



FEDERAL MINISTRY OF HEALTH



NATIONAL ORAL HEALTH POLICY

NOVEMBER 2012

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FOREWORD

The delivery of health care services to Nigerians will not be complete without the inclusion of oral health. This can only be possible through the development and promotion of accessible, effective, efficient and sustainable oral health system based on prevention with effective integration of oral health into National Health Programmes.

For the first time ever, Nigeria can now boast of a comprehensive National Oral Health Policy.

The National Oral Health Policy is intended to achieve optimal oral health for at least 50% of Nigerians through sustainable awareness creation, early detection and prompt treatment of oral diseases using evidence based interventions, strategic research, workforce development and coordination of oral health activities including institutionalization of modern dental practices. The policy document was developed through multi-stakeholder participation of experts in oral health, WHO, medical practitioners in the three tiers of the health system, National Primary Health Care Development Agency, National Health Insurance Scheme and the private sector. The policy was approved along with its implementation strategy by the Federal Executive Council in October 2011 subsequent to the earlier approval by the National Council on Health in May of the same year.

The priority areas and targets of the National Oral Health policy are:

** Integration and promotion of Oral Health as part of general health in a way that would make it equitable, accessible, affordable and appropriate for every Nigerian based on full community participation, inter-sectoral collaboration as well as indigenous systems and appropriate technology. Levels of care to be provided will be based on the minimum acceptable standards which assume quality assurance, patients' satisfaction and provision of universal coverage.*

** Training and human resource development of Oral Health care providers to meet minimum international standards, with emphasis on Primary Oral Health Care.*

**? Developmental provision of adequate Oral Health financing by all tiers of Government by the year 2020.*

** Strategic Research, monitoring and evaluation to promote research and ensure best practices and globally acceptable delivery of oral health services.*

** Development of Information and Communication Technology/Oral Health Information system (OHIS) to ensure effective management of Oral Health data.*

The effective implementation of this policy will require inter-sectoral collaboration of Ministries and Agencies of Government, including the private sector. These organizations include the Ministry of Water Resources, Ministry of Education, Federal Ministry of Information, the National Health Insurance Scheme, the National Primary Health Care Development Agency, the private sector, civil society groups and the National Assembly.

This policy has also provided the enabling environment for private investment in public Oral Health Institutions. Companies are encouraged to assist in oral health awareness programmes as part of their corporate social responsibility while Financial Institutions should provide loans at concessional rates to new and existing dental facilities.

I approve the implementation of this policy and recommend its use to all stakeholders in oral health care in Nigeria.



*Prof. C. O. Onyebuchi Chukwu
Honourable Minister of Health*

February 2012

ACKNOWLEDGEMENT

With utmost pleasure and on behalf of members of staff of the Dentistry Division of the Federal Ministry of Health, I thank the Almighty God most sincerely for the successful completion of this enormous task of being the midwife of the National Oral Health Policy. It would have been impossible to produce this landmark policy document without the immeasurable contributions received from all the distinguished stakeholders.

First of all, the Honourable Minister of Health, Professor C. O. Onyebuchi Chukwu, was central to the development of this policy. His visionary leadership as the Chairman of the Ministerial Steering Committee for the improvement of Oral Health was a catalyst for the integration of Oral Health into relevant programmes as an essential aspect of general health. The policy document identifies primary oral health care as a veritable strategy for the development of oral health in Nigeria. This was achieved through the magnanimous efforts of the Honourable Minister of State for Health, Dr Mohammed Ali Pate towards the integration of oral health into Primary Health Care when he was the Executive Director of the National Primary Health Care Development Agency. The erstwhile Permanent Secretary, Federal Ministry of Health, Mr. Linus Awute, mni and his successor, Mrs F. B. Bamidele also displayed unequalled passion and inestimable support for the development of Oral Health in general and specifically for the production of this National Oral Health policy. These actions are already stimulating a positive change in the image of Dentistry nationwide.

The Directors and Heads of Departments in the Federal Ministry of Health demonstrate a formidable force constantly propelling the Dentistry Division towards moving the National Oral Health forward. At the stakeholders' level of the development of the policy, they contributed innovative ideas that exemplify the dividends of collaborative efforts. The leadership provided by the former Head of Department of Hospital Services, Dr. Cyril Okeke and his successor Dr W. I. Balami as well as my predecessor, Dr. E. Nnadozie are particularly appreciated.

To all our development partners, especially the World Health Organization, we express our profound gratitude for your invaluable technical and financial support at the early stages of developing the draft policy document.

The collective and individual efforts of all stakeholders towards the development of this policy were quite enormous while the contributions of ICOH Jos, NPHCDA, NHIS and Deans of Dental Schools were very resourceful. You submitted several memoranda and valuable information to the Ministry and your active participation during the finalization of the policy document gave impetus to the production of a comprehensive National Oral Health Policy that has been adjudged to be of international standard.

Finally, our profound appreciation goes to the National Assembly, the Federal Ministry of Finance and indeed the entire policy makers of our great country Nigeria for the paradigm shift from previous neglect of Oral Health to ensuring that increasing attention is now given to it in terms of budgetary allocation, advocacy, promotion and effective delivery of oral health care.

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LIST OF ACRONYMS

CBOs	-Community Based Organisations
CHEWs	-Community Health Extension Workers
CHOs	-Community Health Officers
CSOs	-Civil Society Organizations
DThRBN	-Dental Therapists' Registration Board of Nigeria
DTRBN	-Dental Technologists' Registration Board of Nigeria
FBOs	-Faith Based Organisations
FMOH	-Federal Ministry of Health
FRSC	-Federal Road Safety Corps
HIV/AIDS	-Human Immunosuppressive Virus / Acquired Immune Deficiency Syndrome
ICOH	-Intercountry Centre for Oral Health
ICT	-Information Communication Technology
IEC	-Information Education and Communication
JCHEWs	-Junior Community Health Extension Workers
LGA	-Local Government Area
MDCN	-Medical and Dental Council of Nigeria
NACA	-National Agency for the Control of AIDs
NAFDAC	-National Agency for Food and Drugs Administration and Control
NGOs	-Non-Governmental Organisations
NHIS	-National Health Insurance Scheme
NHMIS	-National Health Management Information System
NIMR	-Nigerian Institute of Medical Research
NIPRD	-National Institute for Pharmaceutical Research and Development
NPHCDA	-National Primary Health Care Development Agency
NSHDP	-National Strategic Health Development Plan
OHIS	-Oral Health Management Information System
PHC	-Primary Health Care
PLWHA	-People Living With HIV AIDs
SMOH	-State Ministry (s) of Health
SON	-Standards Organisation of Nigeria
WHO	-World Health Organization

CHAPTER ONE

INTRODUCTION

- Situation Analysis
- Policy Justification



INTRODUCTION

Oral Health means more than healthy teeth and the absence of disease; it is the well being of the oral cavity including the dentition and its supporting structures. It involves the ability of individuals to carry out essential functions such as eating and speaking while being able to contribute fully to society. Oral health depends on many factors including genetic and environmental predisposition for disease, nutrition and dietary practices, oral self-care behaviours, health beliefs, socio-economic status as well as dental care. The mouth is certainly the gateway to the body and the fact that many systemic diseases (such as Anaemia, Leukaemia, Diabetes mellitus, Osteoporosis, fluorosis and even HIV infection, just to mention a few) present with oral manifestations shows that the mouth is the mirror of the entire body and this makes it imperative for oral health to be taken beyond the care of the teeth.

Oral diseases have a significant impact on the health and well being of affected individuals because they cause pain, increase morbidity and mortality and result in lost school hours and reduced socio-economic activities. The most common diseases that occur in the mouth include dental caries (tooth decay); periodontal diseases (diseases of the gum and bone that support the teeth); malocclusion (problems with tooth or jaw alignment); dental oro-facial injuries; cleft lip and palate, oral cancer and Noma. Relationships have also been identified between common oral diseases and cardiac infections (subacute infective endocarditis), coronary artery disease and the poor pregnancy outcomes. Based on this, every Nigerian deserves to have affordable, accessible and qualitative Oral Healthcare.

1.1. SITUATION ANALYSIS

An accurate assessment of the Oral Health situation in Nigeria is presently difficult because of the absence of coordinated system for collecting Oral Health data in the country. However the limited information available suggests that the Oral Health of Nigerians is poor.

- * **Oral Health care needs:** The need for Oral Health care among Nigerians is huge. Studies indicate that periodontal disease with deep pocketing occurs in Nigerians at an early age with a prevalence of 15-58% in persons over 15 years. Dental caries experience varies between very low in rural communities to moderate in urban. Although reported as having a low prevalence, dental caries is a public health problem because most of the lesions are untreated. Traumatic injuries are also common in the oro-facial region. There is an apparent rise in the occurrence of oral tumours among Nigerians.
- * **Human resources:** The available Oral Health workforce in the country is grossly inadequate to meet the Oral Health needs of the Nigerian populace in terms of number and rightness of mix. The geographical distribution is also

- inimical to achieving good Oral Health. Most of the available personnel are employed in the urban areas leaving the rural areas which accounts for over half of the population grossly underserved.
- * **Dental services:** Although dental services are provided by both the public and private sectors the number and geographical distribution of these facilities are presently inadequate to meet the needs of the population. Most of the facilities are located in the urban areas of the Southern part of the country.
 - * **Financing:** Funding for Oral Health care is derived mainly from allocations by the Federal and State Governments, Private Organisations, as well as out of pocket expenditure. Although Oral Health is included on the National Health Insurance Scheme (NHIS), dental providers are considered as secondary caregivers and can only attend to patients who are referred by their medical colleagues. In addition most dental treatments are provided on a fee-for-service basis on the scheme.

1.2. JUSTIFICATION

Oral care has not been given the required priority in the health care delivery system for the following reasons

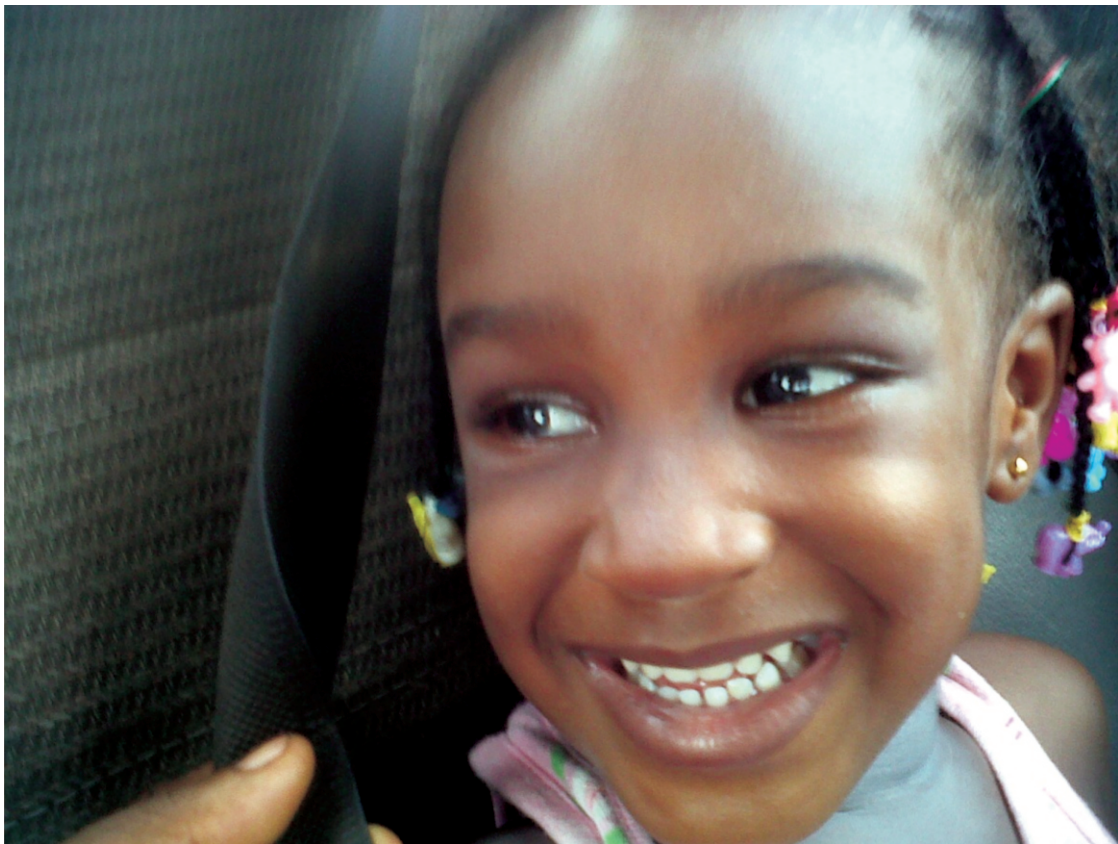
- * Lack of awareness of the populace and policymakers about the importance of oral disease.
- * Misconception that oral diseases are neither debilitating nor life-threatening consequently they are regarded as requiring less attention by the community.
- * Poor understanding of the fact that Oral Health promotion has a potential of saving unnecessary expenditure on Oral Health intervention initiatives and programmes.

A National Oral Health Policy as well as a robust implementation strategy is therefore needed to improve the Oral Health of the populace.

CHAPTER TWO

FRAMEWORK FOR THE ORAL HEALTH POLICY

- Vision
- Mission
- Goal
- Guiding Principles



FRAMEWORK FOR THE ORAL HEALTH POLICY

2.1. VISION

The vision of the Federal Government for Oral Health is to improve the Oral Health status of all Nigerians.

2.2. MISSION

Improving the level of Oral Health of Nigerians through the development and promotion of accessible, effective, efficient, and sustainable Oral Health System based on prevention, early detection and prompt treatment of oral diseases, using evidence-based interventions.

2.3. GOAL

To achieve optimum Oral Health for at least 50% of Nigerians through sustainable awareness creation, strategic research, workforce development, and coordination of Oral Health activities as well as institutionalization of modern dental practices, and to ensure effective integration of oral health into national health programmes.

2.4. GUIDING PRINCIPLES

The effective implementation of this policy and its sustainability will be guided by the following principles

- * High priority to promotion of Oral Health and the prevention of Oral diseases.
- * Respect for ethics, human rights, culture, gender and religion.
- * Accessible and affordable care for both users and providers to ensure equity and community participation in Oral Health care.
- * Use of appropriate technology and personnel in the delivery of Health care in line with global best practices.
- * Multi-sectoral approach involving other sectors of society.
- * Integration of Oral Health into national health programmes.
- * Development of appropriate and adequate human resources for Oral Health nationwide.

CHAPTER THREE

PRIORITY AREAS OF THE NATIONAL ORAL HEALTH POLICY

- Oral Health Promotion
- Training and Human Resource Development
- Service Delivery, Levels of care and Standards
- Oral Health Financing
- Research/Monitoring and Evaluation
- Information & Communication Technology and Oral Health Information systems.



PRIORITY AREAS OF THE NATIONAL ORAL HEALTH POLICY

3.1 ORAL HEALTH PROMOTION

Oral Health as an integral part of general Health should be promoted in a way that would make it equitable, accessible, affordable and appropriate for every Nigerian based on full community participation inter-sectoral collaboration and appropriate technology.

3.1.1 TARGETS

The Oral Health policy will achieve the following targets by the year 2015:

- * Raise awareness of the importance of Oral Health among at least 70% of Nigerians.
- * Raise level of Oral Health awareness among the entire Health workforce.
- * Raise the knowledge of appropriate self oral care and community oral care and improve the skills in Oral Health care among at least 50% of the populace.
- * Ensure access to Oral Health care for at least 50% of the populace.
- * Incorporate the *Basic Package of Oral Care* (comprising Oral Urgent Treatment, Affordable Fluoride Toothpaste and Atraumatic Restorative Treatment) as a component of the Essential Package of Health Care
- * Achieve provision of the Basic Package of Oral Care in at least 50% of Primary Health centres nationwide.
- * Include Oral Health in all Health and Health-related policies of the Nigerian Government.
- * Develop collaborative approaches that will address the common risk factors to oral disease with the appropriate stakeholders.
- * Strategically position Oral Health on a pedestal for contributing meaningfully to the achievement of the Health Targets of the 'vision 20:2020' programme.

3.1.2 STRATEGIES

1. Integrate Oral Health care into the Primary Health care system:
 - * The Basic Package of Oral Care should be implemented within the PHC framework.
 - * Oral Health should be included as a component of the Health promotion/education unit, maternal Health unit, school Health, nutrition and control of infectious diseases.
 - * The water and sanitation unit should also conduct assessments to determine fluoride levels in public water supply.
2. The Basic Package of Oral Care should be provided for priority targets populations especially the maternal and child population, the physically and mentally challenged, and the elderly.

3. Health education should be provided in key settings such as schools, antenatal clinics, markets, places of worship, community meetings and work places.
 - Develop Information Education and Communication (IEC) materials that would be useful in raising awareness for the various population groups.
4. Policy: An Oral Health component should be included in Health facilities, Community, School and workplace Health policies.
5. Legislation should be developed and enforced to discourage habits that are harmful to Oral Health such as the institution of smoke-free environment in public places.
6. Fiscal policy such as increase in the duty and taxes for substances that are harmful to Oral Health e.g. tobacco as well as the reduction in duty and taxes for substance that enhance Oral Health e.g. toothpaste and dental floss.
7. Advocacy
 - * Mobilize the mass media as a tool for Oral Health promotion.
 - * Use of social marketing and participatory methods to mobilize support from policymakers, political and community leaders, training institutions, NGO's professional associations, business and social groups and industry.
 - * Involve CBO's, NGO's, FBO's in the promotion of Oral Health.
8. Institutionalization of Oral Health week nationwide to promote good Oral Health habits.
9. Oral Health should be included as a component of pre-employment Health checks.
10. Oral Health care must be provided for the maternal and child Health population as a priority.
11. Organize workshops, seminars and conferences that would be useful in raising awareness and building capacity concerning oral health among the Health workforce.

3.2. TRAINING / HUMAN RESOURCE DEVELOPMENT

Training and Human Resources Development of Oral Healthcare providers must meet minimum international standards, with emphasis on Primary Oral Health care and Continuing Professional Development programmes.

3.2.1. TARGETS

- * Provision of human resources to address at least 50% of the primary Oral Health care needs of the population by 2015.
- * Establishment of at least one accredited Oral Health Training institution in each geo-political zone.
- * Institutionalization of training programmes that produce Oral Health personnel of high quality and adequate quantity to meet global standards.
- * Emphasis on Oral Health promotion and prevention in all Oral Health personnel training programmes by the year 2015.
- * The teaching of good ethical practices and jurisprudence in Oral Health care must be a major component of the training curricular of Oral Health care providers by 2015.

3.2.2. STRATEGIES

1. The Ministries of Health shall provide stewardship role with other ministries such as Education, Science and Technology, Labour and Productivity as well as the National Planning Commission in planning the Oral Health system. This shall be with a view to producing the appropriate kind of oral health manpower in correct numbers and quality and thereafter ensuring equitable distribution.
2. Ministries of Health in collaboration with other Ministries and other relevant Professional Regulatory Bodies, Universities and other relevant Educational bodies shall periodically review oral health training programmes in the light of national projections for oral health. They shall review the training programmes to include necessary reforms relevant to national objectives and primary Oral Health needs.
3. Deliberate efforts shall be made to secure more equitable distribution of Oral Health personnel throughout the country. Needs of under-served areas shall be given special attention by deliberate policies on personnel, terms of appointments, remunerations and other incentives.
4. Postgraduate training shall be adequately funded in order to produce specialists for services at the secondary and tertiary level of health care provision.
5. Appropriate regulatory bodies shall be established and/or strengthened for the training, practice, discipline and monitoring of all oral health professionals under the supervision of the Federal Ministry of Health.

3.3. SERVICE DELIVERY, LEVELS OF CARE AND STANDARDS

Oral health care services should be provided based on the minimum acceptable standards which will assure quality assurance, patient satisfaction and provide universal coverage to all citizens.”

3.3.1. TARGETS

1. At least 50% of all PHC Centres should have Oral Health Personnel by 2015.
2. At least 50% of all LGA's should have a Dental Clinic manned by a Dental Surgeon and other Oral Health personnel by 2015.
3. Each State should have a functional Division of Oral Health Care with a full complement of personnel which is headed by a Chief Dental Surgeon and have at least one Dental Centre in each Senatorial Zone by 2015.

3.3.2. STRATEGIES

1. The Division of Oral Health Services in the FMOH should be repositioned and strengthened in order to provide stewardship and leadership roles in the Oral Health sector

2. All Federal tertiary health facilities should have a well equipped dental clinic with a full complement of staff in order to maintain an effective referral system.
3. The NPHCDA should have an Oral health Unit with a full complement of staff to ensure full integration of Oral Health into the PHC system. The NPHCDA should further ensure replication at the State and Local Government PHCDA levels.
4. Strengthen collaboration between the Ministries of Health, the Professional Regulatory bodies and Oral Health Training Institutions, to accomplish effective review and updating of the operational guidelines of all regulatory bodies, capacity building of regulatory agencies staff and monitoring of Providers' compliance to the regulatory guidelines.
5. Recognize the barriers to oral health among special groups such as the disabled and the elderly, and ensure effective alliances with homes, schools, and other relevant bodies to reduce the unmet needs among these groups.
6. Develop and improve the Health management skills and capabilities of Oral Health programme managers at all levels of care.
7. Ensure the implementation of Quality assurance and improvement initiatives at all levels of Oral Health care.
8. Collaborate with SERVICOM to develop Oral Health service guidelines and entrench SERVICE COMPACT at all levels of care
9. Ensure the implementation, monitoring and evaluation of the quality of care at all levels of Oral Health care provision.

3.4. ORAL HEALTH FINANCING

3.4.1. Adequate Oral Health financing by all tiers of Government

3.4.2. **TARGETS**

Developmental provision of adequate Oral Health financing by all tiers of Government by the year 2020.

- * At least 50% of the NHIS enrollees should access primary oral health care by 2015.
- * Integration of Oral health into the Community Based Social Health Scheme by the year 2015.

3.4.3. **STRATEGY**

- * Funds for Oral health care should be derived from the following sources:
 - * Direct Government Funding (Federal, State, LG)
 - * NHIS
 - * Private-Public-Partnerships (Private investments in public institutions) create an enabling environment for private investment in public Oral Health Institutions.
 - * Corporate Social Responsibility Programmes (Companies will receive tax rebate incentives for supporting Oral Health activities)

- * National and International Funding Agencies
- * Private Funding: out of pocket payments
- * Bank Loans: Concessions should be given, soft loans etc.

Areas of utilization of derived funds should include

- * Promotion of Oral Health Awareness
- * Equipping new and existing Oral healthcare facilities
- * Training of Oral healthcare professionals
- * Oral Health Research
- * Community Oral Health

3.5. RESEARCH/ MONITORING AND EVALUATION

The aim is to promote research and ensure effective monitoring and evaluation of oral health activities.

3.5.1. TARGETS

- * To build capacity of staff at all levels to Conduct research on Oral Health.
- * Develop basic tools for monitoring and evaluating Oral Health activities in the country.
- * Develop and disseminate a standardized data collecting format for Oral Health.
- * Create a National Oral Health Database

3.5.2. STRATEGY

- * Conduct research in Dental materials in collaboration with organizations like the chemistry department of universities, Raw Materials Development Agency and other relevant organizations.
- * Conduct periodic National Oral Health Surveys (every five years).
- * Develop compendium of research already conducted in Nigeria and identify areas of research needs.
- * Every State Ministry of Health should have a designated Officer in the Oral Health Directorate (for the purpose of monitoring and evaluation of implemented policies).
- * To encourage research at least 5% of national vote for oral health should be directed at research.

3.6. INFORMATION AND COMMUNICATION TECHNOLOGY/ ORAL HEALTH INFORMATION SYSTEMS (OHIS).

The aim is to ensure the effective management of Oral Health data using appropriate technology.

3.6.1. TARGETS

- * Obtain baseline information on oral health
- * To build capacity of staff at all levels on Oral Health information systems.
- * To develop minimum data set for OHIS.
- * Integration of basic oral health data into the National Health Management Information System (NHMIS).
- * Deploy appropriate ICT in the management of Oral Health data.

3.6.2. STRATEGY

- * Encourage research. Five percent (5%) of national vote for Oral Health should be directed at OHIS and ICT.
- * Provide appropriate training for relevant personnel in data management and ICT.
- * Share Oral Health data with relevant government agencies e.g. National Population Commission, National Bureau of Statistics, National Planning Commission and Medical Research Institutes (e.g. NIMR, NIPRD).
- * Include Oral Health data in the National Demographic and Health survey.
- * Collaborate with development partners to offer technical assistance in order to meet the global standards for OHIS.

CHAPTER FOUR

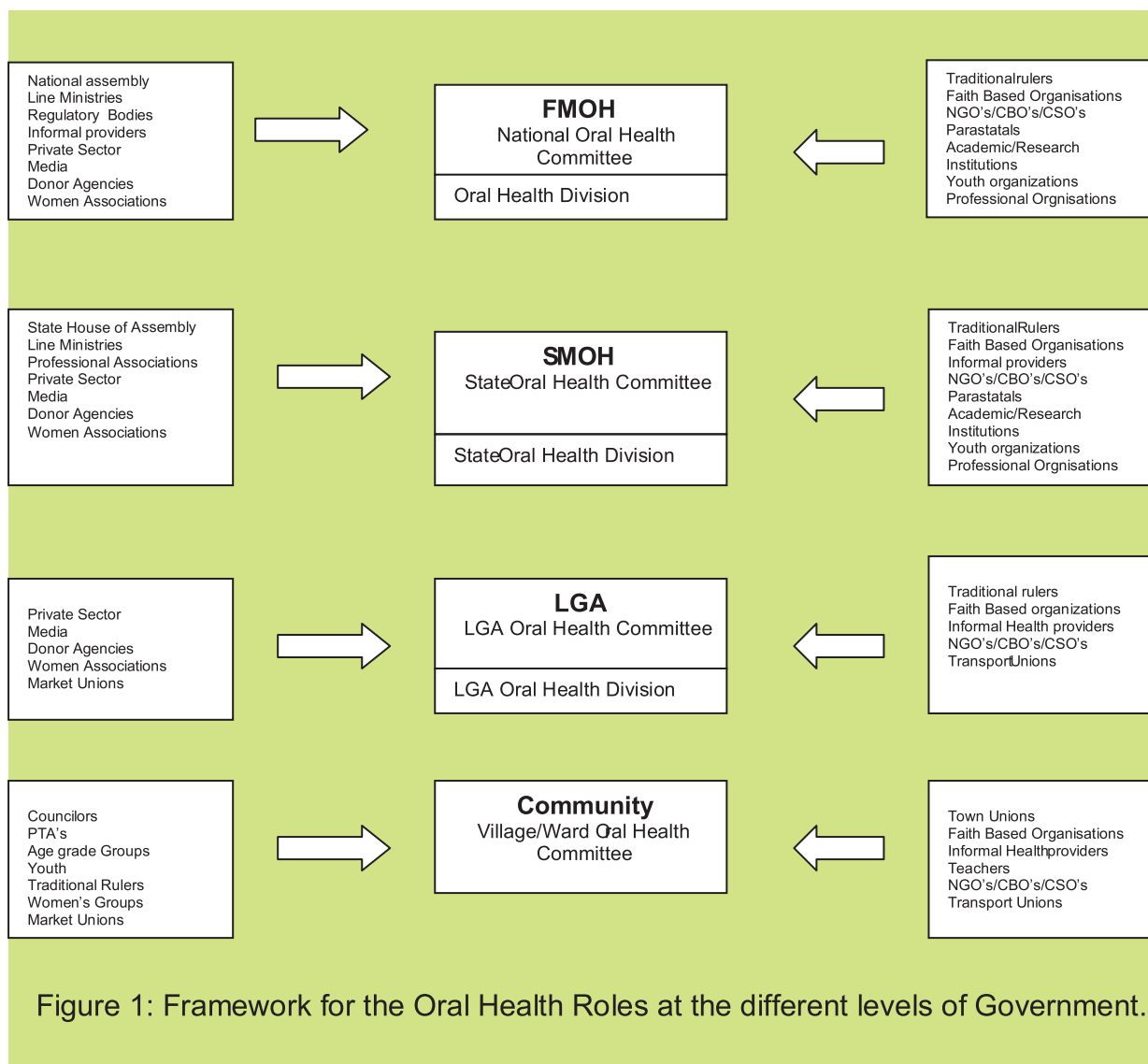
STRATEGIES AND INSTITUTIONAL FRAMEWORK

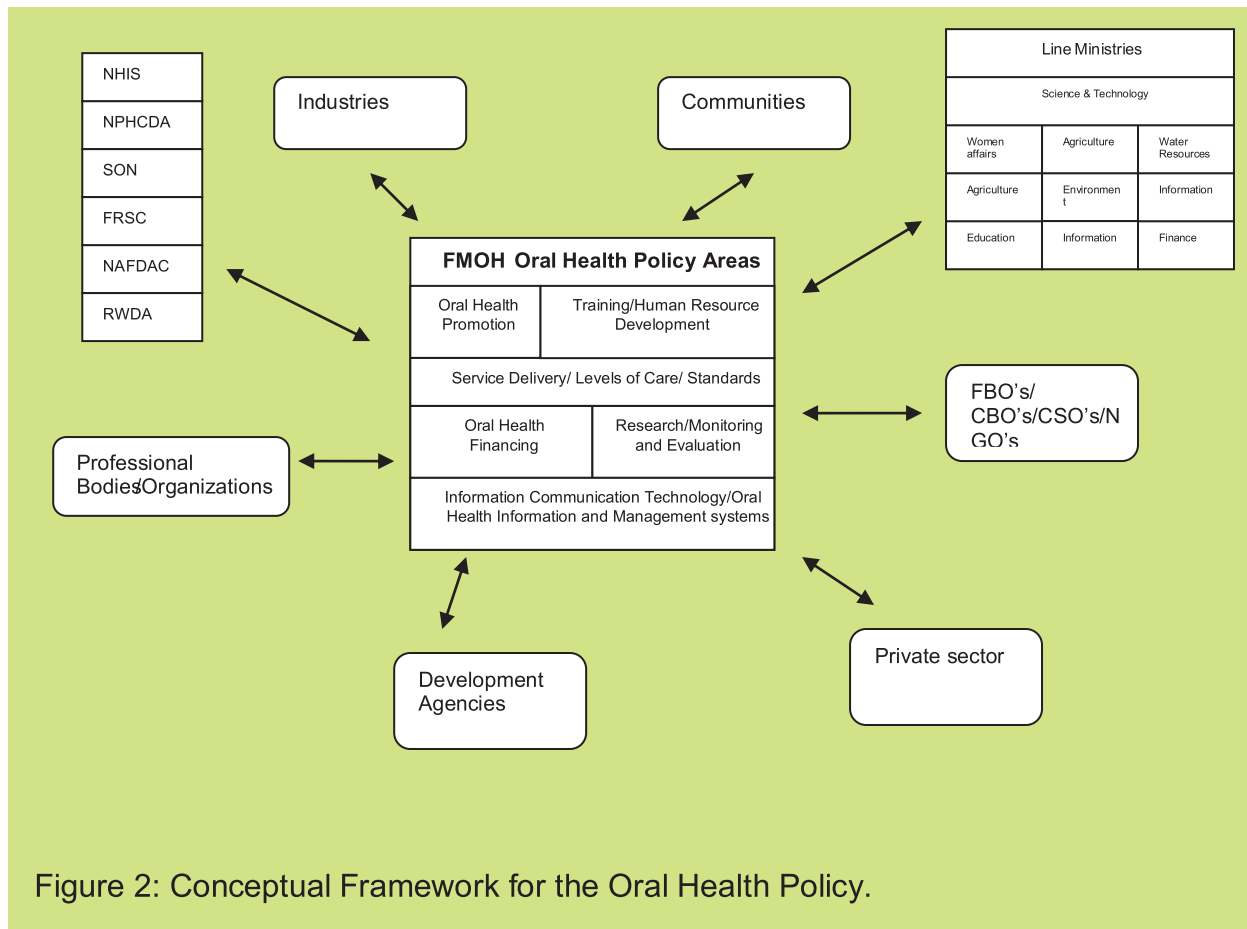
- Community Level Oral Health Care
- LGA Level Oral Health Care
- State Level Oral Health Care
- National Level Oral Health Care
- Roles of relevant sectors



STRATEGIES AND INSTITUTIONAL FRAMEWORK

At the national, State and LGA levels there will be two bodies operating to achieve Oral Health for the populace. The first body would be a committee comprising key persons from all sectors at each level to provide coordination and strategic planning for Oral Health. These bodies should be based on the existing multi-sectoral Primary Health Care committees but with defined Oral Health promotion responsibilities (See Figure 1). The second set of bodies will be units within the Ministry of Health at the National, State and LGA levels whose role will be to provide a secretariat for the Oral Health Committee and technical support for achieving optimal Oral Health at their level.





4.1. COMMUNITY LEVEL ORAL HEALTH CARE

An Oral Health Committee should be established at the community level and members should be drawn from the Ward/Village Health Committee. Members should include

- * Traditional Rulers
- * Councilors
- * Women Associations
- * Market Unions
- * NGO's/CBO's/CSO's
- * Age Grade Organisations
- * Informal Health Providers
- * Health providers
- * Teachers
- * Town Unions

- * Faith-based Organisations

The Committee will meet at least quarterly and undertake the following responsibilities:

- Identify and prioritize the Oral Health needs in the wards/village and develop plans for action.
- Implement, monitor and evaluate Oral Health promotion activities.
- Coordinate the activities of various stakeholders to ensure that Oral Health promotion messages are consistent and do not contradict each other.
- Engage in advocacy to increase involvement of stakeholders in Oral Health.
- Liaise with Oral Health staff in the LGA.
- Mobilize resources for Oral Health from the local community and LGA.

4.2. LGA LEVEL ORAL HEALTH CARE

LGA ORAL HEALTH UNIT

An Oral Health Unit should be established at the LGA comprising a Dental Surgeon, Dental Therapist and Dental Nurse. They have the following responsibilities and functions:

- * Adapt State and National Oral Health guidelines and standards for local use
- * Liaise with Oral Health Divisions at the State and Federal Levels.
- * Develop/adapt and distribute IEC materials to suit local context.
- * Conduct training in Oral Health Education for the field workers in the LGA.
- * Conduct Oral Health programmes in communities include community mobilization.
- * Monitor and evaluate all Oral Health activities at the LGA level.
- * Assist in the conduct of Oral Health research within the LGA.
- * Collect data for the Oral Health database at the LGA level.

LGA level Oral health Committee

An Oral Health Committee should be established at the LGA level with members drawn from the LGA level Primary Health Care Management Committee. Members could include

- * Private Sector
- * Media

- * Donor Agencies
- * Women Associations
- * Market Unions
- * Informal Health providers
- * Faith Based organizations
- * Traditional rulers
- * NGO's/CBO's/CSO's
- * Transport Unions

The Committee's functions shall include the following:

- * Identify the Oral Health needs of the LGA's and develop action plans for responding to these needs.
- * Provide support for Oral Health Care within the all the components of the PHC within the LGA.
- * Liaise with State and Federal Ministries on Oral health Care.
- * Coordinate, monitor and evaluate Oral Health activities by the various stakeholders within the LGA.
- * Coordinate the Oral Health activities of different stakeholders to ensure that the activities do not overlap.
- * Mobilize resources for Oral health at the community and LGA level.
- * Ensure adequate funding and support for the work of the LGA Oral Health Unit.

4.3. STATE LEVEL ORAL HEALTH PROMOTION

STATE ORAL HEALTH UNIT

An Oral Health Unit should be established at the State level headed by a Chief Dental Surgeon and a full complement of Oral Health personnel. They have the following responsibilities and functions:

- * Provide technical support to LGA's in the development and implementation of Oral Health activities.
- * Develop appropriate Oral Health promotion activities for implementation in the state.
- * Approve all developed Oral Health promotion messages and materials for all

vertical programmes and line departments in the State.

- * Promote human resource development in Oral Health at the State and LGA level.
- * Conduct and promote research on Oral health at the State Level and document/disseminate findings.
- * Develop/adapt and distribute IEC materials on Oral Health to suit local context.
- * Collaborate with local NGO's, CBO's, FBO's and other stakeholders on Oral Health.
- * Produce an annual report on Oral Health activities within the state.
- * Establish an electronic and paper-based documentation centre which includes both general resources on Oral Health and details of previous and on-going Oral health activities in the State.

STATE LEVEL ORAL HEALTH COMMITTEE

An Oral Health Committee should be established at the State level with members drawn from the State level Health Care Management Committee. Members could include:

- * State House of Assembly
- * Relevant line ministries
- * Women's Associations
- * Youth Organisations
- * NGO's/CBO's/CSO's
- * Mass media
- * Donors
- * Private sector
- * Traditional Rulers
- * Faith Based Organisations
- * Professional Associations
- * Parastatals/Government Agencies

The Committee will meet quarterly and its functions will include

- * Adapt national policies and guidelines on Oral Health to meet the oral health needs on the State and LGA.
- * Coordinate, monitor and evaluate all Oral Health activities at the State level.

- * Coordinate Oral Health activities of different stakeholders to ensure that Oral Health promotion messages are consistent and do not contradict.
- * Advocate for Oral Health within the State.
- * Strengthen Oral Health component of Primary Health Care.
- * Liaise between the Federal and Local Governments on Oral Health matters.
- * Mobilize resources for Oral Health activities.

4.4. NATIONAL LEVEL ORAL HEALTH CARE

National Oral Health Division

The National Oral Health Division will be strengthened to carry out the following roles:

- * Act as a secretariat for the National Oral Health
- * Act as a national focal point for Oral Health in the country.
- * Approve all Oral Health messages and materials from vertical programmes and line Departments at the Federal Level.
- * Provide technical assistance at the Federal and State levels in planning, implementation, monitoring and evaluation of Oral Health Promotion activities.
- * Act as a focal point for international movements to develop Oral Health Promotion within specific settings e.g. Oral health promoting schools, Oral Health in the workplace. Also provide technical assistance to line Ministries, NGO's, CBO's and private sector organizations working in these and other important settings.
- * Conduct and promote research into various aspects of Oral Health and disseminate findings.
- * Coordinate the management of Oral Health data in the country.
- * Act as a focal point for actions to promote Oral Health within health care settings.
- * Promote human resource development in Oral Health at the three tiers of Government and relevant stakeholders.
- * Develop guidelines and prototype information (IEC) materials on Oral Health and related issues.
- * Collaborate informally and through partnership agreements with National and International Agencies and NGO's on Oral Health matters.

National Oral health committee

At the national level, a National Oral Health Committee will be formed with the following members or their representatives

- * National Assembly
- * Line Ministries
- * Professional Associations
- * Informal providers
- * Private Sector
- * Media
- * Donor Agencies
- * Women Associations
- * Traditional rulers
- * Faith Based Organisations
- * NGO's/CBO's/CSO's
- * Parastatals
- * Academic/Research Institutions
- * Youth organisations

The Committee will meet quarterly and its functions will include

- * Advocacy for Oral Health at all levels of Government.
- * Identify Oral Health needs for Nigerians.
- * Develop appropriate policies and strategies to promote Oral Health Care.
- * Initiate, implement, monitor and evaluate initiatives to promote Oral Health.
- * Coordinate Oral Health activities at all levels.
- * Provide a forum for information exchange/sharing/networking on Oral Health.
- * Promotion of Oral Health through quarterly meetings and an annual conference on Oral Health.
- * Monitor and evaluate the implementation of Oral Health policy in Nigeria.
- * Mobilize resources for Oral Health.

4.5. ROLES OF RELEVANT SECTORS

The National Oral Health Policy recognizes the positive roles and immense contributions of the community in achieving Oral Health.

4.5.1. LINE MINISTRIES

- * **Federal Ministry of Education**
 - Collaborate with the Oral Health Division at various levels of Government in the

implementation, monitoring, and evaluation of school Oral Health activities (school oral health education, school Oral Health services and oral screening services).

- Facilitate the inclusion of Oral Health promotion into the school curriculum.
- Assist in the distribution and use of relevant IEC materials.
- Human Resource Development in School Oral Health Promotion.

* **Federal Ministry of Agriculture**

- Collaborate with the Oral Health Division at various levels of Government in the promotion of Oral Health related nutrition education.
- Assist in the distribution of IEC materials through Agric Extension workers.

* **Ministry of Information**

- Collaborate with the Oral Health Division in the development and production of publicity/advocacy packages on Oral Health.
- Foster collaboration between the various media bodies within the Ministry of Information and the Oral Health Division.
- Assist in the distribution of IEC materials and coordinate activities between public and private media houses.

* **Ministry of Environment**

- Collaborate with the Oral Health Division at various levels in the development of messages/materials on Oral Health related environmental issues.
- Assist in the development and distribution of IEC materials.

* **Ministry of Women Affairs**

- Collaborate with the Oral Health Division at the various levels in the development of messages/materials on the Oral Health of women and children.
- Assist in the distribution of these materials and advocate on issues relating to the Oral Health of women and children.

* **Ministry of Water Resources**

- Collaborate with the Oral Health Division in ensuring the development of messages/materials on fluoride in water.
- Ensure that the fluoride level in water does not exceed the optimal levels.

* **Ministry of Finance**

- Ensure oral health is accorded a vital place in the development and planning of national programmes.

- Ensure adequate budgetary provision and prompt budgetary disbursement for Oral Health.
- Collaborate with the Oral Health Division/Units at the Federal and State Ministries on matters relating to Oral Health.
- * **Ministry of Local Government**
 - Liaise between State and LGA on all matters relating to Oral Health.
 - Ensure effective implementation Oral Health activities at LGA's.
 - Collaborate with Federal and state Ministries of Health on Oral Health care.
- * **Ministry of Science and Technology**
 - Provide scientific and technological support towards achieving the National Oral Health goals.
 - Collaborate with the Federal and State Oral Health Units on Oral health Issues.
- * **Other line Ministries**
 - Provide enabling supportive environment for Oral Health activities.
 - Collaborate with the Federal and State Ministries of Health on Oral Health issues.

4.5.2. PARASTATALS / GOVERNMENT AGENCIES

- * **National Health Insurance Scheme (NHIS)**
 - Collaborate with the Oral Health division to increase access to oral health care for the populace through the NHIS.
 - Primary oral healthcare services should be provided as part of Basic Health care package while advanced dental treatment should be provided on a fee-for-service basis on the scheme. The formal benefit package of the NHIS should at least include the following oral health issues:
 - * Preventive and promotive oral health education
 - * Dental consultation
 - * Dental care and pain relief including simple tooth extraction
 - * Amalgam filling
 - * Minimal Intervention Techniques including Atraumatic Restorative Treatment (ART)
 - * Management of opportunistic oral manifestations of HIV
 - * Supportive laboratory and radiological services
 - * Scaling and polishing with oral Hygiene instruction
 - * Minor oral surgery e.g Lip lacerations

- Integration of Oral health into the Community Based Social Health Scheme
- * **National Primary Health Care Development Agency (NPHCDA)**
 - Support the implementation of the National Oral Health Policy.
 - Encourage the presence of at least a dental surgeon in each local government area to cover all PHC centres in the LGA.
 - Encourage all PHC centres to employ a dental nurse, dental surgery assistant and dental therapist to take care of the oral health needs of the community.
 - Initiate and support the preparation of strategies to achieve good Oral Health at PHC facilities.
 - Identify, unite and motivate all stakeholders involved in Oral Health at PHC levels to enhance coordination and prevent duplication of services.
 - Support States/LGAs to build capacity of frontline health workforce (CHOs, CHEWs and JCHEWS) in basic preventive Oral Health care.
 - Support States/LGAs to equip PHC centres with basic preventive Oral Health equipment and tools
- * **National Agency for the Control of AIDS (NACA).**
 - * Collaborate with the Oral Health division to achieve access to Oral Health care for the People Living with HIV/AIDS (PLWHA).
 - * Initiate and support the development and distribution of Oral Health related IEC materials for PLWHA.
 - * Encourage all stakeholders to engage in Oral Health activities as a component of the management of PLWHA.
- * **National Agency for Food & Drugs Administration & Control (NAFDAC)**
 - Partner with the Professional bodies in the regulation and control of dental equipment and materials.
 - Ensure that dental materials receive the endorsement of Professional bodies as part of the regulatory process.
- * **Standards Organisation of Nigeria (SON)**
 - Collaborate with the Oral Health Division, the professional regulatory bodies and institutions, to accomplish regular review and updating of the operational guidelines of all regulatory bodies.
 - Build capacity of regulatory staff and monitor compliance of providers to the regulatory guidelines.
 - Institutionalize and implement Quality assurances and improvement initiatives at all levels.

- Ensure high standards of consumable and non-consumable used in Oral Health care.
- * **Federal Roads Safety Corps (FRSC)**
 - Enforce policies/Laws on road safety to prevent or reduce road traffic accidents.
 - Collaborate with the Oral Health Division on Oral health related issues.
- * **Raw Materials Development Agency**
 - Engage in research to develop dental materials would be affordable and appropriate.
 - Provide funding for research activities in dental materials.
 - Build capacity of Oral Health personnel to conduct research.

PRIVATE SECTOR

- * Companies should assist in Oral Health awareness programmes as part of Corporate Social responsibility.
- * Financial institutions should provide loans at concessional rates to new and existing dental facilities.
- * Create an enabling environment for private investment in public Oral Health Institutions.

4.5.3. OTHERS

- * **PROFESSIONAL ORGANIZATIONS AND REGULATORY BODIES**
 - Partner with professional organizations and regulatory bodies to organize continuing professional education and create awareness and sensitization of members.
 - Control and regulate the training and practice of their members.
- * **NGO's/CBO's/CSO's/FBO's**
 - Awareness creation and sensitization on Oral Health issues.
 - Partner with Government at all levels to provide Oral Health services.
- * **INDUSTRIES**
 - Support training and retraining programmes for Oral Health personnel.
 - Partner with Governments to provide Oral Health services.
 - Support Oral Health research programmes.
- * **DEVELOPMENT PARTNERS**
 - Support implementation of the Oral Health policy through training, research, funding oral health promotion.

CHAPTER FIVE

MONITORING AND EVALUATION

- Monitoring
- Evaluation



MONITORING AND EVALUATION

The National Oral Health Information management system would be used in monitoring and evaluating the implementation of the Oral Health policy. Indicators would be developed which would be incorporated into on-going data collection mechanisms. The indicators would be used to monitor the activities of the oral Health Division/Units at all levels of Government. Suggested indicators include

- * Oral Health Awareness Indicators
 - o Knowledge of prevention of common dental diseases
 - o Uptake of healthy oral health habits
- * Oral Health Status Indicators
 - o Decayed Missing and Filled Teeth
 - o Oral hygiene status
 - o Periodontal Treatment Needs
 - o Oral Cancer Prevalence
- * Dental service Utilization
 - o Uptake of dental care
- * Oral Health Policy Indicators
 - o Quantity, impact and quality of oral health activities within key settings.
 - o Implementation of human resource development activities for oral Health.
 - o Conduct of research activities.
 - o Establishment of OHIS.

There shall be regular update of Oral Health data through periodic National Oral Health surveys and other epidemiologic methods.

APPENDIX 1

Epidemiology of Oral Diseases in Nigeria

Disease	Prevalence (%)	Incidence
Dental Caries	4-30% (DMFT index =0.6)	N/A
Periodontal Diseases	15-58%	N/A
Cancerum Oris	N/A	6.4/1000 Population
Traumatic Dental Lesions	11%	N/A
Oral Tumors	N/A	3.2/1000 Population
Oral Lesions in HIV Positive Patients	>40%	N/A

N/A = Not Available

Source: (Adegbembo et al, 1995; Akpata, 2004; Enwonwu et al, 2003; Obuekwe and Onunu, 2006; Taiwo et al. 2006; WHO, 2005a.



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