

Letter to the  
editors



# Primary oral health care in Nigeria; four decades after the Alma Ata declaration

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**Received:** 16 Jun 2020 - **Accepted:** 22 Jun 2020 - **Published:** 23 Jun 2020

**Keywords:** Primary oral health Care, Alma-Ata, national oral health policy, Nigeria

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**Cite this article:** McKing Izeiza Amedari et al. Primary oral health care in Nigeria; four decades after the Alma Ata declaration. PAMJ - One Health. 2020;2(13). 10.11604/pamj-oh.2020.2.13.24357

**Available online at:** <https://www.one-health.panafrican-med-journal.com/content/article/2/13/full>

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## Primary oral health care in Nigeria; four decades after the Alma Ata declaration

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## To the editors of the Pan African Medical Journal

In 1978, Government leaders from 67 nations, health and development workers from all over the world converged at Alma-Ata to develop a convincing declaration to protect and promote health through Primary Health Care (PHC). Declaration VII from the meeting states that Primary Health Care “should be sustained by integrated (...) systems leading to the progressive improvement of comprehensive health care for all...” [1]. Over 4 decades after this revolutionary declaration, most Primary Health Centers in Nigeria still lack oral health delivery services. The delivery

of essential health services in Nigeria has undergone transitions. From the National Basic Health Services Scheme (NBHSS) that faced implementation hiccups in the 70s to the modelling of the PHC approach in 52 Local Government Areas in the 80s which was driven by Professor Ransome Kuti. The PHC coverage expanded across the country and has culminated with the establishment of the National Primary Health Care Development Agency (NPHCDA) in the early 90s to ensure continuity and sustainability of the Alma Ata declaration in the country. Bolstered by a comprehensive National Health Policy, these PHC facilities have remained primarily for the provision of preventive and promotive services as well as curative and rehabilitative services inclusively. But with over 30,000 of these facilities spread across the country and only about 20% functional, the goal of achieving health for all' seems far from reachable. Primary Oral Health Care (POHC) delivery which is focused on preventive services as well as handling dental emergencies is only provided in a limited number of these health facilities in the country. State governments have been encouraged to take more responsibility in the delivery of primary health care [2,3].

Oral diseases rank high in occurrence among non-communicable diseases. Over three and a half billion people of the world's population are affected by oral diseases and this is also responsible for up to 17 Disability Adjusted Life Years (DALYs) globally [4,5]. From the last national report, in Nigeria, more than 50% of persons older than 15 years suffer from periodontal diseases [6]. Being commoner among adults, it is also linked with non-communicable diseases like cardiovascular diseases [7]. Similarly, persons with systemic diseases such as HIV have oral manifestations including candidiasis, HIV associated periodontitis, salivary gland disorders and herpes zoster infections [8]. Despite the high unmet dental needs, the integration of oral health care with existing PHC faces a daunting challenge due to limited human resources for health. The PHC serves as the first point of contact a patient makes with an existing

Health System, but there is usually an imbalance between the supply (trained dental professionals in the Nigerian labour market) and the demand (hired dentists and dental auxiliaries at the primary health care facility). The lack of equipment and infrastructure is another notable deterrent to the integration of oral health with Primary Health Care. Typically, the provision of oral health care requires the use of special plastic instruments and materials for some basic procedures. Due to poor funding and inefficient management of resources, these materials may not be available when needed. Access to care may be further worsened by un-attractive and high costs of dental treatment.

In addressing some of these challenges, there is a call for the full implementation of the National Oral Health Policy. The 2012 edition of this document identified priority areas for action. Some of these areas include the integration of oral health promotion with general health, the training of human resource for health as well as the provision of oral health financing for the different tiers of health care delivery in the country [9]. The extent of implementation of this policy which expired in 2015 however remains a doubt and a revised edition is being expected in 2020. Experts have suggested a need for a higher proportion of dental auxiliaries than dentists in the Human Resource to population ratio [10]. This implies task shifting at the grass roots which will help close gaps in coverage, facilitate integration of oral healthcare delivery with PHCs and promote equity in the access to oral health care among all Nigerians. It is also imperative that improving the knowledge of the health care providers at the primary health centers should be encouraged. A large proportion of these workers are unaware of the oral manifestations of systemic diseases and oral health as well. This can be achieved through delivering oral health education modules for Community Health Workers and also having these modules included in their training curriculum.

## Conclusion

Achieving Universal Health Coverage requires prioritization of the role the PHC plays in providing accessible and affordable health care to Nigerians. Attention must be given to ensure a well-integrated POHC approach through the successful implementation of the National Oral Health Policy.

## Competing interests

The author declares no competing interests.

## Authors' contributions

The entire write-up of the manuscript was by the author. The author has read and agreed to the final manuscript.

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