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

It is with deep regret that the CDA announces the death of the CDA Administrator, Mrs Julia Campion, on 9th November 2007 after a short illness.

Julia Campion 1939 - 2007

Dr Sam Thorpe OR
Executive Secretary

Julia had been associated with the CDA since its inception and became Administrator in 1994.

Julia was in charge of the day-to-day running of the Association. All CDA correspondence was sent to her home address and she promptly and efficiently attended to each item.

Julia organised and participated in all CDA meetings, workshops and seminars in various Commonwealth countries and coordinated all interactions between CDA and its member NDAs. Designing the CDA Bulletin was her special challenge. She was the focal point of CDA with the Commonwealth Foundation and the Commonwealth Secretariat; and regularly attended meetings in Marlborough House in London at which the CDA needed to be represented. In particular, she will be remembered for the active role she played in ensuring the participation of CDA observers at the annual Commonwealth Health Ministers Meeting (CHMM) in Geneva.

Julia spearheaded CDA's collaboration with the FDI World Dental Federation, the World Health Organisation and other partners. She also believed in a strong working relationship between the CDA and other Commonwealth health associations, particularly the Commonwealth Nurses' Federation, Pharmaceutical Association, Medical Association and the HIV/AIDS Action Group/ Para 55. Julia participated actively in the organisation of joint collaborative activities during the Commonwealth People's Forum which preceded the Commonwealth Heads of Government Meeting (CHOGM) in Malta (2005) and in Uganda (2007). Unfortunately, she died a week before she was due to travel to Uganda.

She will be very sadly missed for a long time to come. The President, Executive Committee and the entire CDA membership extend their sincere condolences to her husband David and son Christopher and stand beside them and other family members

Dr S Prince Akpabio OBE OFR
Emeritus Founder President

Julia Campion entered the field of Commonwealth dental affairs in May 1990 in a very important and demanding role. She worked closely with me from the very first initiation of the idea of a "Commonwealth Dental Association", raised at the British Dental Association by its Chief Executive, Norman Whitehouse. From those preliminary meetings held at BDA headquarters in Wimpole Street until she died she dedicated herself to the CDA and its expanding activities, serving this Association most faithfully. During this time she continued her work at the Royal College of Music, also with her other musical activities.

As CDA Administrator she handled communications with presidents and members of dental associations from various continents and the development of materials and activities with other organisations. She diligently attended meetings at various Commonwealth institutions. She also played a major role in the development and publication of the CDA newsletters. Her name was well known to many dentists throughout the Commonwealth.

The CDA is proud that appreciation of the outstanding service she gave

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to the dental profession across the world was reflected in recognition by the British Dental Association, when she was bestowed with the award of entry on to their Roll of Distinction, shortly before her untimely death.

Dr Anthony Kravitz OBE
CDA Treasurer

Others have written about the exceptional work skills of Julia, so I would like to write a few words about Julia, the person.

I have known her for about 13 years, since I first met her at the CDA Triennial meeting in Trinidad. She impressed me from the beginning as a "people person" – treating everybody as equals and taking problems with individuals in her stride. She didn't gossip, comment or criticise – she just got on with her job.

Julia was absolutely fastidious about her attendance at meetings – many were long and tedious; she believed that the CDA should be represented at all Commonwealth events that had any bearing to health. She sat there and listened, speaking only when she had something positive to bring to the meetings.

Because of this, Julia was held in the highest esteem by the relevant persons in the Commonwealth institutions.

This high esteem was also reflected at the British Dental Association. I understand that the proposal for the recent honour – the award of entry of her name to the Roll of Distinction - was accepted with acclaim.

On a personal level, she was a rock solid support for me in my role as Treasurer. Most of the work was done by her. Her attention to "the books" was always meticulous and with only the need for a very light intervention by me.

As others have said, she will be very sadly missed for a long time to come. My wife and I extend our condolences to David and Christopher.

Susie Sanderson
Chair, BDA Executive Board

Julia Campion was awarded the BDA Medal for services to dentistry. Unfortunately, she passed away before the award could be presented to her in person. Therefore, the award was received by her husband David.

David Campion receiving the Award from Dr Joe Rich OBE - BDA President

On that occasion, Susie Sanderson introduced the presentation of the medal and scroll to Mr David Campion and said the following:
"It is with very great sadness that I must tell you that Julia Campion, who we are honouring tonight, died earlier this month.

To all those involved with dentistry internationally, Julia was a vital figure, bringing her extraordinary energy and enthusiasm to her work with the Commonwealth Dental Association. Julia played a pivotal role in the creation of the CDA and continued to do so, juggling her CDA activity with other employment and commitments.

Julia's loss is not only felt deeply by the Commonwealth Dental Association, but also by all her many friends and colleagues at the BDA and across the world of dentistry.

For BDA friends there is another, special connection with Julia, through her husband David, who we are very pleased, is with us this evening.

David's father was a dentist and both his grandfather and great grandfather served as presidents of the BDA.

Our thoughts are with David and Julia's son, Chris, at this time."

David Campion

It was with great pride in Julia's achievements, albeit coming so soon after her sad death in November, and with some trepidation, that I responded to the kind invitation from the BDA that I would be happy to accept the award on her behalf at their annual awards ceremony at the end of November. I need not have worried as I was made to feel very welcome.

As with most people who take part in public life, Julia had both a private and a public persona. We had a very happy marriage for 43 years and its success was in no small part due to the fact that we both pursued our own special interests outside our home life, she with CDA and I with a wide range of voluntary work.

I supported Julia in the background by creating and maintaining the CDA website, the databases that she used for handling the CDA membership and with the Bulletin that she did so professionally; I only hope that I have been able to maintain her high standard with this issue of the Bulletin.

I am delighted that CDA has accepted my offer to continue with this work.

I have created a memorial website in honour of Julia, including some of the tributes to her wider role and other interests, at:

www.juliacampion.com

Mr David Campion has arranged a memorial service for her at 11am on 9th May at St Mathews Church, St Petersburg Place, London W2, to which all her many friends and colleagues are invited.

CDA FINANCIAL REPORT

Dr Anthony Kravitz OBE
CDA Treasurer

CDA Financial Report 2006-07

The year was very successful financially and we ended with a surplus of funds. This has enabled me to build our reserves for a "rainy day" and will ensure that the Association is no longer totally reliant on one funding source for our activity – the Commonwealth Foundation.

Our turnover for the financial year was just under £40,000. The big improvement in our funding was from increased sponsorship from corporate organisations. We are very grateful for the support we have received from the "trade" – with regular contributions from especially Andrew Quayle and Mike Knowles. Currently subscriptions and contributions from CDA Friends only form 20% of our income and I would hope to improve that in future years.

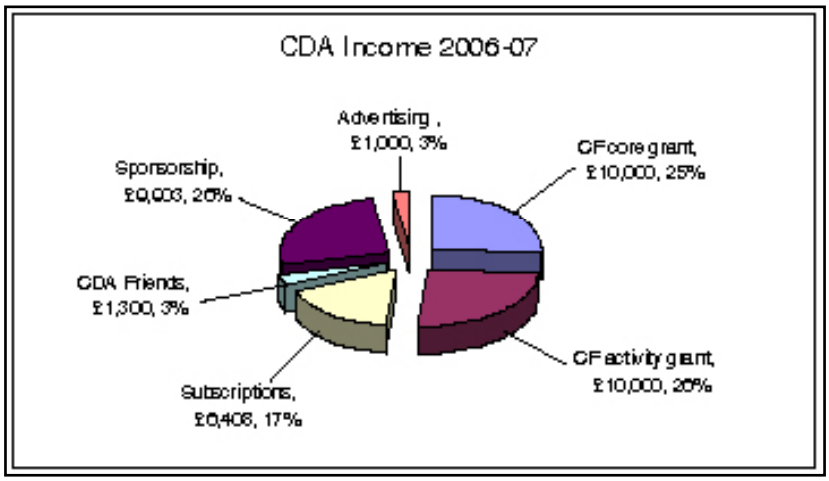
During this financial year our administration and office costs were completely covered by funding from the Commonwealth Foundation for which we are very grateful. Of course we exist to carry out activities and the cost of these naturally formed over half our expenses in the year. Fortunately the grant from the Foundation and sponsorship meant that we undertook these at nil cost to our reserves.

Our small surplus of funds this year is being used to financially assist dentists from less developed countries to attend our training workshops in 2008.

December 2007

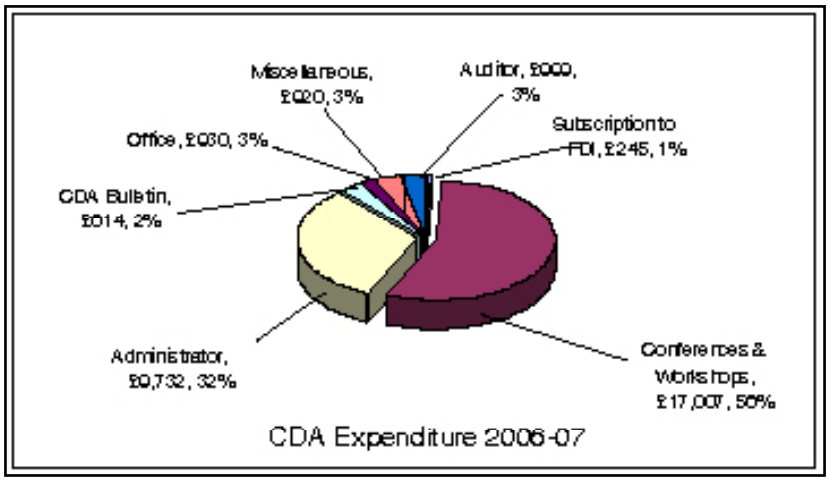
Income

CF core grant	£10,000
CF activity grant	£10,000
Subscriptions	£6,408
CDA Friends	£1,300
Sponsorship	£9,903
Advertising	£1,000
	£38,611



Expenses

Subscription to FDI	£245
Conferences & Workshops	£17,007
Administrator	£9,732
Office	£930
CDA Bulletin	£614
Auditor	£999
Miscellaneous	£920
	£30,447



ORAL HEALTH IN SIERRA LEONE

The land of the Lion Mountains

Professor Martin H Hobdell - *Former Editor of the CDA Bulletin*

Background

The Portuguese gave the West African country of Sierra Leone its name when they first visited there in the early 17th century. In 1652 the first slaves in North America were brought from Sierra Leone to the Sea Islands off the coast of the southern United States of America. This continued throughout the 1700s, but in 1787 the British helped 400 freed slaves from the United States, Nova Scotia and Britain return to Sierra Leone to settle. The settlement that they established was joined by other groups of freed slaves and soon became known as Freetown, which is today the capital of the Republic of Sierra Leone with just over a million people. Today the country is home to 6 million people.

The country faces the Atlantic Ocean and is bordered by Guinea in the north and east and Liberia in the south. Mangrove swamps lie along the coast, with wooded hills and a plateau in the interior. The eastern region is mountainous.

Sierra Leone became independent on April 27, 1961. A military coup then overthrew the civilian government in 1967, which was in turn replaced by civilian rule a year later. The country declared itself a republic on April 19, 1971.

Early in 2007 the Commonwealth Secretariat was asked to help the Ministry of Health and Sanitation develop a National Oral Health Policy. To this end I was eventually recruited by the Commonwealth Service Abroad Programme (CSAP) of the Commonwealth Secretariat as a volunteer expert, to assist in the development of a National Oral health Policy, and travelled there at the end of June 2007.

CSAP is a volunteer-based programme of the Governance and Institutional Development Division of the Commonwealth Secretariat, for delivering development assistance to member countries. CSAP assists in the design, development and implementation of people-centred, mass-impact projects that contribute to the achievement of the Millennium Development Goals.

The objectives of the task

The work that I was assigned to undertake included:

- Reviewing the present state of Dental Health Care services in Sierra Leone.
- Preparing a report on the current Dental and Oral Health Services in the country with recommendations to inform policy.
- Developing a draft policy for the Dental and Oral Health Care services in the country.
- Facilitating consensus building on the draft policy from all stakeholders in the provision of Dental and Oral Health Care services in the country.

As this was my first time in Sierra Leone there was a lot to do in order to get to know the people who ultimately will have to actively participate in the policy development process and eventually act on and implement it.

My first contact was the Director General of the Ministry of Health and Sanitation, Dr Arthur Williams, who made me feel very welcome and introduced me to the then Minister for Health, Mrs Abator Thomas, and the local dental community. It was, in fact, Mrs Abator Thomas who had first articulated the need for assistance in the development of a National Oral Health Policy, to the Commonwealth Secretariat.

In the course of the two weeks that I spent in the country I met many people all of whom had dramatic and frightening stories of life in the country during the savage eleven-year civil war from 1999-2001. That period however is now past and the country is working hard to restore both the democratic processes of government and social services and education for the population. An encouraging sign is that general elections were held earlier this year, which seem to have gone off without serious problems. But sadly there are many human reminders of that earlier terrible period who can be seen on the streets of Freetown – amputees, victims of land mines and the mentally sick.

Oral health has, for many years, been a very low priority in Sierra Leone. More pressing problems precipitated by the civil war have meant that much had to be done to restore the health services, which were near to complete collapse by the time peace was finally achieved. The situation has now greatly improved, but still there is much to be done.

The current situation

The oral health services and programmes at present are extremely under-resourced. There are 11 dentists trying to meet the oral health needs of over 6 million people; four dentists are in private practice in Freetown and seven work in government clinics, five of whom are in Freetown and one each in provincial capitals. The Northern Province has no trained dentist available to the population. In part this is because during the war the clinical facilities were totally destroyed.

There is only one dentist who has received postgraduate training (Dental Public Health). Apart from this specialist in Dental Public Health there is no one trained to manage the government dental services. In addition the lack of an experienced specialist in oral-maxillo-facial surgery is a serious handicap to providing a good quality oral health service in a country where both intentional and unintentional injuries are common and the late presentation of serious

disease is the norm.
There are three dental therapists based in Freetown and a few assistants providing reception and chairside support services. In addition there are five dental laboratory technicians all of whom are in Freetown.

The physical condition of the clinical buildings visited in Freetown is very poor, equipment is largely non-existent and the necessary drugs and materials for even basic oral health care are not available from government supplies on a regular basis, if at all. The dental clinic of the main hospital in the country - Connaught Hospital was refurbished approximately 18 months ago and is thus physically the best of the clinics, but supplies appear to be no better than elsewhere.

I was not able to visit the private dental clinics, but it appears that facilities and supplies are more favourable in these clinics.

There is neither a preventive oral health programme in the country, nor an operational code of practice for infection control procedures for the oral health clinics. The latter situation is further exacerbated by the lack of standardised equipment for the sterilisation of dental instruments and materials.

As with most parts of the country the electricity supply is intermittent and small generators are used. In the clinics where generators exist the fuel to run them is purchased from patient fees. Where this is not possible manual procedures such as dental extractions are carried out under torchlight.

In addition to the above-mentioned professionally trained oral health workers there are an untold number of unlicensed and frequently untrained people providing dental treatment. This creates numerous avoidable risks to the lives and oral health of people.

Oral diseases:-
The most recent data available, which come solely from the Western Province around Freetown, indicate that for 6-year-olds, on average, 25% of the primary or baby dentition was either decayed or had already been extracted because of decay. The situation was worse in the more rural areas of the Western Province than in Freetown for this age group. In 12-year-olds on average two out of the approximately 14 permanent teeth present at this age had already decayed or been extracted. For this age group urban children were worse off than rural children. In both age groups no teeth had been filled and the majority were present with open cavities; relatively few had been extracted.

The pain and discomfort suffered by young children in Sierra Leone, because of dental decay, can only be imagined. It impinges on everyday life at home and at school and disturbs both eating and sleeping. The chronic periapical infection associated with severely decayed teeth can stunt growth and development.

No current information on adult oral health in Sierra Leone exists and there are no reliable data on oral tumours, intentional or unintentional accidents, oral manifestations of HIV/AIDS or noma.

In order to run the oral health services patients are charged a fee. Five percent of this fee is remitted to the Ministry of Health. The remainder is used to buy the necessary drugs and materials and to supplement the salaries of the dentists and dental therapists.

The next step in the development of the National Oral Health Policy is a stakeholder workshop to discuss and further develop the outline policy developed out of this visit, which hopefully will be held early next year.

The CDA Website

The CDA Executive wishes to remind 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.

www.cdauk.com

DENTAL DIGEST - 1

Treatment of Periodontal Disease and the Risk of Pre Term Birth
Michalowicz VS, Hodges J S, DiAngelis A J, et al N - Engl J Med 355: 1881 – 1894 (2006)

In this multi - centre randomised control trial (RCT), pregnant women were divided into two groups. The treatment group was given up to four visits of periodontal scaling and root planing with ultrasonic and hand instruments. This group was also given oral hygiene instruction and monthly tooth polishing. The control group was given only a brief oral examination at monthly follow-ups but attended the same number of visits as the treatment group. The control group was offered the same treatment after delivery. Pre - term birth occurred in 49 out of 407 women (12%) in the treatment group and in 52 out of 405 women (12.8%) in the control group. Although periodontal treatment improved periodontal measures ($P<0.001$), it did not significantly alter the risk of pre-term births. There was also no significant difference between the treatment and control groups in the mean babies' birth weights. Therefore, it can be concluded that the treatment of periodontitis in pregnant women improves periodontal health but does not significantly alter the rates of pre - term birth or low birth weight.

My Vision for the FDI

Dr Burton Conrod - *President, FDI*
(Past President of the Canadian Dental Association)

Dr Conrod - FDI President

While the majority of my dental career has been spent in my private practice, organised dentistry has allowed me to be involved with the development of our profession and broadened my understanding of the importance of oral health issues. My earliest involvement in association affairs was as president of my local dental society at a time when dental treatment needs in my community were largely unmet. The challenges of providing public health education and recruiting dentists to serve our community demonstrated the difficulties and the personal satisfaction of contributing to positive changes in the health environment.

Years later, my term as Canadian Dental Association President and also as a member of its delegation to FDI congresses sparked my interest in networking with dentists from other countries who faced the same problems as their Canadian colleagues - access to care, dental education, continuing education and public health promotion. The magnitude of the problems differ from area to area as do the solutions.

I look forward, during my term as FDI President, to encouraging more opportunities for colleagues to share their ideas and help each other deal with these issues. FDI should be able to encourage and support more of these partnerships. The Commonwealth Dental Association (CDA) is a recognised leader in this area.

My official tenure with the FDI began in 2001, as an FDI Council Member. Four years later, I was elected President-Elect by the FDI Montréal General Assembly.

Over the last ten years, FDI has seen a remarkable improvement in its ability to manage global development projects. The move from London to Ferney-Voltaire was followed by changes in staff and committee structure and a new governance model designed to focus our resources on better defining and achieving our mission. The FDI is in official relations with the World Health Organization (WHO) and the United Nations (UN). This relationship has allowed us to work closely with both organisations, specifically the WHO, on the FDI's vision of "leading the world to optimal oral health".

In 2007, with the support of the FDI, the WHO's World Health Assembly (WHA) adopted resolution WHA60/R17, "Oral Health: action plan for promotion and integrated disease prevention". This landmark resolution set out a number of highly relevant guidelines for an integrated approach for the prevention of non-communicable diseases, including oral health. The FDI and its members in more than 140 countries are keen partners in implementing the policy recommendations of the WHA. I would like to maintain the momentum that the resolution has gained thus far and focus on initiatives to support the action plan.

As President, I have the privilege to be invited to the countries of many of our member associations. I plan to take these opportunities to meet with ministers of health and heads of state to discuss implementation of these initiatives. I intend to use my experience in tobacco control initiatives to raise the profile of the dangers of tobacco use as a common risk factor in oral and other diseases. As a former member of the Canadian Health Minister's Advisory Council on Tobacco Control, I became aware of the difficulties and the tremendous benefits of mobilising government resources to improve health through tobacco cessation.

I would also like to help FDI build our portfolio of fluoride promotion programmes, following on the success of two recent global fluoride conferences. The most recent, the Global Consultation on Fluoride in Beijing last September, saw over 70 world experts confirm in a final conference declaration that fluoride toothpaste remains the most widespread and significant form of prevention of and protection against tooth decay used worldwide. I would like to see the FDI and its partners continue in the promotion of better oral health through fluoride, so that more of the world's population can have affordable access to fluoride.

The "Conference for Oral Health in the Americas", jointly organised by FDI and the Pan American Health Organization, is to be held in Peru in November 2008, and will serve as a good platform for using the common risk factor approach to disease prevention. The importance in controlling risk factors such as poor nutrition, tobacco use and poor sanitation is a prime concern. Ministers of health, key health budget holders, chief dental officers, representatives from national dental associations, academia and other key stakeholders have all been invited to put the promotion of oral health on their agendas. This Conference will follow a format similar to the 2004 Planning

Conference for Oral Health in the African Region, another joint FDI/ WHO event, which resulted in a declaration recognising oral health as a basic human right and calling for development of sustainable national programmes supporting oral health.

Global health improvements require the cooperation of the dental profession worldwide, and FDI is well positioned to assist. I would like to see FDI make better use of the expertise represented by our Affiliate and Supporting members, such as the CDA, to progress in this area. FDI is becoming the nexus for dental development and health promotion programs and I hope to increase the ability of our meetings to provide more opportunities for collaboration.

One of the FDI's main focuses is promoting optimal oral and general health for all peoples. The Federation also places a high emphasis on promoting the interests of its member associations and their members. Key member activities and benefits include worldwide FDI continuing education programmes, the Annual World Dental Congress and notable publications, such as the "FDI Dental Ethics Manual", and the International Dental Journal.

The FDI is proud to have the CDA as one of its members and is grateful for its active participation in various discussions, meetings and events. As President of the FDI, I would like to work more closely with the CDA in the upcoming year.
On behalf of the FDI, I would like to thank the CDA for its continued support and wish you a productive and successful 2008!

DENTAL DIGEST - 2

Post Operative Prophylactic Antibiotic Treatment In Third Molar Surgery – A Necessity?
Poesthi PW, Echel D, Poeschi E - J Oral Maxillofac Surg 62: 3 - 8 (2004)

In this randomised control trial in a hospital setting, a total of 428 lower third molar teeth were surgically removed in 288 patients over a period of 30 months. The patients' age range was 14 – 61 years, with a mean of 20.7 years. No serious complications such as cellulitis occurred in any patient in any group. There was no significant difference between the groups in the overall occurrence of local infection. It was interesting to note that 69.6% of the patients with dry sockets had partially erupted third molars. Reported adverse effects were similar in each group.
This trial showed that specific post operative oral prophylactic antibiotic treatment following the removal of lower third molars did not contribute to better wound healing, less pain or increased mouth opening. Therefore, prophylactic antibiotic prescription is not recommended for routine use.

Caries Preventive Effect of Fluoride Toothpaste: A Systematic Review
Twetman S, Axelsson S, Dahlgren H, Holm A K, et al Acta Odontol Scand 61: 347-355 (2003)

Fifty four randomised or controlled clinical trials of at least two years duration were included in this systematic review. There was strong evidence for a caries preventive effect of daily use of fluoride toothpaste compared with a placebo in the young permanent dentition. Toothpastes containing 1,500 ppm of fluoride had the superior preventive effect compared with standard dentifrices of 1000 ppm fluoride. There was also strong evidence that supervised tooth brushing led to higher caries reductions.

Systematic Review of the Effect of Smoking on Non Surgical Periodontal Therapy
Labriolla A, Needleman I, Moles D R Periodontol 37: 124 - 147 (2005)

Thirteen studies were included in this review. Following non surgical periodontal therapy, people who had smoked experienced less reduction in probing depth (PD) than non - smokers. There was no evidence of a difference in gain in clinical attachment between smokers and non - smokers or reduction of bleeding on probing (BOP) between smokers and non - smokers. For all sites, the reduction in PD was 0.13mm greater in non - smokers than in smokers. There was no evidence to suggest that the studies were dissimilar in the estimate of this result. For sites with an initial PD of 5.00mm, meta - analysis indicated a weighted mean difference in PD reduction of 0.43mm favouring non - smokers.

Determining the optimal obturation length: A Meta Analysis of literature
Shaeffer MA, White R R, Walton R E - J Endod 31: 271-274 (2005)

This metal analysis considered three categories of obturation length from the radiographic apex:
1. 1.0 mm
2. Greater than 1.0 mm but less than 3.0 mm
3. Obturate past radiographic apex including sealer

The studies were independently assessed for quality blindly. Statistical analyses were done. This analysis showed that obturation 0 - 1mm short of the apex (group 1) was better than obturation 1 - 3mm short of the apex (group 2). Both were superior to obturation beyond the apex (group 3). The success rate for Group 1 was 28.9% better than Group 3 and 5.9% better than Group 2. The results showed that obturating materials extruding beyond the radiographic apex correlated with poorer prognosis.

DISASTER MANAGEMENT WORKSHOP 8/9 MAY 2008

A workshop on Disaster Management is to be held in Sydney, Australia on 8 & 9 May 2008.The CDA, Australian Dental Association and Manchester Unity have collaborated to host this event.

The draft programme is given below. Member associations are strongly urged to send delegates to participate in this very topical workshop.

Further details can be had from:
Dr. Bill O'Reilly whose e-mail address is: bo'reilly@manchesterunity.com.au

Thursday 8th May 2008

0830	Registration	
0915	Opening Ceremony	Prof Kaimenyi, CDA President, Mrs. Judy Hopwood MP, Dr. Mathews - ADA President, Dr. Bill O'reilly
0945	Keynote Address: '"Disasters in General: Reactions and responses"	Air Vice Marshall Austin
1030		TEA
1140	Fires & Volcanoes	Prof. J. Clement
1220	Terrorism – Bali	Australian Federal Police, Dr. Middleton
1300		LUNCH
1415	Civil Mass Disaster	Assoc Prof. Jane Taylor
1500	Group Sessions Flood & Tsunami Fires and Volcanoes Terrorism Civil Mass Disaster	Chairman – Rappoteurs Co-Chairman – CDA Nominee
1530	Plenary Group Presentations	Chairman Prof. J.Kaymenyi
1900-2200		WORKSHOP DINNER

Friday 9th May 2008

0830	Rescue: Initial Response, Property, Body and Injured Repatriation	Mr. Mark Edwards
0930	Treatment of the Injured Children – counselling and psychological support	TBA – Mr. Merick
1030	Community Needs Management Infrastructure Support, Water, Victuals and Accommodation	Emergency Management - Australia
		TEA
1130	Plenary Session	
1230	Report Writing	CDA – Rapporteurs, Secretary
1300		LUNCH
1530	Tour of Facilities	ADA
1800		CLOSE

Any dentists wishing to attend the Workshop under CDA sponsorship are advised to get in touch with Dr.Anthony Kravitz, CDA Treasurer by E-mail to Anthony.Kravitz@cdauk.com

The Workshop: Prioritise Health - Realise Potential

r Reflecting the theme of CHOGM: Realising People's Potential

Dr John Hunt OBE, *Vice President (Europe) of the CDA*

The Commonwealth Dental Association played a leading role in advocating for health at the Commonwealth People's Forum (CPF) which was held in conjunction with the Commonwealth Heads of Government meeting (CHOGM) in Kampala, Uganda. It collaborated with the Commonwealth Pharmaceutical Association, the Commonwealth Nurses Federation, the Commonwealth Medical Association and BasicNeeds Trust to organise a workshop on 19/20 November 2007 entitled "Prioritise Health – realise potential" which reflected the theme of CHOGM, "Realising people's potential".

The workshop looked at five areas of health – human resources; maternal and child health, lifestyle diseases; safe practices; and mental health and development. It was attended by around 100 delegates and was the subject of much intense debate. It made a number of recommendations on the areas covered including the following:

• That Governments, together with civil society and other agencies, need to make renewed efforts to achieve the Millennium Development Goals (MDGs) related to health and other international health targets.

• That Governments have a responsibility to be self sufficient in their health workforces and to educate sufficient health workers for their needs.

• That Governments need to make an extraordinary commitment to maternal and child health to meet MDG targets.

• That Governments should refocus their health systems on primary health care services, which give health information, promote healthy lifestyles, and provide health screening, early detection and early intervention services in order to reduce lifestyle diseases.

•That Governments have a responsibility to provide health workers with the resources, equipment and infrastructure so that they can be safe at work.

The Civil Society Statement from the CPF to CHOGM reflected most of the workshops' concerns and recommendations. In their Declaration on Transforming Societies to Achieve Potential, Economic and Human Development, the Heads of Government reaffirmed their commitment to intensify efforts to meet the MDGs and urged the UN Secretary General to convene a meeting in 2008 of Governments with the private sector and other interested parties to accelerate action to attain the MDGs. In their Final Communiqué Heads of Government again reiterated their commitment to attaining the health related MDGs and identified needs in respect of human resources, strengthening of health systems, primary health care services, non-communicable diseases and affordable medicines.

Dr John Hunt chaired the two day workshop and also gave a presentation on Safe Health Practices – The International Viewpoint. CDA President, Professor Jacob Kaimenyi, gave the African Viewpoint on Safe Health Practices and CDA Vice President Dr Clement Luhanga gave the African Viewpoint. All these and the other 12 presentations were very well received and generated a great deal of discussion. Julia Campion had played a huge role in the organization of the workshop. Tears came to ones eyes when participants stood for a minutes silence and dedicated the workshop in her memory.

CDA Administration Arrangements

In due course a permanent Administrator will be appointed for the CDA. Until then there are interim arrangements as follows:

General Matters:
For queries of a general nature, please contact the Executive Secretary,
Dr Sam Thorpe at:
Sam.Thorpe@cdauk.com

Communications:
For website and membership database queries, please contact Mr David Campion at:
David.Campion@cdauk.com

Financial Matters:
For subscriptions, invoices and other financial matters, please contact the CDA Treasurer Dr Anthony Kravitz at:
Anthony.Kravitz@cdauk.com

The CDA Executive apologises for the slight delay in publishing the edition of the Bulletin for reasons outside its direct control.

ACKNOWLEDGEMENTS

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

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

Editor:
Prof D Y D Samarawickrama

Designed and prepared by:
David Campion

REGIONAL REPORT FOR EAST, CENTRAL & SOUTHERN AFRICA

Dr. Clement Luhanga, CDA Vice President for East, Central & Southern Africa.

BACKGROUND

The East, Central and Southern Africa Region cover the following countries: Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda and Zambia.

The region faces many challenges of under-development that impacts negatively on almost all sectors, including the healthcare system. Healthcare systems in this region, particularly in the public sector, face a variety of problems including scarcities of skilled human resources and equipment; as well as poor infrastructure. The problem is also exacerbated by other factors beyond the health system, such as poor communication and transport systems. With consequent unrealistic workloads, poor infrastructure and sub-optimal conditions of work, health personnel cannot function adequately nor effectively. Scarcities of skilled personnel however, have become the most critical limiting factor in appropriate interventions, including compilation of timely and accurate information on various activities. Hence, it is not easy to access activities reports for all these countries.

Efforts have been made to get some concrete and overview scenario of oral health reports from these countries, but unfortunately with minimal success. The only concrete and concise report that is available is from Botswana.

COUNTRY REPORTS

Botswana

Following a very successful Annual Congress in 2006, the Botswana Dental Association [BODEA] hosted the following activities:

1. CONTINUED DENTAL EDUCATION IN STICK BOND TECHNIQUE

This course was held for members of BODEA in mid-February 2006. It was a hands-on course that attracted most members.

Fibre technology is becoming a method of choice in management of various procedures in modern dentistry, and more and more clinicians are recognizing the advantages of fibre reinforcement of composites. The course covered ranges of dental procedures viz. single-visit bridges, provisional bridges, endodontic posts, periodontal splinting, various orthodontic indications etc.

BODEA was grateful for STICK BOND Company of South Africa for providing it with this useful course.

2. 7th BODEA ANNUAL SCIENTIFIC CONGRESS

This Congress was hosted in June 2007 with seven presenters from South Africa, namely:

a. Professor Sue Naidoo from the Western Cape University Dental School in South Africa covered “Infections in Dental Setting”.

b. Prof. Yusuf Osman from the Western Cape University Dental School in South Africa covered “Management of Prosthodontic Problem in Developing Countries”.

c. Dr. Sathie Naidoo from University of Pretoria School of Dentistry in South Africa covered “Management of Difficult Children and Patients”.

d. Dr. J. Yengopal from University of Wits School of Dentistry in South Africa covered “Evidence Based Dentistry in Developing Countries”.

e. Mr. Johan Thuynsma, a private Dental Technician in Gauteng South Africa covered “Good Communication between Dentists and Technicians”.

f. Prof. Herman Bernitz from University of Pretoria School of Dentistry in South Africa covered “Modern Technique for Matching Bite Marks to Possible Suspects and Identification of Victims of Mass Disasters in Forensic Dentistry”.

This presentation was the highlight of the Congress. Prof. Bernitz is a world renowned forensic scientist who has participated in many world disasters. BODEA was privileged to get him and to share his expertise with the Departments of Police and Attorney General’s Chambers. In his presentation, in addition to other issues, he emphasized the importance of preserving good clinical records for purposes of helping in the process of identifying victims.

3. DENTAL SURGERY ASSISTANTS COURSE

This was the first well organised course for this cadre that ran back to back with the BODEA Congress. The course was organised and sponsored by Colgate Palmolive. It included:

- Communication Skills,
- Four-Handed Dentistry,
- Infection Control,
- Maintenance of Dental Equipment
- Handling of Dental Materials
- Dental X-rays.

Lastly but not least, it is imperative to acknowledge that BODEA would not have been able to host these events successfully without the support from the following sponsors: Colgate Palmolive South Africa, Dental Millners, Botswana Insurance Company, Standard Chartered Bank Botswana and Botswana Medical Aid Society [BOMAID]

FUTURE PLANS

Due to various constraints, BODEA will from 2008, run at least two Continued Dental Education courses a year, and hold one Congress every second year.

ADR Scientific Conference Report - Lagos, Nigeria 2007

Professor Kofo Savage, President, IADR Nigerian Division
CDA Vice President for West Africa

The 6th Scientific Conference and Congress of the International Association of Dental Research (IADR) Nigerian Division was held at the Conference Centre of the of the University of Lagos, Akoka, Yaba Lagos, from the 14th – 16th November, 2007. The "theme" was Research Opportunities in Dental Practice and the "sub-theme" was Relevance of Information Technology to Dental Practice.

The Nigerian division of the IADR was inaugurated in June, 2002 and there has been an annual Scientific Conference since then.

The 2007 Conference was the fist in Lagos. It commenced with a one day "Hands-on" Workshop in data handling and analysis on 14th November 2007. This afforded the participants opportunity to use programmes such as SPSS, Epi info amongst others for data analyses. It was well attended and the "Hands on" part was facilitated with every participant having a laptop to use.

The meeting was formally declared opened by the Vice Chancellor of the University of Lagos, Prof Tolu Odugbemi on the following day.

There were other dignitaries and the guest speaker was Professor N. Salako, the Dean, Faculty of Dentistry, University of Kuwait.

Thirty four papers of completed researches nationwide were presented and poster presentations were also included during the meeting on the15th and 16th February. Local and International exhibitors of oral health products were present. In all, participants from about 20 states attended.

We take this opportunity to thank Professor Tolu Odugbemi for provision of the Conference Hall, the Committee Rooms and sponsoring the cocktail reception. The Bank PHB and Fidelity Bank, Unilever Nig. PLC, GlaxoSmithKline amongst others are also thanked for their support. The Unilever Nigeria Plc mobile Dental Clinic Van was made available for free dental check-ups.

The conference participants

Some workshop participants get "Hands on" experience on IT

DENTAL DIGEST - 3

Periodontal Diseases and the Risk of Pre Term Birth, and Low Birth Rate; meta analysis
Khader YS, Ta'ani Q J - Periodontal 76: 161 - 165 (2005)
Five studies (three cohort and two case control) were included in this meta analysis. Pregnant women with periodontal disease had an oral adjusted risk of pre term birth that was 4.28 fold the risk for subjects who did not have periodontal disease. The overall adjusted odds ratio of pre low birth weight was 5.28 whereas the overall adjusted odds radio of delivery of either pre term birth or pre term low birth weight was 2.30. The findings indicate that periodontal diseases in the pregnant mother significantly increased the risk of subsequent pre term birth or pre term low birth weight.

Therefore, it is important to promote good oral hygiene during pregnancy. However, there is no convincing evidence, on the basis of existing case control and prospective studies that treatment of periodontal disease will reduce the risk of pre term birth.

ART and Conventional Root Restorations in Elders after 12 Months
Lo EC Luo Y Tan HP, Dyson J E, Corbet E F - J Dent Res 85: 929 – 932 (2006)
Carious lesions on roots of teeth were prepared either using only hand instruments (ART) then restoration with high strength, chemically - cured glass ionomer cement (KETAC Molar) or conventionally using dental burs and restoration with resin-modified glass ionomer material (Fuji II LC). A total of 162 restorations consisting of 78 ART and 84 conventional were placed in 103 elderly people with a mean age of 78.6 years. After twelve months, 59 ART and 63 conventional restorations in 77 participants were examined. In the ART group, 39 restorations (66.1%) were sound and 8 (13.6%) had failed. In the conventional group, 42 (66.7%) remained sound and 5 (79.9%) had failed. Therefore, after twelve months, the survival rate of restorations placed on roots of teeth using ART technique was high and comparable with that of conventional restorations.

DENTAL DIGEST - 4

Fluoridated Milk for Protecting Dental Caries

Leung CA, Hitchings JL, Macfarlane TV, Threlfall AG, Tickle M Glenny AM - Cochrane Data Base of Systematic Reviews 3: No. CD003876 (2005)

A total of 353 children who had base line ages of 3-5.5 years were enrolled in these two studies. The fluoride levels in the two studies were 2.5 or 7.5mg per litre. In one study, after consumption of fluoridated milk for three years, there was a significant reduction in DMFT (78.6%, $P < 0.05$) within test and control groups. In the other study, although mean DMFT and DMFS were more favourable in the test group, no significant reduction in the DMFT were observed until the fourth (35.5%, $P<0.02$) and 5th years (31.2%, $P < 0.05$). For primary teeth, there was a significant reduction in DMFT (31.3%, $P < 0.05$) between the test and control groups after three years. Thus, the two studies suggested that fluoridated milk was beneficial to school children by helping prevent caries in the permanent dentition. Milk is an attractive vehicle for fluoride because it forms an important part of children's diets.

Would member associations and CDA Friends please note that subscription notices will be sent out shortly. These have been delayed because of circumstances already described, so a speedy remittance to the CDA Treasurer would be most appreciated, after you have received your notice.

Subscription rates remain unchanged from 2007.

Small national dental associations (with less than 10 dentists practising in the country), may apply for free Associate Membership of the CDA.

For further details please contact the CDA Treasurer at Anthony.Kravitz@cdauk.com

The Dental School in Fiji, with a roll of about 100 students from the Pacific Region, seeks assistance in the recruitment of a senior dental technologist, who will be able to guide students and staff in Crown and Bridgework, Metal Partials, Acrylic Full and Partial Dentures and Orthodontic Appliances.
The Dental School also appreciates any assistance towards volunteers and funding towards this appointment, as they say they lack the expertise in the teaching of the areas listed above.

If you know of anyone who might fulfill this role, please contact Dr Temelesi KIng, Head of Fiji Dental School, at: t.king@fsm.ac.fj

Please note: whilst Fiji is currently not within the membership of the Commonwealth, the CDA continues to maintain contact with the Fiji dental fraternity, with the hope that Fiji will be able to rejoin the Commonwealth shortly.