

# DENTAL TRIBUNE

— The World's Dental Newspaper —

## News Europe



Dr. Jean-Pierre Eudier has been dreaming about improving dental care in Africa for over 40 years. (Photograph: Marc Chalupsky, DTI)

14 sept. 2016 | News Europe

## The African dream

by Dr. Jean-Pierre Eudier / Marc Chalupsky, DTI

**Jean-Pierre Eudier has dedicated his life to providing high-quality, low-cost dental care at scale in Africa. After almost 40 years of hard work, having visited 38 African countries and set up a continental network in over 40 states, oral health care is slowly becoming a reality. His passion has been the development of minimally invasive dental procedures and as a dentist, he has participated in the establishment of many African dental schools and dental clinics across the continent. During the FDI congress in Poznań, he shared with *Dental Tribune Online* his personal story.**

*Dr. Jean-Pierre Eudier.* My heart always beats for Africa and many dreams have been realised, but to sustain these improvements, one has to look at Africa with open eyes. Africa is the continent of economic misperceptions and much has still to be done in dental care. I could talk for days about the situation on the continent, the misconceptions that each of the 54 African countries has to deal with, the suffering that the local population has to endure. The disordered migration from the rural areas to the unhealthy and unhygienic cities is worsening the already alarming sanitary crisis. The prevalence of obesity, diabetes and cardiovascular disease is now growing and the dental profession is unable to achieve the position it deserves as a medical specialty. Very few dental facilities exist in the major towns and cities. Some are privately owned, some are managed by non-governmental and charity organisations. Raising awareness of the challenges and solutions in seeking to save the African smile is the purpose of this article.

Many of the dentists working in public health facilities struggle to survive and the few motivated dentists practise with limited means. Many of these facilities are located in suburbs where water and electricity are available only for a few hours a week. Oral disease is a major public health problem in Africa. Treatment of oral disease is extremely costly in industrialised countries and is neither affordable nor accessible in most low- and middle-income African countries. In addition, oral disease management does not form part of health care budgets.

In the absence of formal state support, the economy of the African dental world must find its place in an economic system somewhere between a colonial trading post economy and growing and inefficient humanitarian assistance. The organisation of an effective health care system is an ongoing challenge that requires a great deal of flexibility, imagination and pragmatism at all stages, with a long chain of professionals with various functions. However, it is essential to offer care to the most isolated populations. The economic models that have proven successful in eastern Europe and Asia in recent decades, based on structured business plans in order to achieve economies of scale, are no longer suited to the new virtual economy of the twenty-first century.

Dematerialisation, however, has limits and in the case of dental care, only basic and continuing education can bring about immediate benefit. However, much of the dental activity depends on the supply and use of materials and products unavailable locally. Therefore, their import remains unavoidable. But how can these costs be controlled?

Given a widely dispersed professional demography, cost containment—unachievable by economies of scale—will have to operate differently: by identifying costly elements along the supply chain and addressing these.

#### **The right business models**

Therefore, leaders with a clear vision have to be employed to manage complexity. They will act effectively in helping to reform rigid regulations and repeal obsolete laws that encourage corruption and informal channels. They will draft guidelines applicable to the challenges generated by a technical platform that is as bloated as it is useless. They will request simple and standardised equipment, prioritise care and adapt the structures accordingly by pooling dental purchases. This would entail implementing policy to import affordable, robust and reliable dental equipment. Suppliers should rank dental facilities according to the level of treatments provided and provide equipment accordingly. This would include overseeing donations of materials and equipment and evaluating energy and sanitation services—currently either deficient or non-existent—as well as establishing effective maintenance services. Logistics could then be adapted according to the destination and added value of the products to be delivered. This would be for the benefit of both patients and practitioners. In Africa, the problems do not add up; they multiply.

To date, the limitations of economic models essentially based on Western ones have become evident and disastrous failures have often resulted. In light of this, guidelines to establish an effective health care system are comprehensively covered in a report titled *Delivering High Quality, Low Cost Care at Scale* prepared by KPMG in Southern African based on inputs at a meeting held in Johannesburg in South Africa in 2013.<sup>1</sup>

Reading this report confirms the choices that have been ours for 20 years. Success would result from the intuitive implementation of these guidelines and the mainstreaming of the multiple parameters described in this very relevant document, which should become the basis for the development of future strategies.

In many African countries, creating a high-quality, low-cost health care system and network is already fairly well understood and the number of our African partners who trust us in this structured approach is growing daily.

#### **Strong virtual training platforms as key to success**

Training and continuing education (CE) remain important issues. The manner in which CE programmes have been managed recently is expensive, cumbersome, time-consuming and always difficult to implement and offers very few improvements. It is imperative that new ways of sharing information and knowledge be created. First, it may be wiser and more efficient to train dental therapists dedicated to primary dental care rather than more dentists. These dental therapists would gain more skills through CE programmes. Training in dental clinic management and equipment maintenance should be included in CE programmes.

We need to further our commitment to CE by integrating new virtual technologies. This can only be achieved with the help of the dental industry and universities. We would like to share more registered workshops and videos on our Save the African Smile Facebook page. If sharing goods depletes, sharing knowledge enriches.

#### *Reference*

1. KPMG, *Delivering High Quality, Low Cost Care at Scale* (Johannesburg: KPMG, 2013), <http://www.kpmg.com/ZA/en/IssuesAndInsights/ArticlesPublications/General-Industries-Publications/Documents/Low-cost-and-high-quality-healthcare-final.pdf>, accessed 17 August 2016.

---

---