

**EVALUATION OF THE ORAL HEALTH OFFICE,
DEPARTMENT OF PREVENTIVE MEDICINE,
MINISTRY OF HEALTH, CAMBODIA
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Report prepared by:
Prof. Martin H. Hobdell, University College London and Dr. Francois Courtel, Aide
Odontologique Internationale.

Summary

The Oral Health Office (OHO) in the Department of Preventive Medicine (DPM) in the Ministry of Health (MoH) has made good progress with the implementation of the Oral Health Master Plan 2000-2005, but there are some aspects, which cannot be introduced until the Office has a stronger budget line from the Ministry.

There are some significant barriers to be overcome in addition to the financial one: great mutual understanding between the DPM and the OHO needs to be worked for, particularly as the OHO has not only preventive responsibilities but also curative and educational services.

Although there have been considerable advances in providing higher training for the staff of the OHO more needs to be done and there is a need to support those who have completed such higher training with regular visits to and by international colleagues – the need is for mentoring during this phase of their careers in Dental Public Health.

The first OH Master Plan ends at the end of this year and there is a need to develop a second plan as soon as possible thereafter.

Recommendations for short term activities that complement the existing OH Master Plan have been identified, which should bring OH benefits at Province level in terms of prevention and the provision of services. There are also recommendation for action that can lead to the development of new OH prevention strategies.

Introduction

Before 1992 there was no dentist or other oral health person in the Ministry of Health (MoH). But after representations of various individuals, groups and NGO's over the period 1990 – 1992 one dentist was appointed to work in the Ministry of Health. In 1995 an Oral Health Office (OHO) was created. In 1997 the Oral Health Office was placed within the Department of Preventive Medicine (PMD) of the MoH. Although this marked an important and strategic switch from a focus on curative services to prevention, it has created an anomalous situation because the OHO, unlike any other office in the DPM, still has responsibility for all oral health activities in the country including the provision of curative care. This, together with a number of other recent events such as the sudden departure abroad for further training of the Chief Dental Officer, has resulted in a considerable level of frustration and confusion within the office. This has resulted in a loss of morale amongst the OHO staff.

Aide Odontologique Internationale (AOI) recently signed a memorandum of understanding with the Preventive Medicine Department/OHO to support the OHO. It was believed that the assistance of Prof. Hobdell could help setup international collaboration plans and help to focus the short-term activities of the OHO personnel.

The purpose of the visit of Professor Hobdell arranged by AOI was therefore to render assistance to the Oral Health Office, Department of Preventive Medicine, Ministry of Health Cambodia by helping the dental officers in the office take stock of the current situation and to identify a way forward.

Justification

The team working in the OHO asked for some assistance and expertise to develop their programs. Four people have been trained in dental public health recently (two with Masters degrees from universities abroad and two with the Diploma in Dental Public Health from the Faculty of Dentistry/Stomatology*). They nonetheless recognize that they still lack experience and knowledge to solve OH problems in Cambodia and need mentoring in order to get the maximum value out of their recent training. The other three dental officers working in the OHO have extensive fieldwork experience as government dentists, but no training in Dental Public Health.

* This is a programme developed and taught with the assistance of the American Dental Association and Health Volunteers Overseas that is sponsored by the US Section of the International College of Dentists.

Objectives

- To evaluate the OHO current situation (staff, structure, programs, constraints, capacity, future projects, integration in the MOH, local and international involvement in networks for Dental Public Health) and to make recommendations.
- To review the work so far completed on the implementation of the first Oral Health Master Plan (2000-2005) and recommend future activities for the OHO in light of the findings of this review.

Method and programme of work

Method of work

This evaluation was developed through individual and group discussions, and a short workshop style meeting involving members of the Dental Faculty including the Dean and Vice Dean. Meetings were also held with the Director General for Health, Dr. Tep Lun and the Under Secretary of State for Health Dr Hem Chinn.

Others who contributed to this work are listed in Annex 1.

Programme:

DAY 1

- Group review of OH Office problems and location within the Preventive Department.
- Individual discussions about the OH Office performance, ways of improving it and individual aspirations concerning work related issues including desires for further training.

DAY 2

- Evaluation of objectives of Master Plan (plenary) and implementation plan (group work). A final plenary session allowed the participants to further expand their views.

DAY 3

- SWOT analysis of OHO. Identification of possible future activities related to the OH Master Plan.

DAY 4

- Further discussions on the list of possible activities. Selection of priority activities from the list. Some projects were already in preparation so these too were discussed and their linkage to both the priority list of new activities and the OH Master Plan was identified.
- In conclusion an Immediate Plan of Action was prepared and agreed.

Findings

Assessment of progress in the achievement of the Objectives of the Oral Health Master Plan (2000 – 2005):

Following a plenary discussion of the progress made towards each objective in a plenary session the group split into two small working groups, which discussed the progress achieved with each objective. Each group provided a list of their comments for further discussion in a plenary session. These group work lists are provided below:

Objective 1: Integrate primary oral health care into the Minimum Package of Activities (MPA) & Complimentary Package of Activities (CPA) as appropriate

- a) Negotiate and obtain MoH agreement to the inclusion of primary oral health care services in the MPA and CPA, by having one Dentist working in the District Hospital and one dental nurse in the Health Center.
 - *Progress:* completed (target 1 and 2)
- b) Inform Provincial Health Departments and Operational Districts of the inclusion of primary oral health care services in the MPA and CPA and the implications of this decision
 - *Progress:* Some progress has been made.
- c) Plan, develop and run continuing education seminars for dentists and dental nurses as preparation for the inclusion of these services as part of the MPA and CPA.
 - *Progress:* Only a few have occasionally been held.
 - *Problem:* There is no budget or other support. This should be discussed within the DPM.
- d) Equip RH, HC and Pharmacy with dental drug and supplies according to MOH supply system.
 - *Progress:* Some progress has been made.
 - *Problem:* Late arrival and then the materials are nearly expired. There is no regular supply.

Objective 2: Distribute and manage the dental nurses to support "Primary Oral Health care" in Referral Hospitals and Health Centers.

- a) Establish two additional post-basic dental nurse-training programs in RTC's Battambang and TSMC Phnom Penh.
 - *Progress:* No action.
 - *Problem:* no budget and no donors could be found.

- b) Train additional dental nurse, each with the skill and orientation to support "Primary Oral Health care", working as bi-functional nurses in referral hospitals and health centers.

- *Progress:* Some progress.
- *Problem:* the numbers of DNs is decreasing because of the selection criteria to enter the DNs course and some Health Centres do not have enough staff to send people for training in this way.

Objective 3: Upgrade skills of oral health officers in the area of Dental Public Health

- *Progress:* Successful.
 - Three people have Masters degrees from abroad.
 - Sixteen dentists have a Diploma in Dental Public Health, from Cambodia, but taught by visiting Faculty.
 - Many experts in dental health from overseas give training every year.
 - Training in public health for provincial dentists is being organized.

Note: The impact of local and overseas training in the field of dental public health need to be evaluated

Objective 4: Increase the quality of the health personnel produced, their management and the support given to them in the field in line with the overall plan for Human Resources Development (HRD) in the MoH.

- a) Strengthen the organizational structure and capacity of the personnel of MoH Oral Health Office (OHO) to promote and manage the implementation of the National Oral Health Plan.

- *Progress:* Some progress in terms of managing the OH Master Plan.

- b) Develop policies and programmes for oral health personnel education and training in line with the overall policies of the HRD department.

- *Progress:* Some progress in collaboration with HRD department.

- c) Develop and train, where necessary a competent Curriculum Committee to review and develop a relevant, up-to-date evidence-based curriculum for the Faculty of Dentistry with an expert.

- *Progress:* Successful. Review of curriculum using the credit system according to the directive from the Council of Ministers Accreditation Committee.

- d) Updated the curriculum of the dental nurse to meet the Ministry of Health specifications for post-basic courses to be of one year in length in order to be certificated.
 - *Progress:* Successful. Training has been extended from post basic course to a one-year course.
- e) Revised the developed manuals for dental nurse by the respective stakeholder to ensure the information is correct and relevant.
 - *Progress:* Some progress
- f) *Build the pedagogic capacity and technical skill of all teachers training and educating oral health personnel.*
 - *Progress:* DN teachers were sent to Thailand to upgrade their capacity in pedagogy and clinical technical skills
- g) Monitoring, supervision and evaluation of teaching performance and support for oral health care staff.
 - *Progress:* Some progress: RTC does evaluation and monitoring on a regular basis. The University of Health Sciences is improving teaching practices every year but more needs to be done.

Objective 5: Re-establish a management information system for oral health and oral health services, which is integrated into the MoH management information system.

- a) Plan an integrated management information system for oral health based on the decisions for which the information is needed at OD, PHD, and National levels.
 - *Progress:* Some progress. But there is a need to review and strengthen the OH information system. This should be undertaken by the OHO and the appropriate Ministry and other relevant partners.
- b) Establish clear job descriptions for each level and type of oral health worker, making clear their clinical, administrative and ethical responsibilities and obligations.
 - *Progress:* a clear job description for each level and type of oral health worker exists.
 - *Problem:* the level of implementation is not acceptable and should be improved by means of a workshop.
- c) Plan for a new National Oral Health Survey to be carried out towards the end of the planning period

- *Progress:* No action.
 - *Problem:* No funding to do the survey. Should have a new National Oral Health Survey of DMFT & research on fluorosis.
 - *Comment:* This topic was discussed at length later on and a way forward identified that should be within the existing financial and other resources.
- d) Conduct a survey of the oral cancer literature as an initial step in the development of an oral cancer register as part of a national cancer register.
- *Progress:* No action.
 - *Problem:* This was not stated by the group, we need an explanation even if it is added now.
- e) Survey the use of fluoridated toothpaste in Cambodia
- *Progress:* No action.
 - *Problem:* Got the results of Fluoride toothpaste analysis, but need to conduct an official survey on the use of fluoride toothpaste in Cambodia.

Objective 6: Effective infection control (Universal Precautions) will be maintained throughout the oral health care system.

- a) Provide continuing education classes for all oral health personnel, working in health clinics where clinical dental care is being provided, on an annual basis.
- *Progress:* Some progress particularly in the Faculty of Dentistry, but needs strengthening in the provinces.
- b) Inspections of facilities in which clinical dental care is provided will be visited to check for compliance with infection control procedures on a random basis
- *Progress:* No action.
 - *Problem:* No existing legislation or regulation to permit this or to back-up any resultant actions.
 - *Comment:* It was learnt from the Dean of the Dental Faculty during the course of these meetings that a new Dentists' Act is soon to receive royal assent. The contents of the act were not disclosed, but it could provide a way forward on this issue.

Objective 7: Improve collaboration between all oral health partners

- *Progress:* Some progress but no regular meetings.
- *Problem:* Meetings occur when they need to. There is also a feeling among the group that it is not productive to hold meetings when there is nothing to discuss so meetings do not therefore occur regularly, but only when there is something to discuss.

Objective 8: Develop and implement policies that encourage people to make positive choices and develop good oral health behaviour

- a) Facilitate the production of toothbrushes and quality toothpaste by the respective stakeholders in Cambodia

- *Progress:* Printed OHO logo on OH educational posters (20% of good products in Cambodia).
- b) Integrate oral health into the national MCH programme
- *Progress:* No action.
 - *Problem:* Lack of communication, but some educational materials are available.
- c) Further study the feasibility of fluoridating the water supply in Phnom Penh with a view to having legislation in place by the end of the planning period and establish of a planning committee.
- *Progress:* No Action.
 - *Problem:* No technical advisor and need more communication. No resources.
- d) Implement a review of the school oral health programme with a view to increasing its effectiveness, efficiency and coverage
- *Progress:* Failed.
 - *Problem:* little or no cooperation from some schools, lack of educational materials, no budget support the toothpaste and toothpaste components.

Objective 9: Distribute and manage oral health care personnel in an equitable manner across the country in relation to need.

- a) Map the distribution of oral health care personnel, oral health care facilities and programmes across the country
- *Comment:* need to review the necessity of this.
- b) Collect data about oral diseases to determine priority areas and population groups.
- *Progress:* No action.
 - *Problem:* No budget / no support.
 - *Comment:* Need to conduct a NOH survey, seeking donors/advisers (see above and later on).
- c) Devise and implement a plan for the distribution of human and physical resources for oral health equitably across the country and in relation to oral health care needs
- *Progress:* Some progress.
 - *Problem:* Lack of dental materials, lack of information/report.
 - *Comment:* MoH should order and provide enough materials.

Objective 10: Conduct regular research investigations to determine the effectiveness and efficiency of oral health programmes and the equity of their benefits.

- a) Develop a focused research program and project proposals that are consistent with the achievement of the objective and the research capabilities of those working in the office.
 - *Progress:* Some studies completed: DNs training evaluation, toothpastes analyses, Dr. Miyata's programme on Perio.
 - *Comment:* Proposal of small studies rather than research.

- b) Develop a budget for research and obtain funding.
 - *Progress:* Little, Some proposals to conduct some studies on fluorosis have been written but not undertaken.
 - *Progress:* Could not obtain funding.
 - *Comment:* Change project's objectives.

- c) Strengthen a research and prevention office in the Faculty of Dentistry for conducting research and training students in research methodology.
 - *Progress:* An office exists but clear objectives and a programme of work need to be prepared and staff assigned accordingly.
 - *Comment:* develop job description and respective regulations for the Research Office.

Objective 11: Create educational messages that will teach people how to become self-reliant in oral health

- a) Create and publish/broadcast educational messages using the mass media
 - *Progress:* No action.
 - *Problem:* lack of budget. Developed but not published.
 - *Comment:* This needs to be further developed and donors identified.

- b) Organise seminars for oral health workers to train them to educate rural people about oral health and the prevention of disease
 - *Progress:* A few seminars at RTC Khampoung Cham have been conducted.
 - *Comment:* Need more seminars to update DNs and dentists knowledge.

Developing a Future Plan of Action

To identify a future Plan of Action the OHO group reviewed the results of the implementation of the OH Master Plan recorded above and proposed the following list of possible activities (the objective from which the activity was derived is included in parenthesis after each task:

Identifying Possible Activities

- Toothpaste quality control (obj. 8a)
 - a) Group review of fluoride content of toothpaste literature
 - b) Hold a meeting either in Cambodia or abroad with experts in the field to obtain advice on the next steps to be taken to improve toothpaste quality in Cambodia
 - c) Development of a plan of action
- Develop and test a minimum instruments list in Health Centres (Obj. 9c Dr. Tepirou)
- Develop and test a minimum package of activities for Referral Hospitals (Obj. 9c Dr Hak Sithan)
- Integration of information, education etc into MCH (obj. 8b)
- Population fluoride programme salt/water (obj. 8c)
 - a) Group review of fluoridation literature.
 - b) Hold a meeting either in Cambodia or abroad with experts in the field to obtain advice on the next steps to be taken to implement some form of population fluoridation programme in Cambodia
 - c) Development of a plan of action possibly beginning with a WHO sponsored feasibility study for the method of fluoridation of first choice
- School OH programme (obj. 8d)
Review current situation. Start using the NaF that has now arrived in September
- Human resources mapping (obj. 9a)
Review: see if MoH has information on this, if so get it and study it with a view to identifying areas of need
- OH data collection (obj: 5d)
 - a) Group review of indicators
 - b) Draft core indicators for OH
 - c) Work with HIS department
 - d) Gather core data from clinics from selected ages supplemented by small local random sample surveys
- Mass media (obj. 11b)
Cooperate with private enterprise

- Oral cancer (obj. My copy of the Mater Plan Tables is incomplete so I do not have this number MH)
 - a) Read up about oral cancer classification
 - b) Search for existing sources of national statistics on cancer
 - b) Hold a meeting either in Cambodia or abroad with experts in the field to obtain advice on the next steps to be taken to implement some form of population prevention strategy for oral cancer in Cambodia
 - c) Consult with colleagues in DPM on possible strategy
 - d) Development of a plan of action.

- Continuing dental education (obj. 6a)
 - Develop disseminate and teach protocols for infection control and treatment

Identifying the capacity of the OHO to undertake the list of possible activities

In order to assess the capacity of the OHO staff to undertake the above extensive list of possible activities they conducted a SWOT analysis of their current situation. This is given below:

Results of the SWOT analysis

Strengths

1. Human resources: 8 dentists in OHO (one is currently absent abroad for training)
2. Most staff know the general concepts of Public Health
3. There is in existence an OH policy document
4. There is in existence an OH Master Plan (2000-2005)
5. There is in existence a annual plan of work for the DPM
6. There is the potential of using international advisors through AOI assistance
7. There is among the staff a willingness to work and build up their capacity

Weaknesses

1. There are strong de-motivating factors to the work, a lack of an adequate salary, for example
2. There is currently a lack of leadership because of the absence abroad of the Chief Dental Officer
3. There are a lack of management/leadership skills
4. The OHO has poor communication/networking skills
5. There is a lack of discipline (see 1 above)
6. There is no very clear about vision or mission for the OHO

Opportunities

1. Prof. Hem Chhin, former Vice Dean of the Dental Faculty has become Under Secretary of State in the MoH
2. Dr. Oum Teng (Chief Dental Officer) has become Vice Director of DPM although on study leave at present
3. There is an opportunity to continue education abroad and locally
4. Opportunities exists to develop international relationships
5. AOI has created the opportunity of international advisors

Threats

1. OH is a low priority within the DPM and MoH
2. OH staff: lack of motivation, fear of office work
3. An economic downturn could reduce budgets (during the meeting the group learnt the MoH had indeed received a cut in its budget for the coming year)
4. Continuing poor acceptance by the top leaders of the need for a rational and efficient OH system.

Immediate Plan of Action

After reviewing the possible list of activities and the capacity of the OHO the group developed the following list of priority activities to be implemented within the next year:

Operational Research Activities

- Develop and test a minimum package of activities for Referral Hospitals (Dr Hak Sithan)
- Develop and test a minimum instruments list in Health Centres (Dr. Tepirou)
- OH data collection
 - e) Group review of indicators
 - f) Draft core indicators for OH
 - g) Work with HIS department
 - h) Gather core data from clinics from selected ages supplemented by small local random sample surveys
 - i) Continuing dental education
Develop disseminate and teach protocols for infection control

Research leading to Population Preventive Strategies

- Toothpaste quality control
 - a) Group review of fluoride content of toothpaste literature
 - b) Hold a meeting either in Cambodia or abroad with experts in the field to obtain advice on the next steps to be taken to improve toothpaste quality in Cambodia
 - c) Development of a plan of action
- Population fluoride programme salt/water
 - a) Group review of fluoridation literature.
 - b) Hold a meeting either in Cambodia or abroad with experts in the field to obtain advice on the next steps to be taken to implement some form of population fluoridation programme in Cambodia
 - c) Development of a plan of action possibly beginning with a WHO sponsored feasibility study for the method of fluoridation of first choice
- Oral cancer
 - a) Read up about oral cancer classification
 - b) Search for existing sources of national statistics on cancer
 - c) Hold a meeting either in Cambodia or abroad with experts in the field to obtain advice on the next steps to be taken to implement some form of population prevention strategy for oral cancer in Cambodia
 - d) Consult with colleagues in DPM on possible strategy

e) Development of a plan of action.

Prevention and Health Promoting Activities

- School OH programme
Review current situation. Start using the NaF that has now arrived in September
- Mass media
Cooperate with private enterprise
- Integration of information, education etc into MCH

Comments

The OHO with its various partners has done well in its implementation of the OH Master Plan since its inception in 2000. Many of the objectives have been achieved and much work continues to be done. However the rather sudden departure abroad of the Chief Dental Officer with no designated replacement put the OHO in a difficult position. The natural evolution of a collective leadership was hard to achieve with so little incentive to encourage those involved in the effort required for this to occur. This has meant that the OHO has drifted leaderless, like a boat without a rudder, for over a year. This 'rudderless' situation has been compounded by the absence of any clear vision or mission for the OHO. It has also been further complicated by the lack of understanding within the MOH for the responsibilities of the OHO as the situation does not seem to be clearly understood within the MOH. This apparent lack of understanding appears to be limiting the effectiveness of the OHO in some areas of its legitimate responsibility.

Now that Dr Oum Teng has been appointed Deputy Director of the DPM it is imperative that a successor be appointed without delay.

With the travel abroad of the Chief Dental Officer many of the international contacts of the OHO were lost as few outside Cambodia knew the contact details of those remaining. This isolation from colleagues facing similar situations elsewhere in the world is limiting the horizons the senior members of the OHO staff. In a similar way it would help to send abroad those appropriately qualified for higher degree training in Dental Public Health. This will also have the added benefit of increasing the skills level within the OHO. In addition to this providing the OHO with access to a variety of international experts will not only develop specific Public Health skills, but will also increase the international network of the OHO.

During the review of the implementation of the OH Master Plan it was noted that the higher education of personnel in Public Health should be evaluated. This should be done in terms of the increased capacity of those sent for training to develop and manage the public's oral health. The questions to be answered are: are those sent for training applying things that they learnt and being successful in improving the oral health situation in Cambodia? If not then what are the barriers?

It is clear that the current OH Master Plan expires at the end of this year. It will need to be replaced with a new one as soon as possible after that. It is anticipated that the review presented here will be a useful starting point for the development of the new OH Master Plan.

Conclusions

Much has been achieved by the OHO despite some major obstacles and those working in the Office should be congratulated for what they have achieved.

For the immediate future it would seem that there is a need to focus on short-term activities that will bring tangible benefits particularly to the Provinces. To achieve this greater understanding for the full range of responsibilities of the OHO within the DPM must be sought and achieved. The list of priority activities identified provides a way to achieve greater Provincial impact, but this will not happen without the active support and encouragement of the DPM as a whole.

The relatively modest investment required to get the OHO staff into meaningful contact with international colleagues would result in the acquisition of increasingly important skills by the OHO staff that should benefit the oral health of all Cambodians would be money well spent.

The benefits derived for the first OH Master Plan are obvious and the rationale for a second OH Master Plan is clear. Every effort should be made to work on the development of such a plan as soon as possible.

Recommendations

It is recommended that:

1. Jointly the DPM and the OHO should agree vision and mission statements for the OHO.
2. Urge those responsible for the appointment of a new Chief Dental Officer without delay.
3. Every effort should be made to introduce the OHO staff to valuable international contacts in Dental Public Health including either bringing experts in fluoride toothpaste quality control, water/salt fluoridation and oral cancer or sending specific OHO staff abroad for such meetings.
4. Assign responsibility to each of the four current OHO staff members with Dental Public Health training for the implementation of specified sections of the Future Plan of Activity.
5. Send abroad appropriately qualified OHO staff for higher degree training.
6. Evaluate the impact of the Dental Public Health training received by those you have undertaken courses either in Cambodia or abroad.
7. Developed plans for the preparation of a second OH Master Plan.

ANNEX 1: Contributors to the evaluation

Participants

Dr. Chher Tepirou
Dr. Tep Navy
Dr. Hing Touch
Dr. Kouy Sotha
Dr. Taing Valdeth
Dr. Oeurn Borarorth
Dr. Hak Sithan
Dr. Tuy Thel
Dr. Suon Pany
Dr. Lay Vuthy

Consultants

Dr. Francois Courtel
Prof. Martin Hobdell