

SADA Communique



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SADA Head Office

Cyril Northcote Parkinson was a Naval Historian who wrote some 60 books and became something of a guru on business philosophy. He is best known for his Law: "Work expands so as to fill the time available." And so it may be for the projected National Health Insurance for South Africa. The recently circulated document sent by the Association to members is Version 40 of the proposal! This is described in our Association Communique of 29th March 2016 as the White Paper on NHI. Since we already have had the Green paper, one wonders how many folk will view the document as being Red... there are yet so many issues to be resolved. Credit must be given to all those whose work has contributed to the formulation of the scheme, which has the laudable ambition of working "Towards Universal Health Coverage." There has been dedication and commitment and there is no doubt of the enthusiasm of the Minister of Health who is summoning every energy to overcome obstacles to the inception of NHI.

So it does behoove us to have read the (red) document. Members are assured in the March Communique that SADA is carefully considering and evaluating the document and that a submission shall be prepared to meet the 31 May deadline. However, the potential impact on the profession, our practices and our concepts of the delivery of oral health care is such that every member should take the time to consider the NHI paper in some detail.

Mention is made in the SADA communique of the concern of members regarding the future of their practices, together with the identification of the minimal provision for Oral Health and the possible confusion on the option of additional cover through Medical Schemes. These and other issues shall receive due attention by the Association and although worth emphasising may be best left to the keen eye and nose of the relevant SADA committees, who will value your input, comments and advice.

A delving into some of the statistical challenges facing the attainment of Universal (Oral) Health is instructive, and not a little concerning. The White paper records in Section 6.1.2 some pertinent data. As part of a pilot scheme conducted in 2015, the Department of Health deployed 70 mobile clinics to provide general, eye, audiology, and oral, health services to school children. A total of 201, 770 learners from Grade 1 up to Grade 10 attended these clinics. Speech problems were identified amongst 1.1%, TB as a probable infection amongst 4%, eye care was needed by 21%, and ORAL HEALTH CARE was required by 66% or 133,947 learners in the sample! There need be no argument or debate on acknowledging the greater threat to health posed by TB and other serious diseases but the proportion of children needing dental attention absolutely screams for recognition.

The question is whether the NHI planners are seeing, or hearing, these statistics.

According to the Government Statistical Report 2015, there are some 12, 883,888 learners attending 30, 027 institutes and being taught by 447,149 educators in South Africa. (The burning issues affecting schools in Limpopo has now sadly reduced the number of schools.) Whilst educators will have to accept the teaching of Oral Hygiene as a regular discipline, the delivery of oral care must rest with the dental team. At present the HPCSA lists 6035 Dental Practitioners as being registered. If we assume all those to be in practice, which of course they are not, we have each dentist being responsible for the oral care of 2135 learners. The actual number of dentists in practice is probably around 4,500. which means each should see 2863 learners. These are of course simplistic statistics which do not take into account many mitigating factors such as the levels of need, the possibilities of the role of other members of the dental team, financial circumstances and so on. Using the same basic figure of 4,500 in a population of 53 million, there are 118,000 patients for every practicing dentist in South Africa. Greece has an astounding 125 dentists, the United Kingdom 45, Germany 83... all per 100, 000 inhabitants.

In 2013, Dr Johan Smit, the Director, Oral Health Services, made these comments: "Public oral health services need more primary oral health care workers, like dental therapists, oral hygienists and dental assistants, to deliver the high priority oral health promotive and preventive, as well as basic curative services. This is to address the needs of the population as determined by epidemiological surveys."

The FDI 20/20 Vision report observes "There is broad recognition that oral health shares common risk factors with other non-communicable diseases and that oral health cannot be dealt with in isolation from other health issues."

These are the dilemmas exposed by the White paper and with which the Association is currently grappling. Are the aims and objectives of the White Paper attainable, laudable though they may be?

Most certainly the issues surrounding Oral Health in South Africa are pressing and deeply challenging, perhaps deserving of greater mention in the White Paper.

On a more immediate note, the Association has worked to the benefit of members in entering into a joint venture with Easy Practice (Communique 2016.017), has issued explanatory notes regarding Dental Codes (Communique 2016.022) and has provided highly relevant data regarding quality control tests for radiographic units (Communique 2016.025).

An active time for the Association, may we say, as always!