The Commonwealth Dental Association

CDA BULLETIN

The Newsletter of the Commonwealth Dental Association
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EDITORIAL

Professor Martin Hobdell
Editor

The end of 2004 and the beginning of 2005 were marred by the devastating effects of the Tsunami that had its origins in the enormous seismic event deep beneath the sea off the coast of Aceh Province, Indonesia. Despite the sophisticated level of scientific development now available little can be done to prevent such seismic events. The best we can offer is a better early warning system.

The devastation of the HIV/AIDS pandemic discussed by Dr John Hunt (*Have you heard about paragraph 55:* page 5) has causes more easily understood and for which medical and social sciences have developed interventions that lessen the impact of the disease and to reduce the likelihood of infection. We can make a difference.

As Dr Hunt points out the multi-sectorial approach recommended by *Paragraph 55* is best spear-headed by those in countries most affected by the pandemic. In the CDA we have a number of very active Regions (see *News from the Regions:* page 2) where HIV/AIDS is rampant. HIV/AIDS has been a part of their regional activities for a number of years, but the multi-sectorial approach could be an additional element to strengthen on-going activities.

In drawing attention to the report of Professor Newell Johnson's presentations on oral cancer and HIV/AIDS *(page 6)* given in New Delhi, at the FDI International Dental Federation's Annual World Dental Congress, we wish him well in his new appointment.

MESSAGE FROM THE CDA PRESIDENT

Dr L K Gandhi

Friends, I have great pleasure in addressing all of you, once again, through our CDA Bulletin. Since this is our first CDA Bulletin in the year 2005, may I take the opportunity to wish you all a very "Happy and Prosperous New Year", even though Tsunami's catastrophe has happened. This is the 5th year after the grand success of the CDA/IDA congress 2000 which took place in New Delhi and I am sure those cherished memories still lie in the minds and hearts of delegates.

Dr L K Gandhi

I firmly believe that the communication of information is one of the most important functions of Dental Associations. I am confident that this Bulletin is an ideal platform to keep members abreast with the happenings, events and progress of CDA as well as related information on dental healthcare programmes held in various countries in the advancing science and art of dentistry.

I, on behalf of CDA, express my deepest sympathy to all the affected people in the SE Asia Region and pray to God almighty to give solace to the departed souls. The devastating Tsunami has touched the hearts of people worldwide and also colleagues in the dental family. I sent our deepest sympathy to Dr Hilary Cooray and all the members of the Sri Lanka Dental Association. I also asked Dr Hilary Cooray if he needs any helping hand from India and also from CDA.

Also, the year 2004 by any measure was an eventful year in the field of dentistry in India. A landmark event was the FDI Congress 2004 held at the sprawling Pragati Maidan, India's largest and most technologically advanced convention centre located in the heart of New Delhi. I am really happy that, in my capacity as your CDA President, I was able to bring a laurel to the Dental profession of the whole World. During this mega event CDA hosted a Meeting and for this we must convey our gratitude to the FDI Executive. I thank you for your participation and I hope it

IN THIS ISSUE

ACKNOWLEDGEMENTS

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was a memorable experience, updated your knowledge and technical skills and, also, that you enjoyed your stay in India.

I visited Sri Lanka in November 2004 to see whether Colombo has suitable facilities for holding of the 5th Triennial Meeting of the CDA in 2006. Sri Lanka has the infrastructure for hosting our Triennial Meeting on a large scale and, I am sure, that under the Chairmanship of Dr Hilary Cooray, they will make this Triennial Meeting a great success. I will be visiting Sri Lanka again before the conference. We are planning to have this mega meeting in Colombo, the capital city of Sri Lanka, on the 1st, 2nd and 3rd December 2006.

The Commonwealth Dental Association is working towards the herculean project on the prevention and control of Oral Cancer, particularly in the major effected regions, where there is a disproportionate quantum of Oral Diseases. We have already started working to achieve our common goal of improving the Oral Health of the people in the Commonwealth countries. We are grateful to Prof. Raman Bedi (Chief Dental Officer/ UK) who has offered CDA support in their work to reduce tobacco use in the Commonwealth countries. He suggested that we should look at the possibility of undertaking one or two pilot programmes in both developing and industrialised Commonwealth countries using up-stream strategies to support NDAs to work with others to develop national anti-tobacco policies and, also, to train their members in tobacco cessation counselling. We have identified a task group to work on this project. I am confident that the CDA Executive team members have expert knowledge on various aspects of oral cancer and the development of project proposals. It is our aim to do something in the area of oral cancer. One of the task group members, Dr Martin Hobdell, has come with the brilliant suggestion of employing, in the training of local practitioners (an inclusive term), the use of a technique that is growing in its applications in aiding behaviour change called *Motivational Interviewing*. I am sure if this research proposal works out then it could be a positive contribution from CDA to reduce tobacco use.

In order to be able to implement the various activities and projects, CDA has developed a Five Year Strategic Plan and a Funding Strategy that will provide guidelines for securing additional funds with a goal to increase the income of CDA, so as to enhance the implementation of the major projects that will contribute to improved levels of Oral Health in all Commonwealth countries.

It was a great pleasure for me to represent CDA at the CAMHADD/ WHO Global Consultation workshop held at Bangalore on 27th and 28th January 2005.

We are planning to host a joint Pacific Meeting with FDI during the Fiji Dental Conference scheduled to be held in the month of November 2005. I congratulate Dr Temalesi King (CDA Regional Vice-President, Pacific) for the excellent work she is doing towards this, as we have not had any activity or contact with the Pacific Region for a long time. She is really doing great work in bringing all together. If our dream of this joint collaborative meeting takes place then it would be **"***Another Feather in our Cap***"**. The CDA's mission is to:

- *Establish the Pacific Section of the Commonwealth Dental Association.*
- *Assess the role of Dental Auxiliaries in the Region.*
- *Conduct a continuous Education programme.*

We are also planning to hold a CDA/Caribbean Regional workshop on HIV/AIDS during the FDI Congress in Montreal. Dr Joyous Pickstock (CDA Regional Vice-President, Caribbean & North America) is doing excellent work on this and has submitted a proposal. The purpose of holding this workshop is to '*raise the awareness of HIV and AIDS related issues in the region*' with an aim to '*disseminate the latest research especially in relation to oral manifestation of HIV/AIDS*'. We hope that many National Dental Associations will support this activity.

I congratulate Julia Campion (CDA Administrator), for doing great work on the Administrative side. I would like to praise all Members of the CDA Executive Team who, with their collective effort, enable our Association to function with such a high profile and also for making each Electronic Meeting a success with their fresh ideas, valuable suggestions and active participation.

I visited Nagano, Japan from 22nd February to 1st March 2005, to attend the '*Smile Care*' Project in my capacity as Clinical Director at this workshop during the 2005 Special Olympics World Winter Games.

In closing, I earnestly seek all CDA Executive Members for their full co-operation and ideas to strengthen the activities of the CDA with particular emphasis on the developing countries. I look forward to your continuous contributions towards CDA because **"***Great achievements are nurtured with the co-operation of many minds with a common vision working toward a common goal***".**

I thank you all for patiently reading this message.

TSUNAMI

The Commonwealth Dental Association has acted as a facilitator between the British Dental Association (BDA), the Organisation for Safety and Asepsis Procedures (OSAP) National Dental Associations and the countries affected by the Tsunami. OSAP offered, at no cost, its new *Guide for Safety and Infection Control for Oral Healthcare Missions.* The Guide is an instructional training tool for humanitarian dental care workers travelling to remote aeas without the benefit of modern conveniences like electricity and safe water. Dental workers can download the guide free at www.OSAP.org or order a bound copy that comes with a CD-ROM.

THE GLOBAL EMERGENCY

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HAVE YOU HEARD ABOUT PARAGRAPH 55?

Every two years the Heads of Governments of all the Commonwealth countries are invited to participate in the Commonwealth Heads of Government Meeting (CHOGM). Her Majesty the Queen attends this significant event in the Commonwealth calendar and addresses the Opening Session. At the end of its deliberations CHOGM issues a lengthy communiqué covering all the topics discussed and the decisions its members and officials have agreed.

Just over five years ago CHOGM was held in Durban, South Africa under the Chairmanship of Mr Thabo Mbeki, the President of South Africa. As usual a rather lengthy communiqué was issued. Paragraph 55 of this communiqué deals with the scourge of HIV/AIDS. It reads: *"Heads of Government expressed grave concern over the devastating social and economic impact of HIV/AIDS, particularly in sub-Saharan Africa. They agreed that this constituted a Global Emergency, and pledged personally to lead the fight against HIV/AIDS within their countries and internationally. They urged all sectors in government, international agencies and the private sector to cooperate in increased efforts to tackle the problem, with greater priority given to research into new methods of prevention, the development of an effective vaccine and effective ways of making affordable drugs for the treatment of HIV/AIDS accessible to the affected population."*

This pressure for cooperation between all sectors of government and international agencies seemed to reflect a change in strategy within the Commonwealth and elsewhere. No longer was HIV/AIDS seen simply as a health problem but rather a problem that pervades many more spheres of activity and interest. This was further emphasised when a Commonwealth Think Tank Meeting held in London in July 2001 defined a multi-sectoral response to HIV/AIDS as follows: *"A multi-sectoral response means involving all sectors of society - governments, business, civil society organis-ations, communities and people living with HIV/AIDS, at all levels - pan-Commonwealth, national and community - in addressing the causes and impact of the HIV/AIDS epidemic. Such a response requires action to engender political will, leadership and coordination, to develop and sustain new partnerships and ways of working, and to strengthen the capacity of all sectors to make an effective contribution."*

This thrust for a muilti-sectoral approach to the challenges posed by HIV/AIDS was further stressed when, at their meeting in Christchurch, New Zealand, in November 2001, the Commonwealth Health Ministers recommended that**:** *'Member countries should continue to implement a multi-sectoral, multifaceted approach to HIV/AIDS and should specially target orphans, young people, and women, taking into consideration the human rights of individuals'.*

The impetus continued when, in March 2003, the Commonwealth Secretariat in London developed its '*Guidelines for Implementing a Multi-Sectoral Approach to HIV/AIDS in Commonwealth Countries*'. In addition the Commonwealth Secretariat established a '*Paragraph 55 Commonwealth HIV and AIDS Action Group*'. This meets in London under the Chairmanship of Mr Frank Davis and has membership from a wide variety of Commonwealth Associations. The so called Para 55 group is described as*: "a unique multidisciplinary group whose members and their organisations network throughout the Commonwealth to focus attention on HIV/AIDS. The Para 55 programme of development aims to influence decisions at all levels and sectors of the Commonwealth from the local community to the government, from urbanised areas to rural communities and in health, law, trade unions, education, politics and in society at large. It was established to promote and monitor the implementation of the paragraph on HIV/AIDS, Para 55, in the communiqué issued following the meeting of Commonwealth Heads of Government held in Durban, South Africa in November 1999".*

I was invited to participate in the *Commonwealth HIV/AIDS Action Group's* meeting held at the Royal College of Nursing in London early in November 2004. I had neither heard of the Group before nor been to one of its meetings so it was rather a surprise to find that only four Associations were represented. As a 'new boy' I asked some pretty fundamental questions like do we have a mission statement, a corporate plan or equivalent, or, even, a list of those who participate from the various Associations. All this was received with good grace and I am promised some further information. But I am not holding my breath! Clearly there is valuable work to be done and from now on I shall ensure that I do my bit. But, as with so much to do with the Commonwealth, better outcomes will be achieved if the activity takes place in those countries most affected by the problems rather than in London. So if you are reading this in Africa can I suggest that you find out what is happening about this multi-sectoral approach in your country? Do the representatives of the dentists, the teachers, the social workers, the military, the doctors talk to each other about the HIV/AIDS problems and, together, discuss strategies? If not, can I further suggest YOU stir it up and get something moving – for your Head of Government signed up to it in that Para 55!

***Note**: More information about the Commonwealth HIV/AIDS Action Group can be found on www.para55.org*

NEWS FROM THE REGIONS

News from the Caribbean

Dr Joyous Pickstock
CDA Regional Vice-President (Caribbean)

The Caribbean Atlantic Regional Dental Association (CARDA) held its 12th Biennial Conference, 7-10 July 2004 at the Doral Resort & Spa, Miami, Florida, USA. Under the theme, '*Facing the Challenges and Solving the Problem Together*' delegates from the 18 CARDA countries as well as international speakers from the United Kingdom, United States and the Caribbean gathered together to network and collaborate on the way forward. Exhibitors from various dental supplies and equipment manufacturing companies were on hand, introducing new and innovative items and services.

The Hon Dr Marcus Bethel (Minister of Health, Barbados) and Dr Joyous Pickstock

This is the first time the conference was held outside one of the Caribbean countries and involved collaboration with Dentists, and Dental Auxiliaries from the Atlantic Region including South America. Representatives from PAHO and WHO were also in attendance and made significant contribution to the deliberations. Henry Schein International, one of the largest dental suppliers was the host of the conference and this partnership enabled many delegates from the Caribbean the opportunity to attend and participate.

The keynote address was given by Senator, The Honorable Dr. Marcus Bethel (*Minister of Health, Bahamas*). Dr. Bethel is President of the 44th Directing Council of the Pan American Regional Organization, President of the 55th Session of the Regional Committee of the WHO of the Americas and a Physician. He spoke of the multi-disciplinary approach to health care delivery and the need and importance of Oral Health Personnel collaborating with persons in other disciplines on a regular basis. He reiterated that improved Oral Health reduces injustices and suffering and can be achieved through global partnerships.

A new slate of CARDA officers were elected to lead the Association for he next two years. At the helm was Dr Crofton Stroud (*President*), Dr Lindel Brookes (*Immediate Past President*), Dr Joyous Pickstock was re-elected as *Secretary/Treasurer*, Dr Anthony Davis (*Floor Representative*) and Dr William Smith (*Conference Chairman*).

Hurricane Disaster of September and October 2004

Many CARDA countries suffered devastation during the last two hurricanes of September and October. Hurricanes *Jeanne* and *Frances* were the cause of much pain and suffering for the Government and people of The Northern Bahamas, Jamaica, Grenada and the Cayman Islands.

The Northern Bahamas suffered greatly with severe losses to personal property, homes and businesses. The economy on these islands has suffered greatly with many persons losing their jobs as a result of damage to hotels, Banks etc. Loss of lives was minimal, with two to four persons dying. In Grenada, one of the member countries of the Caribbean Atlantic Regional Dental Association (CARDA), 85% to 90% of the island suffered severe damage and is rebuilding slowly. The Cayman Islands, another island which receives much of its revenue from tourism and banking, also suffered tremendously. All forms of communication were affected including e-mail and telephone service. As a result of these setbacks, it was difficult to make contact with some of our member countries and key persons.

Zambia Dental Association Scientific Symposium and Annual General Meeting

Dr Pashane Mtolo
CDA Regional Vice-President (East, Central & Southern Africa))

The Zambia Dental Association held a Scientific Symposium and its 27th Annual General Meeting. The theme was '*Healthy Mouth for Quality Life*'. The main emphasis was on *Oral Manifestation of HIV/AIDS*. The Guest Speaker, Dr Mannasseh Phiri (*Medical Doctor and expert on HIV/AIDS*), gave an overview of *Oral Manifestation of HIV/AIDS* and detailed the meeting on antiretro-viral drugs. Other complimentary topics included: *Developmental Defects of the Oral Facial Region*, *Sleep Apnoe* and *Cavernous Sinus Thrombosis*. In my presentation on the Current Status of *Oral Health Services in Zambia*, I highlighted the following:

- *Human Resource*: 36 Dentists, 170 Dental Therapists, 33 Dental Technologists.
- *Equipment*: 20% functional, 40% needs repair, 40% obsolete.
- *Burden of Oral Diseases*: 80% of the population is affected by oral diseases which include Dental Caries, Periodontal Disease, Facial Injuries, Fluorosis, Malocclusion, Oral Manifestation of HIV/AIDS and Noma.
- The curriculum for the Department of Dentistry, to train dentists, has been approved and logistics are being sought to make it operational.

A new Executive Committee of the Zambia Dental Association was voted into office: Dr Pashana P Mtolo (*President*); Dr Oscar Fernandes (*Vice-President*); Dr Itone Muteba (*General Secretary*); Dr K Gupta (*Treasurer*); Dr Joseph K Kabwe (*Editor*); Dr N Sharat (*Committee Member*).

The Executive Committee of the Zambia Dental Association will devote 60% of its efforts in creating awareness of *Oral Manifestation of HIV/AIDS and Noma*.

CDA President's Visit to Sri Lanka to plan the CDA 5th Triennial Meeting

Dr Hilary Cooray
CDA Regional Vice-President (SE Asia)

At the invitation of the Sri Lanka Dental Association, Dr L K Gandhi (*CDA President*) visited Sri Lanka from the 25th to 28th November 2004. This was with a view to holding the CDA 5th Triennial Meeting in Sri Lanka, in 2006, in collaboration with the Sri Lanka Dental Association. He inspected the conference venue, Bandaranayake Conference Hall, Exhibition Centre committee rooms, etc. He had the opportunity of meeting with the Tourist Board officials and representatives of the hotels. The officials of the Sri Lanka Dental Association had many meetings with Dr Gandhi and discussed the many aspects of organising the CDA Meeting. An Organising Committee for the event has been formed. Dr Gandhi also took time to visit the Dental Faculty in Kandy and some tourist attractions.

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News from the Botswana Dental Association

Dr Clement Luhanga
Dental Board Member
Health Professional Council

The Botswana Dental Association (BODEA) was established in 1999. Prior to that all dentists were expected to be members of the current Medical & Dental Association of Botswana (MDAB) which came into being a few years after Independence in 1966. At the time, only one or two dentists were in the country, so it made sense to have one body for dentists and medics.

Since its inception BODEA is striving to meet the expectation of its 60 plus members by hosting Scientific Programmes during the annual AGM. Main themes of the congresses have centred on issues that are pertinent to the country, such as HIV/AIDS; Ethics; Collaboration with Medical Aid Schemes, ART Techniques and a host of clinical topics.

BODEA enjoys a good working relationship with the South African Dental Association (SADA), with whom we cooperate in Dental Protection and they act as our agent with the London Head Office.

Following our AGM, a new Executive Committee of the Botswana Dental Association was elected: Dr K Kgosibodiba (*President*); Dr K Ramputsua (*Hon Secretary*); Dr L Motingwa (*Hon Treasurer*); Dr T Kgwaneng (*Vice-President*). *Committee Members* are Dr R Omotoye and Dr B Gulubane. *Dental Board Members of the Health Professional Council* are Dr C Luhanga, Dr R Matthews, Dr G Mosere, Dr B Sobotta.

The Botswana Dental Association would like to thank the Colgate-Palmolive Company, who have been a source of inspiration in their meetings and, also, the other South African companies who have given and are continuing to give support to BODEA's meetings.

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Pacific Regional Meeting - Fiji 2005

Dr Temalesi King
CDA Regional Vice-President (Pacific)

General objectives

To formally establish, through the Pacific Regional meeting, a network of focal points and coordinating bodies for oral health to initiate action, give voice and work collaboratively with other development actors for sustainable oral health development and to make oral health more visible in the Pacific region, through good governance.

Specific objectives

1. Review recommendations and outcome of the past four regional meetings of Chief Dental Officers (1978, 1982, 1990, 2001).
2. Review past initiative/failure in activating Regional dental networks such as the proposed Pacific Dental Alliance.
3. Set up a secretariat to organise the regional meeting through the Fiji Dental Association and the Secretariat of the Pacific Community.
4. Assess possibility of utilising the *Pacific Oral Health Professionals Network* lists for e-meetings and extending its member subscription.
5. Information and Communication Technology (ICT) for development for the Pacific - MDG (Telehealth, Teledentistry, Communications Infrastructure, etc) - consider geographic and other features of the small island states.
6. Launch a Virtual Development Academy for the PICs.
7. Initiate collaboration between the CDA/FDA and FDI, WDDC, regional Dental Associations, WHO, FSM, other Training Institutions, Ministries of Health, Funding and Donor Agencies and other stakeholders.
8. Consider collaboration with the FDI - implementing the *Nairobi Model* (WDDC evaluation outcome) and implementation of the three-phase strategy of the WDDC.
9. The planning meeting for this regional meeting coincided with the CDA meeting on 11 September 2004 in New Delhi, India, during the FDI Annual World Dental Congress.
10. Basic Package of Oral Care to be deliberated on and plan of action on its delivery to be formulated (*For inclusion in country MOH corporate plans*).
11. Develop a strategy for Oral Health Promotion that is integral to the BPOC for the region (country specific) for inclusion in general health promotion discussions and agenda for the region.
12. Overall regional meeting Agenda to be finalised after reporting from preliminary findings and with input of major stakeholders.
13. Inter-regional and PIC research plan and development.
14. Regional framework for continuing education
15. Include developed institutions of oral health from Oceania; New Zealand and Australia as active participants for future collaboration.
16. Assess significance and appropriateness of the dental training conducted through the

Fiji School of Medicine since the adoption of the new model in 1993.

17. Review the role of dental auxiliaries in the Pacific.

Dr Sam Thorpe and Dr Temalesi King

18. Work in partnership with a recognised training institution to develop and deliver a formal, culturally appropriate management training programme tailored for mid-level, senior and emerging leaders in the Pacific Oral Health sector. Establish a formal leadership training programme as a capacity building tool for Oral Health leaders in the Pacific.
19. Identify best honour roll student graduates of the Fiji School of Medicine and recipients of the *Pierre Fauchard Academy Award* through the School and develop a framework for their professional development and role in their specific Island countries.
20. Strategic framework for specialist training of key areas of oral health.
21. Coordinate efforts so that the PIC Ministers of Health are made aware of the oral health issues prior to the WHO World Assembly meetings.
22. Increasing consumerism and oral health and tourism options.

MDGs (include 3, 4, 5, 6, 8 for funding and collaboration with agencies). See Regional Workshop on MDGs in the Pacific: relevance and Progress March, 2003; Asian Development Bank.

Expected Outcomes

1. Formal induction of a Dental Institution/Body for the Pacific Island Countries and appointment of Directors and Secretariat for the various Boards.
2. Identify Key Practice Areas.
3. Pacific Strategy for Oral Health Promotion.
4. Development of pilot projects .
5. Strategies formulated for oral cancer (PNG, Solomons and the other PICs).
6. Coordination of regional Activities and sustainable development.
7. Pacific Island Oral Health research priorities to be incorporated into the activities of the Fiji Health Research Council and the Pacific Institute of Health Research (IPHR).
8. Decisions on future directions and recommended strategies for oral health development in the Pacific Island Nations be submitted for inclusion into the next *Technical Meeting of the Directors of Health* and the *Meeting of Ministers of Health for Pacific Island Countries (2005, 2007).*
9. The CDA/FDA/FDI/WDDC be represented as consultants/ observers or representatives at the Meeting of Ministers of Health for Pacific Island Countries.
10. To incorporate well planned oral health goals in the Ministries of Health Corporate plans.
11. Incorporate into agenda of CHOGMs.
12. Organise a Donor matrix for networking and collaboration for the PICs.
13. Organise a dental personnel matrix for the PICs.
14. Set up a data bank for the PICs
15. Global trends that favor Trade Initiatives by Developing Countries.
16. Launch ICT efforts for oral health in the Region.
17. Formulation of a *Regional Strategy for Oral Health*.
18. Line of action and network creation for oral health.

Budget

We should like to acknowledge with thanks the Commonwealth Foundation for the Activity Grant which they have awarded for this Pacific Regional Meeting. Aid Agencies and Donors will also be asked for sponsorship.

Target Date

July 2005

Evaluation Indicators

♦ Success of formulation and action of boards.

♦ Strategic framework acceptance by member countries.

♦ Induction of Pacific Oral Health Agenda in regional Ministers of Health meetings.

♦ More visible Pacific oral health.

Note:

1. Review of outcomes of the past regional meetings is under way since May 2004.

2. The failure to materialise the recommendations from the 2001 Oral Health Planning Meeting has been raised by key oral health regional dental personnel.

3. The Fiji Dental Association has been unable to action certain key plans from November 2003, since they do not have an independent office and are largely dependent on the School of Oral Health, Fiji School of Medicine infrastructure and support.

THE GLOBAL HIV/AIDS PANDEMIC: IMPLICATIONS FOR SOCIETY AND FOR THE DENTAL PROFESSION

Professor Newell Johnson
(King's College London)
Dr K Ranganathan
(Ragas Dental College Chennai)

The global pandemic of HIV infection continues apace, especially in the most affected areas of sub-Saharan Africa and South/South-east Asia. The slowing of the epidemic and improved disease control, with increased life expectancy and quality of life, in the West, has lead to a dangerous and false complacency. In the highest prevalence regions transmission has always been predominantly by heterosexual contact – viz the majority of potential risk behaviours

– and this is now also the case in the West, amplifying the dangers of continued growth of the epidemic.

The joint United Nations/World Health Organisation's programme on AIDS, www.unaids.org, estimates the number of adults and children living with HIV at the end of 2002 at almost 30 million souls for Sub-Saharan Africa and 6 million for South & South-East Asia; with 3.5 million and 700,000 new infections; and nearly 2.5 million and half a million deaths in these two regions, respectively, in 2002 alone.

India, with its population now in excess of 100 million, is a major time bomb. The National Aids Control Organisation for India - http://www.naco.nic.in/ - an excellent website, gives point estimates for the number of HIV infections in India rising from 3.30 – 3.47 millions in 1998 to 3.82 – 4.58 in 2002. India thus, perhaps now, and certainly potentially, carries the major burden in the region. Rates are higher in South than in North India. The NACO estimates are based on Sentinel Surveys at 135 STD clinics, 170 antenatal clinics, 13 sites for intravenous drug users (IDU's) and 2 sites for men who have sex with men (MSM). NACO judges there to be a plateauing of the epidemic but we should beware lest this engender complacency. Indeed the World Business Coalition Against AIDS has just estimated India to be the country with the second largest number of cases in the world, and predicts that by 2010 it will be the top nation! The above figures support this.

The continuation of existing, and major new, preventive strategies are essential to minimise this personal, public health and economic disaster for the nation. The public health infrastructure in India, and its skilled health professions, are strong enough to gain control, but public sensitivities about open discussion of sexual and other risk factors are a challenge. Recruitment of heroes and role models from sporting, entertainment and religious communities is important.

The dental profession has a key role: As leaders of opinion and as educators; As physicians able to recognise (and treat) the oral manifestations of HIV/AIDS. Many of the earliest signs appear as opportunistic oral/peri-oral infections and their severity and extent reflect degree of immuno-suppression, progression of HIV disease and response to treatment. In most countries the most common are oral candidiasis, oral hairy leukoplakia, necrotising forms of gingivitis and periodontitis, Kaposi sarcoma and non-Hodgkin lymphoma. Significantly in our studies of now over 1000 cases in Tamil Nadu we find KS to be very rare - perhaps reflecting the minor role of MSM as a mode of transmission in India. Oral mucosal hyper-pigmentation is a common sign.

HIV disease itself, and indeed the oral manifestations, fulfil the academic criteria for a disease process justifying population screening. It is common, the natural history is sufficiently understood, there are reliable and simple diagnostic tests, and there are effective interventions - at least for oral diseases. The dental profession in India could play a leading role in patient care and in population control by instituting large scale screening programmes, in co-operation with national agencies. Pilot research is indicated so that sensitivities, specificities, predictive values and cost-effectiveness can be estimated.

Indian Academy of Oral and Maxillofacial Pathology, New Delhi (31 October to 2 November 2003)

ADVANCES IN THE MANAGEMENT OF CRANIO-FACIAL MALIGNANCY

Oral Cancer as a Major and Growing Problem: Causes and Solutions

Professor Newell W Johnson
MDSc PhD FDSRCS FRACDS FRCPath FFOP(RCPA) ILTM FMedSci
WHO Collaborating Centre for Oral Cancer and Pre-Cancer, King's College London

Oral cancer is the sixth most common cancer worldwide – in south Asia often first to third. The highest rates are found in certain western pacific islands (Melanesia), in northern France and in central/eastern Europe and the former Soviet Republics: eg in Hungary the International Agency for Research on Cancer (IARC) records age-standardised incidence and mortality rates of 16.6/10.3 per 100,000 pa respectively for men, and 5.3/1.4 for women: this is clearly a major public health problem. In the middle-East, though lower, rates vary widely: eg. For men from 3.7/2.2 in Saudi Arabia to 2.2/1.4 for Jordan. Note the high mortality ratio in Saudi!

In all communities, though there is a small inherited predisposition, the main causes are tobacco use, alcohol abuse and poor diet. Worldwide this is a disease of poverty. Infections with oncogenic types of Human Papilloma Viruses play a minor role, especially in younger cases and for the tonsil/oro-pharynx, perhaps sexually transmitted. In Asia the main cause remains oral tobacco – with or without other ingredients in traditional pan mixtures: Areca (betel) nut itself has carcinogenic components, and is especially important in the aetiology of oral sub-mucous fibrosis: an established premalignant condition. The oral smokeless products Toombak and Shama (powdered tobacco with sodium bicarbonate) as used in the Middle East and East Africa is especially carcinogenic. There is concern about increasing hookah smoking world-wide.

The clinical signs of overtly malignant lesions, chronic ulceration, induration and sometimes fungations and tissue fixation are well understood. In Asia white patches [formerly called leukoplakia], red patches [erythroplakia] and mixed lesions usually precede.

Survival is poor, 5 year rates being 40% or less in many parts of the world, and there is always much morbidity – physical [pain and

speech, chewing, and swallowing dysfunctions], aesthetic and psychosocial. It is encouraging that in advanced and experienced multidisciplinary treatment centres considerable improvements in morbidity and mortality are now evident.

Nevertheless, primary prevention, by control of dangerous lifestyles and habits, and improved socio-economic situation, remain the most cost-effective approach to control of this dreadful disease.

Secondary prevention by screening of and for high risk populations has also been shown to be effective, if coupled with population interventions on habit withdrawal and earlier referral: world leading research in this area has come from Cuba, the Indian subcontinent and Sri Lanka: consideration needs to be given to screening programmes for high-risk groups in other countries.

PEOPLE IN THE COMMONWEALTH

Mr Colin Ball relinquished his post as Director of the Commonwealth Foundation on 26 November 2004 after having worked there for six and a half years. He had been associated with the work of the Commonwealth Foundation and, indeed, with that of the Commonwealth generally since the late 1980s. The CDA would like to thank Mr Ball for his support over the years and to wish him well for the future.

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Dr Mark Collins takes up the post of Director of the Commonwealth Foundation on Commonwealth Day, 14 March 2005. Dr Collins comes to the Commowealth Foundation from the the United National Environment Programme World Conservation Monitoring Centre of which he has been the Director. The CDA sends their best wishes to Dr Collins in his new post.

Dr Stephen Hancocks *OBE*, an established figure in dental publishing for the last 20 years, has been appointed, by the British Dental Association, Editor-in-Chief of the *British Dental Journal* (BDJ). He has responsibility for developing the scientific and academic profile of the BDJ which already has a high global reputation. In addition he will take on a wider editorial role involving other BDA publications including the membership magazine, *BDA News*; a quarterly publication for professionals complementary to dentistry, *Vital*; and the termly magazine for dental students, *Launchpad*. Dr Stephen Hancocks is also the Editor of the FDI's *International Dental Journal*. He has been a great supporter of the Commonwealth Dental Association since its inauguration and we congratulate him on his recent appointment.

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Professor Martin Hobdell, Editor of the CDA Bulletin, was appointed last year as Programme Manager of the FDI for Africa. Professor Hobdell has exceptional knowledge of oral health education and training in Africa and the educational needs of local dentists. His role is to organise, in close cooperation and on request of FDI Members Associations, continuing education programmes in Africa.

Professor Martin Hobdell

Dental Associations approach the FDI Programme Managers with a request that the FDI should participate in their congress/meeting by providing one or two world class speakers to speak on topics of interest and importance to the local dental community. We wish him every success in this new appointment.

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Professor Newell Johnson commenced, on 1 March 2005, as Foundation Dean and Head of the School of Dentistry & Oral Health at Griffith University in Queensland. Previously, he was Head of the Oral Health Research Group at the Dental Institute, King's College, London and Director of the World Health Organisation (WHO) Collaborating Centre for Oral Cancer and Precancer.

Professor Newell Johnson

It is the first new dental school in Australasia for 60 years. It has the opportunity to develop innovative programmes and, in particular, will be focussing on providing their students with unique opportunities to integrate with others across the oral health team in streams including dentistry, oral health therapy and dental technology. Professor Johnson has active research projects in both Africa and India. His move to Griffith University will provide the opportunity to develop new relationships, particularly in rural and remote communities of Australia and outwards to regional neighbours including Papua New Guinea and the Pacific Islands. Professor Johnson has been a staunch supporter of the Commonwealth Dental Association and we wish him well in his new appointment.

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Ms Ann Keeling has recently taken over from Ms Nancy Spence as Director of the Social Transformation Programmes Division (Education, Gender and Health) at the Commonwealth Secretariat. The CDA wishes Ms Keeling well in her new appointment and we look forward to working with her in the future.

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Professor Guido de Marco, the former President of Malta, was unanimously chosen. by the Commonwealth Foundation's Board of Governors, as the new Chairperson of the Commonwealth Foundation. He began his two-year term on 1 January 2005. He succeeds Mrs Graca Machel, who has been Chairperson since 2000. The CDA extends their best wishes to Professor Guido de Marco on his new appointment.

Professor DYD Samarawickrama, Co-editor of the CDA Bulletin, has been appointed Professor of Conservative Dentistry at the School of Medicine and Dentistry, Queen Mary, University of London. He also holds the position of Senior Tutor (Dentistry) at the same institution.

Professor D Y D Samarawickrama

He is a former Director of the Dental Auxiliary School, The London Hospital Medical College, University of London. This is the School that pioneered the '*Team in Training*' concept where Dental Hygiene and Therapy students were taught alongside the undergraduate dental students. He has been a Consultant in Oral Health to the Pan American Health Organisation and the World Health Organisation. More recently, he has been an advisor to the Barbados Dental Council on the mechanisms of assessment and registration of dentists. He has been an external examiner to several universities in the UK and also overseas. He is an Assessor of the International Qualifying Examination, General Dental Council, UK. His research interests are in the application of Dental Metrology to restorative clinical techniques with a view to improving quality consistently. He lectures regularly in the UK and overseas. We congratulate and wish Professor Samarawickrama every success in his new appointment.

ORAL HEALTH CONFERENCE Bangalore

Dr L K Gandhi
President, CDA

CAMHADD has been in Official Relations with WHO since 1990, and is a long-standing partner of WHO for collaboration in a number of technical areas, in particular mental health, disability prevention, maternal and newborn health, reproductive health, prevention of injuries, prevention of childhood blindness, Unity Towards Health to Achieve Social Accountability, Cardiovascular Diseases, NCD Prevention and Health Promotion and Oral Health. WHO has co-sponsored fourteen CAMHADD Workshops. The CAMHADD/WHO Bangalore Consultation workshop, co-sponsored by the WHO, was to promote and raise awareness, on the concept of Preventive and Promotive oral health through schools. In collaboration with WHO, CAMHADD has extended its programme in wider areas for prevention of brain damage.

At the invitation of CAMHADD and its Programme Committee, it was a great pleasure for me to represent CDA in my capacity as President.

I was a Moderator in the 1st Plenary Session on 27th January. The Chairperson for the 1st Plenary Session was Dr. Chandrashekar Shetty (Ex-Vice Chancellor, Rajiv Gandhi Institute of Health Sciences). The topic for this Session was '*Global Challenges to Oral Health Promotion*' given by Dr Poul Erik Peterson (Chief, Oral Health Programme, WHO) and '*The Burden of Oral Diseases in Children and Adolescents in Asia*' given by Dr. Hari Parkash (All India Institute of Medical Sciences, New Delhi).

I was also a Moderator to the 3rd Group Discussion held on 28th January and the topic discussed was '*Role of Tri-Sectors: Government, Private Sector and Civil Society to Promote oral health as a component of Healthy city project*'**.**

Both plenary session and the group discussion went well and I am sure it was a wonderful experience for those who were present.

Some of the important personalities who were present at this Workshop were, Dr Poul Erik Petersen and Dr Roberta Ritson as Representatives from WHO, Dr V R Pandurangi (Founder, Emeritus Secretary General & International Co-Ordinator CAMHADD).

The complete report on this global workshop will be on the CDA Website www.cdauk.com

NOMA

Preventive Strategies Against Noma announced by the Ministry of Health in Zambia

Professor Martin Hobdell
FDI Programme Manager for Africa

Arising from WHO's efforts to raise awareness concerning Noma in sub-Saharan Africa, the Ministry of Health in Zambia, last year (2004), launched its national Noma strategy. In his forward to the strategy document, Dr B U Chirwa, the Director-General of the Central Health Board, reports that in 70% of those children affected by Noma the outcome is fatal, but that if caught early the disease can be controlled and will have only limited oral effects. Early detection and treatment are critical in determining the outcome. The key to the Ministry's Noma strategy is therefore the setting up of information and education programmes for parents, especially mothers and pregnant women to help them with the nutritional and hygiene practices for their children together with helping to ensure that all children receive timely vaccinations against common infectious diseases.

Health-care workers will be trained in the diagnosis of the early signs and symptoms of Noma, which they will also learn to teach to parents and carers of young children. The Noma strategy is to be part of the Integrated Management of Childhood Illnesses Strategy of the Ministry of Health, with clearly defined guidelines for Noma diagnosis and management.

The initiative for the development of this strategy was taken by the Senior Dental Consultant/Oral Health Specialist, Central Board of Health and the CDA Vice-President for the East, Central and Southern African Region, Dr Pashane Mtolo.

CDA MEETING IN NEW DELHI, INDIA

Dr Sam Thorpe OR
CDA Executive Secretary

Introduction

A meeting of the Commonwealth Dental Association (CDA) took place in the Mumtaz Mahal Room, Taj Palace Hotel, New Delhi, India at 2pm on Saturday 11 September 2004, alongside the FDI World Dental Congress.

(left to right) Dr Burton Conrad (FDI Councillor), Dr L K Gandhi, Dr Sam Thorpe, Dr Alfred Dean (President, Canadian Dental Association)

Participants included the following
CDA Executive members:
Dr L K Gandhi *(CDA President) (India)*
Dr Sam Thorpe *(CDA Executive Secretary) (Sierra Leone)*
Dr Anthony Kravitz *(CDA Treasurer) (UK)*
Dr Hilary Cooray *(CDA Regional Vice-President, SE Asia) (Sri Lanka)*
Prof Martin Hobdell *(CDA Editor) (UK)*
Dr John Hunt *(CDA Regional Vice-President, Europe (UK)*
Dr Temalesi King *(CDA Regional Vice-President, Pacific) (Fiji)*
Dr Brian Mouatt *(CDA Immediate Past-President) (UK)*
Dr Pashane Mtolo *(CDA Regional Vice-President, E C & S Africa) (Zambia)*
Dr Joyous Pickstork *(CDA Regional Vice-President, Caribbean) (Bahamas)*
Dr Kofo Savage *(CDA Regional Vice-President, W Africa) (Nigeria)*
Professors Jacob Kaimenyi *(CDA President-Elect) (Kenya)* and D Y D Samarawickrama *(Co-Editor CDA Bulletin) (UK)*, were unable to attend and sent apologies for their absence.

There were also observers from:
Australia, Bangladesh, Canada, Fiji, Kenya, Singapore, Somalia, South Africa, Sri Lanka, UK and USA.

FDI representatives included:
Dr J T Barnard *(Executive Director)* and Dr Habib Benzian *(Development Manager)*.

Opening

Dr L K Gandhi *(CDA President)* opened the meeting by welcoming those present to New Delhi. He mentioned that the two meetings of the CDA Executive conducted by e-mail in April and July 2004 were very successful. He then called on the Executive Secretary to present his report.

Executive Secretary's Report

Dr Sam Thorpe *(CDA Executive Secretary)* indicated that his report covered the period January to August 2004. He highlighted the significant activities during the period, which included the following:

- Preparation and submission to the Commonwealth Foundation of the comments of CDA on the Matlin Report which outlined the Commonwealth Foundation's funding policy for and relationship with Commonwealth Associations.
- Preparation and adoption of the new CDA Standing Orders.
- Virtual meetings of the CDA Executive Committee conducted by e-mail in April and July 2004, which enabled all Executive members in different countries of the Commonwealth to take part, at no cost to the Association.
- Participation of CDA at the FDI/WHO Planning Conference for Oral Health in Africa, which took place in Nairobi, Kenya in April 2004; at which the '*Nairobi Declaration on Oral Health in Africa*' was adopted.
- Meetings of CDA Executive Secretary and CDA Administrator with senior officials of the Commonwealth Secretariat, the Commonwealth Foundation and the Commonwealth Nurses Association, in London in April 2004.
- Development and adoption of the *CDA 5-Year Strategic Plan (2004/2005 - 2008/2009)*. The strategic plan is expected to contribute to the implementation of the United Nations Millennium Development Goals (MDGs) as well as the achievement of the fundamental Commonwealth values and programmes.

Treasurer's Report

Dr Anthony Kravitz *(CDA Treasurer)* indicated that since taking over as CDA Treasurer in December 2003, he had introduced some new procedures, and produced the financial report in a new format. He stated that he had carried out a proper audit and probity on the 2003-2004 accounts, and was 110% satisfied with the way the CDA Administrator is maintaining the records. Copies of his report were distributed to participants.

Other Significant Outcomes

The significant outcomes of the other agenda items for the meeting included the following:

- FDI is keen on reviewing the use of tobacco. A joint CDA/WDDC/WHO Seminar in the Asian Region on Tobacco Abuse is an important activity that should be carried out.
- Efforts are being made to get Australiaand New Zealand to become members of CDA.
- A Pacific Regional Meeting is in the CDA's programme grant application for 2004/2005 recently submitted to the Commonwealth Foundation.
- The offer from Sri Lanka to host the CDA 5th Triennial Meeting in Colombo was accepted. In order to minimise cost for the CDA, it was agreed that this meeting should be held immediately before or after FDI 2006 scheduled to take place in Asia.
- During the open forum on the oral cancer seminar, the President emphasised the fact that CDA should do something about oral cancer. It was agreed that a small group, including Professor Martin Hobdell and Sam Thorpe, should work with Professor Bedi (*CDO, UK*) to develop a proposal paper to seek funding for one or two action-based pilot projects as a behavioural intervention. This activity should be an agenda item for the next CDA Executive meeting.

♦ It was agreed that Dr Joyous Pickstock (*CDA Regional Vice-President, Caribbean*) should produce a proposal for a CDA/ Caribbean Regional Workshop on HIV/AIDS. For logistical reasons, the workshop could be held alongside FDI 2005 in Montreal, Canada.

♦ Dentaid was commended for the work they are doing in developing countries. Zambia is one beneficiary.

♦ In future, the CDA Bulletin will be on the CDA website, and an e-mail alert will be sent to recipients informing them when it has been posted on the website. Articles will be published if they have a practical significance.

♦ The next CDA Executive electronic meeting will be held from 9-19 November 2004; the agenda will be sent out on 2 November 2004.

Conclusion

Dr Gandhi thanked the participants for attending the meeting, and declared it closed at 5pm. He then invited them to join the CDA at an informal reception which followed.

AT A GLANCE - FIJI 2003-2004 Continuing Education Programme

Dr Bernadette Pushpaangaeli *BDS(Fiji) MSc(UK) DDPH(UK)*
President, Fiji Dental Association
Senior Lecturer (Acting), Dental Public Health, Fiji School of Medicine

Dr Seema Lal *BDS(Fiji) MSc(UK)*
Coordinator, CE Committee, Fiji Dental Association
Lecturer, Fiji School of Medicine

Fiji is a group of volcanic islands in the South Pacific lying about 4,450 km (2,775 mi.) southwest of Honolulu and 1,770 km (1,100 mi.) north of New Zealand. Its 322 islands range in size from the large - Vitu Levu (where Suva, the capital is located) and Vanua Levu - to much smaller islands, of which just over 100 are inhabited. More than half of Fiji's population lives on the island coasts, either in Suva or in smaller urban centres. The interior is sparsely populated due to its rough terrain. Such geography has made access to proper dental care difficult for the people living in the rural areas of Fiji.

To begin with, Pacific Island countries have their own local geographic and meteorological influences. Many are very small, and most are remote from industrialised countries, with their islands widely scattered within a vast ocean. This has led to transport and communication difficulties leading to constraints on health-related activities. Assigning human and material resources to outer islands to provide appropriate health services is costly, time-consuming and frequently limited by lack of an adequately trained workforce. Most countries in the Pacific Islands region express a need to upgrade resources and training to cope with this deficiency.

The recent two years has been challenging in many ways for the young team of oral health professionals in Fiji who have initiated a fresh start to continuing education and professional development activities after almost fifteen years of absence of organized programs other than the annual conference.

Through the newly formed Continuing Education Committee, a range of activities were initiated and extended in 2003-2004 to member dentists of the Association as well as to other oral health care personnel including dental therapists, hygienists and technicians. These aimed to encourage better communication and mingling of dental personnel in the first instance before any intensive programs of training and continuing education could be successfully implemented, considering the long lapse of such activities. Fiji currently has 70 registered dentists.

The sessions were varied and in many ways aimed to make the best out of opportunities presented through collaboration with other institutes and bodies. These included:

1. Divisional Training Days - Divisional Level of Activities

Sessions were conducted at the Divisional Dental Clinic locations of the Ministry of Health and attended by private practitioners and dental officers from the Ministry of Health and also dental technicians from the public service (*Fiji's health system falls under the three main administrative divisions: Northern, Western and the Central/ Eastern*). These were conducted in the Western Division in August and the Northern Division in October.

Both training days focused on *Interceptive orthodontics and Composite Bridges* and the day's activities comprised of theoretical sessions to begin with and hands-on training in the afternoons**.** The training was delivered by Dr Charles Scola (*General Dental Practice*) and Shirley Scola (*Orthodontist*) from the UK, who are Senior Lecturers at the School of Oral Health, Fiji School of Medicine.

2. Scientific Sessions - National Level of Activities

June 2004: Sports Dentistry Workshop

The scientific sessions and hands on exercises were conducted by Toshiaki Koji, Associate Professor of Nippon Dental University, Niigata, Japan. The day's session in the following areas of sports dentistry: *history and basics, recognition of orofacial injuries, athletic activity with mouthguard and demonstrations and exercises on the fabrication of mouthguards*, provided professional development and technical skills necessary for the provision of oral health service to the sporting community in Fiji.

The following day, the Fiji Dental Association conducted an awareness programme during the Fiji Secondary Schools Rugby finals competition at the National Sports Stadium in Suva. This was a timely exercise for the rugby authorities as they work towards getting their teams to comply with international standards where mouthguards are a requirement for any match participation on the international scene. Brochures and

promotion material were possible through a joint effort of the National Centre for Health promotion, Ministry of Health and the Fiji Dental Association. In days leading to the scientific session and promotional activities, executives were invited to participate in talk-back shows in Fijian and Hindi, the two main languages of the majority of the population in Fiji.

Dr Shirley Scola with Dentists and Dental Technicians on a Techniques Exercise for Orthodontic Training

Fijians are well-known worldwide for their beautiful smiles, yet most of them have missing teeth. Usually, they will lose their teeth from a brawl or from not wearing a mouthguard while playing rugby. Rugby is still the leading sport throughout the Fiji Islands, now having an estimated 60,000 senior players and 20,000 schoolchildren. The Fiji Rugby Union reports that Fiji has the highest player to population ratio of any rugby-playing nation.

Sports Dentistry, in particular mouthguard use in rugby, was the theme of the session based on the favorite sport of the nation. This was an effort in providing an exciting opportunity for oral health professionals to engage in oral health promotion and awareness activities and actively participate in community efforts through their expertise.

The training sessions were attended by dental officers, technicians and dental students of the Fiji School of Medicine. The assistance of the secondary schools rugby competition organizers and other stakeholders provided an excellent opportunity to demonstrate the collaboration of oral health sectors and the community for oral health promotion and outreach.

December 11-12, 2004:
FDA/FDI Joint CE Program

The Fiji Dental Association assisted by the FDI World Dental Federation and through the major sponsors, Henry Schein Regional, brought together a continuing education scientific programme. Assistance co-ordinated by the FDI Programme Director included sponsorship of two speakers by 3M and also financial support received from the New Zealand Dental Association and thus significantly assisting developing countries such as Fiji in the continuing education and professional development of dental personnel.

The first half of day one examined and explored the opportunities for training and development of dental auxiliaries in Fiji by encouraging presentations by dental therapists, hygienist and technicians. The afternoon's scientific session was on the *'Relationship between Periodontal Health and Systemic Health and Chemotherapeutics in the Management of Periodontal Diseases'* by Professor Mark Bartold (*University of Adelaide*). The second day sessions were on the *'Restoration of the Severely Compromised Dentition'* delivered by Dr David Roessler (*Sydney*) and *'Orthodontics for the General Practitioner'* by Derek Mahony (*Sydney*), both sponsored by 3M.

Dr Sailasa Luvunakoro was the receipient of the *Initiative Award,* sponsored by Henry Schein Regional, given in acknowledgment of a young member dentist, serving in a remote, rural setting for his commitment, support and exemplary attitude shown in attending continuing education sessions organised by the Fiji Dental Association in 2003. This was an effort to encourage participation and development of dentists who serve in geographically isolated areas with almost non-existent means for ongoing professional development under a challenging work environment.

3. Evening Sessions

Evening sessions delivered in conjunction with the School of Oral Health, Fiji School of Medicine, by Visiting Academics and consultants to the school, included:

- Facial Trauma and Diagnosis of Oral Cancer (*March 2004*)
  by Associate Professor Andrew Smith (Oral & Facial Surgeon, University of Melbourne)
- Dental Amalgam and Human Health (*April 2004*)
  by Terence Cutress (Wellington)
- Periodontal Medicine: What is it and how does it affect my patients? (*May 2004*)
  by Professor Angela Pack (President, International Academy of Periodontology)
- Forensic Odontology: Identification of victims in mass disasters, bite mark analysis techniques and forensic facial reconstruction (*December 2004*)
  by Dr Alexander Forrest (University of Queensland)

Such sessions have only been possible in Suva in the Central/Eastern Division as the dental training school is based in the capital.

Future plans of the FDA hope to include hands-on training and organisation of professional development activities in collaboration with other stakeholders and aims to provide opportunities through better communications for remote areas through a website for learning. Efforts for capacity building of the oral health workforce in Fiji continue and the health sector reform, globalisation and a high expressed need for training of oral health care personnel demands revised and better planning and collaboration to meet the needs of the profession and the communities they serve.