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Letter to the Editor

Oral Health Policy Amicable for the South Asian Association for Regional Cooperation Nations

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Dear Editor-in-Chief

The South Asian Association for Regional Cooperation (SAARC) is an economic and geopolitical cooperation among eight member nations namely India, Pakistan, Bangladesh, Afghanistan, Bhutan, Maldives, Nepal and Sri Lanka that are primarily located in South Asia continent (1). There is an urgent need to formulate a common oral health policy feasible for SAARC nations. The oral health policy for SAARC nations should rely on the preventive, interceptive and rehabilitative approach towards oral and dental diseases.

The three pillars essential for oral health programs are oral health education or instruction, primary prevention measures and secondary prevention measures (2). The primary prevention includes "those measures taken prior to the commencement of disease for avoidance or removal of causative factors"(3). It include fluoridation (topical and systemic), plaque control, diet counseling, oral cancer or smokeless tobacco use and hazards counseling and pit and fissure sealant program. The primary prevention strategy should be implemented in Primary Health Centres and Community Health Centres.

The secondary prevention includes "intercepting disease in its early stage so that the destruction and subsequent repair is minimum" or in other words, there is utilization of following dental specialties such as oral medicine and radiology, oral pathology and microbiology, periodontics, operative dentistry and endodontics, orthodontics and oral surgery(3). The secondary prevention strategy should be implemented in Taluk Hospitals, District Hospitals and General Hospitals.

"The tertiary prevention includes those measures taken to prevent further destruction from the disease"(3). In tertiary prevention, the prosthodontics specialty is utilized along with sophisticated implant dentistry. The tertiary prevention strategy is utilized for geriatric dental care.

Oral cancer is most prevalent among young population who are using smokeless form of tobacco as revealed by studies from Pakistan and India (4, 5). On the other hand, tobacco-associated lesions such as oral leukoplakia and oral sub mucous fibrosis are the potentially malignant disorders of the oral mucosa that are seen in the young adolescent population in SAARC nations (6). Tobacco cessation clinics and oral cancer detection clinics should be implemented effectively in Primary Health Centres and Community Health Centers (7).

Mobile dental unit is an effective method to deliver oral health-care in the public sector. It should be implemented in health sector in multiple situations, such as educating school children regarding oral health, screening of the population for various oral diseases, school and community dental health program such as sealant application program, providing both preventive and curative services in homebound settings, dental services to people who are homeless, temporarily displaced or migrants and supplementing the medical ser-

vices in case of any emergency relief situation or vaccination program (8-10).

Separate university related to dentistry and apex institutions related to dentistry should be constituted in SAARC nations to carry out academic activities, research and sophisticated and expensive dental treatments. Research should be carried out on common dental problems such as dental caries, periodontal disease and oral cancer to assess the delivery of oral health services in SAARC nations. Now a days organized crimes (terrorist attacks), natural calamities (Tsunami, earthquakes) and accidents (Airplane crash, train accidents) are common in SAARC nations. So it is time to think about the inclusion of dental surgeons specialized in forensic odontology in mass disaster management team in dental identification process (11).

It was concluded from the International Association for Dental Research(IADR) invested Global Oral Health Inequalities Research Agenda (GOHIRA) that the underlying causes of global inequalities in oral health include gross economic disparities between and within countries and policies and programs that emanate from the failure of governments to address the social determinants of health (12). The concerned authorities of SAARC nations should constitute dental professionals from eight representing countries to form a consortium to discuss the attributes related to oral health inequalities and frame a common oral policy amicable to SAARC nations. Oral health policy needs to be implemented as a priority in SAARC nations, with an emphasis on strengthening dental care services under public health facilities. In the present scenario, it may be inferred that the current oral health status in SAARC nations is because of poor implementation of government public health policies and not because of lack of dental professionals.

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