Dear reader,

By the time you are finally holding this edition of DT Asia Pacific in your hands, the first matches of the FIFA 2010 World Cup will have already been played. For four weeks in June and July, the eyes and minds of billions of people around the world will turn to South Africa in hope that their team will win the world’s most coveted trophy in sports.

Unfortunately, the word hope cannot be applied to the host country itself. South Africa, though still one of the Black Continent’s most advanced nations, remains a deeply divided and troubled nation with problems that even the best organised World Cup will not be able to erase from the political and social landscape any time soon. The lack of oral health care is just one of the minor problems in the country.

According to the latest figures from UNAIDS, almost 6 million of 12 percent of the South African population is living with HIV/AIDS. The mortality rate linked to the disease has doubled from slightly over 500,000 in 1997 to over 1,000,000 in 2006. Half of these deaths are within the most productive age groups, which significantly affects the country’s economic output and development.

AIDS remains the number one killer of adults in their productive age groups, which significantly affects the country’s economic output and development. “Optimal intervention in relation to oral disease is not universally available.”

Despite great achievements in the oral health of populations globally, problems remain in many communities around the world. The decline of oral diseases in industrial countries means that the burden of oral diseases can be prevented and controlled with fairly simple interventions. Advances in knowledge and technology and preventive interventions in health can virtually eliminate the pain, suffering and loss of quality of life that accompany oral diseases. In South Africa, the availability of such advances is not universal. The distribution and severity of oral disease varies in different parts of the country.

A recent survey found that almost a fifth of the South African population reported oral-health problems and this relatively high level of perceived oral-health problems implies that oral health should be of greater priority. Further, more levels of dentiﬁciousness are unacceptably high and of concern, not only as dental caries and periodontal disease are preventable and treatable conditions, but also because of the increased risk regarding blood-borne infections such as HIV/AIDS and hepatitis in a region where these conditions are rife. A shift from the endemic curative philosophy to an approach to oral health care that is more promotive and integrated, both amongst the public and health-care professionals, is urgently required.

In general, there is a low utilisation of oral-health services and this may be due to factors of accessibility, affordability and the type of services provided. Difficulties pertain to: (i) the structure and management of oral-health services in most of the provinces; (ii) the dentist-driven public oral-health services, (iii) the palliative and demand-driven nature of the services; (iv) inequities in oral health care in the provinces; and importantly (v) the mainly urban location of oral-health care services.

In South Africa, optimal intervention in relation to oral disease is not universally available because of escalating costs and limited resources. This, together with insufficient emphasis on primary prevention or oral diseases, poses a considerable challenge. Opportunities exist to expand oral disease prevention and health promotion knowledge and practices amongst the public through community programmes and in health settings.

The major challenges for the future will be to translate knowledge and experiences of disease prevention into proactive programmes. Social, economic and cultural factors, as well as the changing population demographics, affect the management of independent bodies has come under public criticism and judicial censure. Evidently, there is an urgent need for innovation in health education. Corruption charges have been laid, but these are allegations that need to be proved. The current system lacks transparency in all matters and in dealing with public transparency is required. Corruption, whatever its extent, needs to be dealt with severely and heavy punishment, apart from dismissal, should be meted out. This calls perhaps for a change in the legal system.

Whatever the regulatory body, it should be managed by experts of high calibre and integrity, independent of government control, with the good of the country and community in mind. Whether a single body would be able to address the challenges of the various professions remains to be seen, but this can only be determined through investigation and experimentation.

The new regulatory body, whenever it is established, is not expected to effect miracles. But if it is staffed by those with integrity, honesty and a commitment to public health, it will prove beneficial to the community.

Contact Info

Sudeshni Naidoo is Professor at the Department of Community Oral Health, Faculty of Dentistry, University of the Western Cape, in Cape Town in South Africa. She can be contacted at suresni002@uwc.ac.za.

Contact Info

Dr Ashok Dhoble is Honorary Secretary General of the Indian Dental Association. He can be contacted at ashokdhoble@ida.org.in.