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Summary report on the

Expert meeting to finalize a regional strategy for oral health promotion

Shiraz, Islamic Republic of Iran
12–14 November 2012



World Health
Organization

Regional Office for the Eastern Mediterranean

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1. Introduction

The WHO Regional Office for the Eastern Mediterranean held an expert meeting in Shiraz, Islamic Republic of Iran on 12–14 November 2012 to finalize a regional strategy for oral health promotion. The meeting was attended by oral health experts from countries of the WHO Eastern Mediterranean Region. The objectives of the meeting were to:

- Review the draft regional strategy on oral health promotion
- Agree on a core set of oral health indicators
- Review the proposed regional plan of action
- Agree on a mechanism to operationalize the strategy.

The meeting was opened by Dr Haifa Madi, Director, Health Protection and Promotion, who delivered a message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his message, the Regional Director stressed the cost-effectiveness of oral health promotion to prevent and control the burden of oral diseases. He emphasized the importance of oral health as an integral element of general health and well-being and its importance for the overall quality of life. Since the previous year's meeting, the Regional Office had been working to develop a regional strategy on oral health promotion, together with core indicators and standard survey tools to collect oral health data. Over the next three days, participants would review and finalize the regional strategy on oral health promotion, including a core set of indicators with standard survey tools, and develop plans for adapting and implementing them in countries. He expressed his confidence that the expertise and guidance would enhance the regional strategy and result in a clear roadmap for its successful operationalization.

Dr Mohammadhadi Imanieh, Chancellor of Shiraz University of Medical Sciences, addressed the participants and emphasized the burden of noncommunicable diseases including oral health in addition to the

inequity in the distribution of services leaving the disadvantaged population underserved.

Drs Zafarmand and Khoshnevisan (Islamic Republic of Iran) served as co-Chairs of the meeting, and Drs Ali Khader (UNRWA) and Salahdin Bulushi (Oman) served as Rapporteurs.

2. Conclusions

The draft strategy on oral health promotion was developed in consultation with experts from Member States and includes a number of strategic directions.

Participants discussed the findings of a regional situation analysis on the nature and extent of oral–dental problems. The methodology used was a rapid assessment “questionnaire” developed by the WHO Regional Office and headquarters to establish baseline data that could assist in providing broad directions. The response rate, at 60%, was considered weak. The findings showed that in some countries an oral health officer is not present. Many countries do not have relevant data, and the data provided were old. In addition, some of the collected information was questionable in terms of validity and reliability.

In the first group work session, groups discussed strategic directions and provided feedback on proposed interventions related to: strengthening political commitment, advocacy and public awareness and addressing risk factors to prevent and control oral diseases; strengthening country capacity in promotion, prevention and treatment of oral health conditions and integration of oral health services within primary health care; and targeting priority groups. Group work recommendations were included in the strategy.

During the second day participants reviewed the surveillance system in the Islamic Republic of Iran, including general information about the system and the different steps needed to construct an effective surveillance system:

- Identification of stakeholder conducting stakeholder analysis
- Consensus agreement on core indicators
- Ranking priorities of the core indicators
- Identification of the source of data
- Review of oral health local and global comparative studies and research
- Designing the surveillance system
- Informing and involving stakeholders
- Developing guidelines and defining data need. In the regard, the design of flowcharts on how to operationalize the surveillance system is very useful.

Participants discussed the difference between routine data collection, surveillance system and surveys and how they are interrelated to develop a comprehensive oral health information system. The systematic and ongoing collection of data is far more cost-effective than costly surveys. They discussed the different steps of conducting an oral health survey and were asked to look into the oral health data already collected by their countries through the STEPS and to participate actively in data collection and information sharing.

The meeting reviewed global oral health goals for 2020, global indicators and oral health targets proposed by regional strategy. Participants also discussed essential indicators to monitor and reviewed the different oral health assessment forms for data collection and expected outcomes. During group work, participants reviewed their national oral health

information system and identified core regional indicators and expanded country-specific indicators.

The following set of regional core indicators was agreed to be collected.

- Percentage of individuals aged 12 years affected by dental caries (permanent dentition). This indicator to be monitored through the DMFT index at age 12 years old, conducting a national survey every 5 years, using WHO standard method and to be reported as D, M, F to produce care index and un-met restorative index. Other groups of the population were excluded for practicality/feasibility reasons, however based on the available resources each member state can consider other age groups for this survey.
- Percentage of first grade schoolchildren covered by school oral health screening programme. This indicator is to be reported annually from the routine data and a standardized report format will be designed by the Regional Office.
- Percentage of 15 year-old schoolchildren with periodontal disease. The method to be used is the modified community periodical index (CPI) score (0 free, 1 diseased) at 5-year intervals.
- Number of dentists and other oral health personnel per 10 000 inhabitants, broken down by sex, sector of employment (private, public) and location (rural/urban) and to be reported annually.
- Percentage of primary health facilities with dental services available either for prevention, promotion and treatment. This indicator is to be reported annually.

During the third day the regional action plan developed by the Regional Office was discussed and Member States worked on their national workplans in line with the regional plan. Based on discussions with the participants, the regional workplan will be finalized and shared with Member States. Each Member State will also finalize and endorse the national workplan and share it with the Regional Office.

The participants agreed that the Regional Office with the support of the WHO Collaborating Centre for Training and Research in Dental Public Health will develop the standard survey methodology for the Region.

3. Recommendations

To Member States

1. Conduct another situation analysis including periodical survey using the WHO standardized methodology.
2. Establish an oral health information system integrated into the national health system, including indicators on risk factors, outcome, care provided and quality of care, to ensure regular monitoring and evaluation of the oral health programme.
3. Re-orient oral health services towards prevention and promotion.
4. Allocate resources and strengthen the capacity of the dental workforce.

To WHO

5. Sustain advocacy for oral health in the Region.
6. Provide technical support for policy development, implementing oral health programmes and building capacity, especially in conducting surveys.
7. Facilitate exchange of evidence and experience among countries.
8. Establish an active monitoring system for the Region to obtain updated information.



World Health Organization
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P.O. Box 7608, Nasr City 11371
Cairo, Egypt
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