Guyana
Dental Health Services
Oral Health Report 2013
Introduction

- Dental caries and periodontal diseases have been and continue to be the two most common oral diseases in the country.

- The main motives for dental visits and predominant causes for tooth-loss.

- In 1993, dental caries was ranked among the ten leading causes of morbidity (MOH, 1995).
Introduction

- This had been substantiated by the 1995’s survey, which revealed:

  - A sizeable amount of untreated dental caries

  - High prevalence of missing teeth, with a predominance in the hinterland areas (PAHO, 1996).

  - Limited preventive and conservative interventions and more importantly a massive tooth-extraction nationwide (MOH reports 1993-2002).
Introduction

- Dental caries and periodontal diseases are important public health issues (PAHO, 1996).

- Importance: are their negative impact people’s health and welfare through pain and suffering, discomfort and disability they cause, as well as their economic impact on government and people.
Introduction

- Pan American Health Organization (PAHO) revealed that:
  - Dental caries and periodontal diseases continue to be highly prevalent.
  - Resources to deal with are limited
  - Curative care is restricted to those with the ability to pay or those with access to insurance schemes and there was a paucity of organized preventive programmes and serious deficits in oral health coverage (PAHO report, 1997).
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- Latin America and Caribbean (LAC) reported the following issues:

  - The actual number of dentists per 10,000 persons ranged between 0.2 to 10.5 and most of them established private practices in urban areas, creating by that large number of disenfranchised under-served areas.

  - The curricula of dental schools (202 schools) emphasized curative care interventions and very little was offered on public health dentistry, and that the training was geared to producing professionals for private office.
Introduction

- In 1995 at the **Berlin Declaration on Oral Health concluded that:**
  - Unequal distribution of health personnel and services exists in nearly all countries, and 20% of the population absorb almost 80% of resources available, creating large pockets of unserved communities.
  - Sufficient dentists in the world today, the majority of people don’t have access to adequate, affordable and acceptable oral health services.
  - Training, salary, incentives efforts to motivate dentists to work in rural areas have failed
Introduction

- The conventional dentistry by its focus on curative care has not much influenced the prevalence of dental caries, since focus is not health promotion and prevention-activities.
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- Guyana is not the exception to this situation.

- An evaluation carried out in February 2003 by the dental division, disclosed several deficiencies and mismatches in the system.

- The evaluation unveiled a discrepancy between population’s needs and services offered.

- While government services are predominated by a tooth-extraction service, there is a great need for preventive care and tooth-fillings.
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• An estimate of needs for tooth-fillings revealed that there is actually a need for 600,000 fillings.

• Another issue is related to available dental surgeons:
  
  • Low public dentist to population ratio (1 public dentist for 40,000 or .25/10,000.

  • Over-concentration of dentists in the capital (45%) and affluent cities, absence of dentists in the hinterland areas.
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- Poor commitment to public service and greater attraction to private, gradual resignation from public service or migration.

- Difficulty to recruit foreign dentists or to provide scholarships for overseas’ training of dental surgeons.
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- The population’s health needs and demands deal primarily with primary oral health services, notably:
  - Promotive (education, information)
  - Preventive (fluoridation, prophylaxis, sealants)
  - Basic conservative care (tooth-fillings)

- While services in government clinics have been very deficient care delivery, with limited preventive and conservative interventions and predominance of tooth-extraction.

- An estimate of needs for tooth-fillings revealed that there is actually a need for 600,000 fillings.
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- Another critical issue is the apparent miss-utilization or under-utilization of dental surgeons, trained at high cost in foreign universities and currently utilize below their competency and skills to perform less than the basic care duties, namely tooth-extraction, rather to serve at the referral level for more complicated dental interventions.
The Following Propositions are Forwarded:

- Adoption and effective application of the PHC’s principles and interventions methods.

- Re-orientation of education of dental surgeons from the Biomedical to a Sociological model by including into the curriculum, other subjects such as: Education, Sociology, Psychology, Biostatistics, Epidemiology, Public Health/Community Dentistry, Research, Management, etc.

- Dentists should be able to delegate to auxiliary most of the repetitive, simple time-consuming work and health authorities should consider the cost-benefit aspects of this delegation (WHO, 1986).
The Following Propositions are Forwarded:

• A redefinition of the title of “dental officer” or “community dentist” and their duties and inclusion of auxiliary in this category.

• Training more auxiliary personnel than dentists.

• Implementation of a strong referral service for a better utilization of dental surgeon.

• Redefinition of the responsibilities of both auxiliary and dentists, who should accept to share their power, while continue to function as team leader, planner, educator, scientific expert (WHO, 1986).
**Guyana**

- **GUYANA**, the only English-speaking country in South America, is situated on the north-eastern coastline of the continent. Our neighbors are Suriname to the east, Brazil to the south, Venezuela to the west, and the Atlantic Ocean to the north.

- **Population**: 795,400 (2012)
- **Gni Per Capita**: Us$ 3,410.
- **World Bank Classification**: Lower Middle Income Country.
- **Gdp**: Us$ 2.851 Billion (2012)
- **Gdp Growth (% Annual)**: 5.4% (2011)
- **Life Expectancy At Birth**: 66 Years (2012)
- **School Enrollment (Primary)**: 87%
- **Gigi Index = 45**
- **Unemployment Rate = 10.7%**
Population

**Population by Regions**

**Population by Ethnicity**

- Africans: 227,062
- Amerindians: 68,675
- Chinese: 1,396
- East Indians: 301,277
- Mixed: 125,727
- Portuguese: 1,497
- White: 477
- Other: 112
Vulnerable groups in Guyana:

- Children in depressed communities
- Abused/abandoned children, and children with inadequate care
- Handicapped/disabled persons
- Commercial Sex Workers
- Remote Hinterland Communities
- PLWHIV – People living with HIV infection
- Drug Addicts
Percentage of Population Without Access to Oral Care:

- The number of Dental Clinics countrywide is 57.

- Most of these are visited periodically once or twice a month on Medical/Dental outreach trips by all Regional Health teams, which include Dental personnel as well.

- An average of 10 outreach clinics per month are done per region, and this serves to deliver Oral Health Care to an additional 100 Health Institutions. Average number of health institutions receiving Oral Care = 157 (41%).

- Health Institutions located on the Coastal Plain are only a few miles apart, which enables easy access to each other’s Health (and Dental) Services offered. This applies to Regions 2 to 6 and 10.
Regions 1, 7, 8 and 9 are remote Hinterland areas, where access to Oral Care would be limited to the number of clinics available in the respective locations.

Percentage of the population without access to Oral Care would be mostly limited to the Hinterland Regions where transportation is very difficult due to the terrain.

Regions 1, 7, 8, and 9 have 156 health institutions and 71,354 inhabitants (0.9% of total population).

AVERAGE PERCENTAGE OF POPULATION WITHOUT ACCESS TO ORAL CARE = 15% approximately.
PUBLIC DENTAL FACILITIES – BY REGION

- Number of Public Dental Clinics = 57
- No. Dental Operatories = 87
- No. Public Dentists = 27
- No. Dentex (Public) = 59
- No. CDT = 21
- No. DA (Public) = 23

Total Public Sector Dental Personnel = 130
  ➢ DENTISTS : POPULATION RATIO = 55 Dentists : 795,400 Population = 1 Dentist : 14,462 persons
  ➢ DENTEX/CDT : POPULATION RATIO = 80 : 795,400 = 1: 9,943 persons
• Dentist:
  • Population ratio is very low, it is supplemented by the Dentex and CDT.
  
  • Dentex and CDT are not trained to the level of the Dental Surgeons.
  
  • Their scope of work is limited and they only work under supervision of a Dental Surgeon.
• The MOH’s annual budget for 2013 is G$ 112.5 Billion.

• Ministry of Health’s Budgetary allocation = G$ 7.352 billion

• Dental Health Services received G$ 197.18 M.

• This is 0.175 % of the general Budget for the country.
ACADEMIC PROGRAMS FOR TRAINING OF DENTAL PERSONNEL

• DENTAL AUXILIARY TRAINING PROGRAM: Training of Dental Assistants, Community Dental Therapists, Dental Extender (Dentex) Certificate, Dentex Diploma.

• Bachelor of Dental Surgery (BDS) program of the School of Dentistry, University of Guyana, our National Tertiary Education Institution.

• TEXILA AMERICAN UNIVERSITY (Private and Foreign) offers Medical, Dental and Pharmacological training for foreigners and locals.
DENTAL AUXILIARY TRAINING PROGRAM

- PROGRAMS OFFERED:
  - DENTAL ASSISTANT (DA)
  - COMMUNITY DENTAL THERAPIST (CDT)
  - DENTEX CERTIFICATE (DX-C) (Previously DENTAL NURSE)
  - DENTEX DIPLOMA (DX-Dip)

Date of Commencement: January 1976
DENTAL AUXILIARY PERSONNEL TRAINED:

- Dental Auxiliary Personnel trained:
  
- 1976 – 1981 = 41 Dental Nurses (4 batches)
- 1990 – 1995 = 34 Dental Nurses (6 batches)
- 1995 – 2000 = CDT Training introduced; 29 Dentex & CDT’s trained (2 batches)
- 2003 - 2005 = 32 Dentex, 18 CDTs working nationwide. (along with 19 Dentists, in 36 dental clinics)
- 2006 – 2009 = Professional Dental Assistant Training initiated; Dentex Diploma training started:
  - 14 DA, 20 DX-C; 12 DX-Dip trained. (13 Amerindians trained in this batch)
- 2010 – 2012 = 9 DX-C & 11 DX-Dip graduate
- 2012 – 2013 = Second Batch of Dental Assistants to be trained = 25 DA.
BACHELOR OF DENTAL SURGERY (BDS) PROGRAM, UNIVERSITY OF GUYANA

- Launched in September 2006
- Principal Dental Officer, Dr. Joanes Jean, with support from the Ministry of Health.
- 44 students in 1st to 5th year presently.

Entry requirements:

- 3 passes at A‘Levels / CAPE, Grade C / 3 minimum, (2 subjects in Sciences)
- 1st or 2nd year pass with GPA > 2.5 in Science-based program of UG
- Dentex Diploma from DATP (MOH), along with 5 subjects (including Maths, English and 1 Science) grade 3 minimum.
Dental professionals are members of the **Guyana Dental Association (GDA)**, which is a non-governmental organization. Membership is not obligatory.

- The **Dental Council of Guyana** is the legal regulatory body for Dentistry in Guyana, and this Council certifies and registers all legal dental practitioners on an annual basis for a determined fee.
ORAL HEALTH PROMOTION

• Dental Auxiliary Training Program - Oral Health Education imparted by Dental Auxiliary personnel and Dental Surgeons in the School Oral Health program.

• Attention at Government Dental Clinics is virtually free of cost

• Oral Health Month in November - public’s awareness of the importance of Oral Health, and its close link to general health and wellbeing.

• Large amounts of educational flyers are distributed during OHM and Dental Outreach clinics.

• The ministry of health runs several TV programs, which highlight medical and dental health topics routinely.
• Statistics from all Public and most Private Health Institutions are collected by the MOH on a monthly basis.

• All Dental Clinics report to their respective Senior Dental surgeons, Regional Health Officers, and Principal Dental Surgeon.

• Reports are compiled as stated above, and submitted to the MOH for analysis and planning.
ORAL HEALTH SURVEILLANCE SYSTEM

• In 1995 - PAHO Oral Health Survey (DMFT) was carried out in Guyana (PAHO Report, 1996)

• Results:
  • Only 33% of children examined were caries-free, when the total caries experience was considered
  • 64% of children examined had at least a decayed tooth either on temporary or permanent molars,
  • Decay component (D) represented between 80-90% of the overall DMFT index.
  • 3% of children examined had a tooth-filling, F in the DMFT-12 was very low,
  • Survey reported 22.5% of the population as having dental fluorosis.

61.7% of them had a need for one or more tooth-fillings
ORAL HEALTH POLICY IMPLEMENTATION

• Increased surveillance to detect Oral Cancer and diseases affecting the oral cavity.

• The DHS of the MOH was able to employ 7 new dental surgeons in 2012-2013; 3 of those are graduates from the BDS program of UG, 4 are Guyana Scholarship Awardees who completed their studies in China, and one Indian National.

• The Dental Auxiliary staff and 20 Dentex trained by the DATP, and employed in their respective regions.

• Continuing Dental Education sessions
THANK YOU!