islands, to attend this training meeting.

November 2008: New Delhi, India Symposium on Migration of Health Workers

The Commonwealth Foundation in collaboration with Commonwealth Secretariat and the Commonwealth Medical Association (CMA) convened a two-day symposium on the migration of health care workers, with particular focus on the Commonwealth code of practice for the international recruitment of Health Workers. Eight Asian commonwealth countries participated in the 2 days symposium and participants included 4 dentists appointed by

the CDA – one of whom gave a paper.

The objectives were to share experiences of good practice among countries and to address challenges on managing health workers migration. Strategies to manage issues on migration at national, regional and international levels were identified raised and discussed.

February 2009: Mwanza, Tanzania Workshop on Urgent Oral Treatment

A workshop was conducted by Bridge2Aid at their facility in Mwanza, Tanzania – "The Bridge2Aid Model for Training of rural Clinical Officers in Urgent Oral Treatment - a training programme for dentists from less developed countries, Dentists from across Africa and Asia attended.

September 2009: Singapore Workshop on Infection Control in Rural Dental Practice

A workshop was conducted and 35 delegates from 15 countries attended. Presentations were made by three speakers:

Prof R Yee (Singapore) – "*Improving infection control in resource limited settings*"

Prof S Joshi (India) – "*Training and Monitoring for Infection Control in Rural and Urban Settings*"

Dr C Vincent (Malaysia) – "*Update in infection control and antibiotic prophylaxis in dentistry*"

The presentations were followed by working groups, whose reports were later incorporated into a CDA Policy on Infection Control.

Ongoing CDA activities Distance Learning

In 1999 Dr Brian Mouatt (then CDA President-Elect) edited and produced a CDA directory of *Distance Learning Material for Commonwealth Dental Practitioners*, which was widely circulated to Commonwealth countries. The CDA *Distance Learning initiative*, set up by Dr Mouatt, is an ongoing activity. CDA purchased, from the University of

Nijmegen, Netherlands, CD Roms on the *Atraumatic Restorative Treatment (ART)*. These were sent to National Dental Associations and Deans of the Faculties of Dentistry in Commonwealth countries, together with a video which was donated to the CDA by the Faculty of General Dental Practitioners of the Royal College of Surgeons of England. A book on the ART Technique was also purchased by the CDA and distributed to NDAs and the Deans of the Faculties of Dentistry in Commonwealth countries.

CDA has also distributed copies of 'A New Vision of the Commonwealth – A Report for the Commonwealth Heads of Government Meeting 2002'. Some consignments of dental books and journals have been donated to CDA and these have been sent to the Intercountry Centre for Oral Health (ICOH) in Jos, Nigeria, via the Nigerian High Commission in London, and also to the Lusaka Dental School in Zambia. This consignment to Zambia went as part of a shipment of equipment that Dentaid were sending to Zambia. CDA received a CD Rom 'Facing Africa – Noma' which was distributed to Commonwealth countries.

In 2005, CDA distributed to all CDA member associations, a CD on infection control, supplied with the help of OSAP, entitled "*If saliva was red*".

The CDA, in collaboration with a company which manufactures dental equipment, is sending dental books and journals to the new Dental School at Muhimbili University in Dar Es Salaam. These books are donated by members of the dental profession and are transported to Tanzania by the dental company as part of their consignments of equipment, at no cost to either CDA or the donors.

CDA Executive Meetings

The CDA holds regular Executive Meetings, by Email only.

Commonwealth Secretariat Meetings

The CDA is attending frequent meetings of Commonwealth interest arranged by ComSec and/or the Commonwealth Foundation. Usually these are held in London and the CDA almost always has one or more UK based people (officer or Administrator) attending.

Fundraising

Our primary sponsor is the Commonwealth Foundation which pays an annual grant towards the bulk of the cost of our administrative expenses and usually pays a further grant towards our activities. The Activity Grants must be used for support of training of dental professionals from less developed countries only.

Other fundraising is continually being looked into by the CDA. National Dental Associations are reminded, several times a year, to pay their subscriptions. Individuals and dental/pharmaceutical companies are invited to join the 'CDA Friends'. We have individual, professional organisation and corporate members. CDA Friends are sent renewal notices each year. Companies are written to requesting sponsorship for specific activities. CDA has received sponsorship and help as outlined in some of the activities listed in this document.

CDA Bulletin

The CDA Bulletin is published twice a year and is distributed widely to Commonwealth countries. It comprises reports on meetings and conferences, scientific and dental articles and news items including news from the CDA Regions. It is also published on the CDA website www.cdauk.com

Global Oral Health Development

The CDA works closely with the FDI World Dental Development Committee (WDDC).

Future CDA activities

May 2010: Colombo Workshop on Cross Infection Control

(Workshop continued)

During the APDF Congress in Sri Lanka the CDA will build on our previous workshop on Cross Infection Control in a Rural Setting.

November 2010: Lagos Workshop on Restorative Materials

The CDA is at the preliminary stage of planning a workshop on "Use of Restorative Materials in Resource Limited Settings"

Footnote 2

For CDA funded activities it should be noted that where Commonwealth Foundation support funding has been given the activity must take place (normally) in a less-developed Commonwealth country, unless a special case can be made for it to take place elsewhere. All Commonwealth countries are deemed "less developed" except for Australia, Canada, New Zealand, Singapore and the United Kingdom.

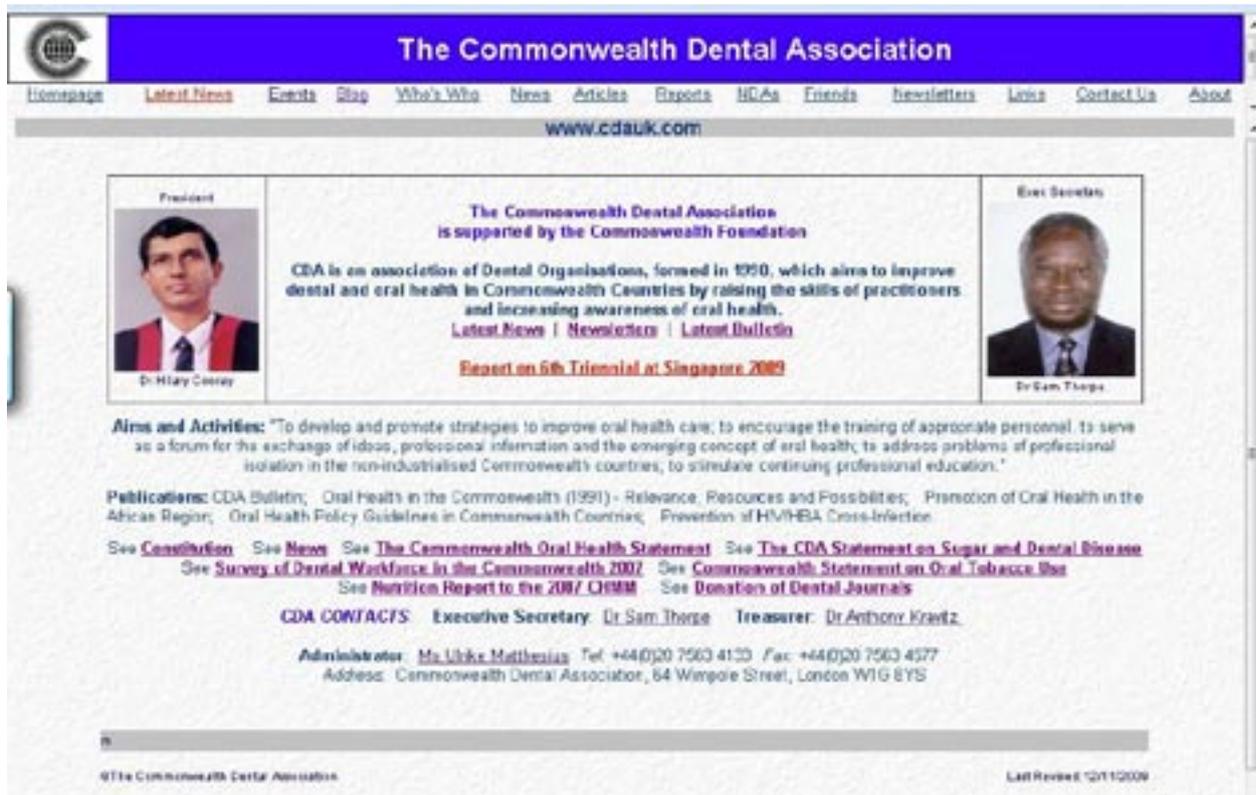
Dental Digest

Comparison of success of implants vs. endodontically treated teeth

Hannahan JP 7 Eleazer PD J Endodont (2008) 34:1302 – 1305

The success of implants and root canal treatment was compared by using clinical notes and radiographs. An implant or root canal treatment was considered successful if the implant or the tooth remained functional at the time of investigation. One hundred and twenty nine implants were followed for an average of 36 months with a success rate of 98.4%; 143 endodontically treated teeth were followed for an average of 22 months with a success rate of 99.3%. There were no statistically significant differences between the two groups. However, implants needed more post-operative treatment to maintain them.

CDA WEBSITE



The CDA website provides a facility for the dissemination of information to all the Commonwealth Dental Associations and includes access to the former Newsletters and subsequent Bulletins.

The website also contains articles of relevance to CDA including also a Who's Who of the current Executive Committee and, importantly, contact information for CDA and its officers.

Whereas, previously, CDA had a large number of Newsletters and Bulletins printed and posted

to Commonwealth Associations, the cost of printing and distributing has been saved by only making the Bulletin available on the web, apart from a very limited number of copies that are printed and posted and some which are directly E-mailed to CDA Associations.

The printing costs saved are now used to further CDA's other objectives and compensate for the increasing difficulty of attracting support grants in the current financial climate.

The CDA Executive wishes to re-

mind Associations that the CDA website is being used for information and announcements so they should make a point of visiting it from time to time. If they wish to be notified by E-mail of any new information put on to the website then they should send CDA the E-mail address of the person to be notified. The E-mail should be sent to:

webmaster@cdauk.org

The CDA website address is:
www.cdauk.com