

2 December 2004

REPORT

**Global Forum for Health Research 8
Mexico City, 18 November 2004 (18:00-19:30)**

Special Interest Group: Oral Health

The title of the meeting was "Towards an Oral Health Research Agenda", and the session was organized by the WHO Oral Health Programme, HQ/Geneva, the International Association for Dental Research and the National Institute for Dental and Craniofacial Research, NIH, Bethesda, USA. The session was chaired by Dr Lois Cohen, NIDCR/NIH.

In her introduction to the session Dr Cohen emphasized the significance of developing a global research agenda for oral health as the 10/90 gap in allocation of health research resources was particularly evident in this field. Most oral health research is carried out in industrialized countries as the dental schools in developing countries are established with resources for education rather than research. The previous GF7 meeting in Geneva also included a session on oral health research, preparatory to the actual meeting in Mexico City. Dr Cohen underlined the importance of feeding oral health experiences from bridging the gap between developing and developed countries into global health research activities.

Dr P.E. Petersen presented a paper entitled "Research for Oral Health in Developing Countries - challenges for the 21st Century and the approach of the WHO Global Oral Health Programme". (The paper is available on the website of the GF8). He emphasized the importance of both basic, biomedical research and strategic/applied research. Particularly, public health research and health systems research are crucial components in health research as WHO prioritizes problem-led research to enable countries to develop evidence-based intervention programmes and health systems. The oral disease burden in countries should be considered the point of departure for national health research planning and surveillance data may be useful particularly for research

carried out in developing countries. The new design of the Global Oral Health Data Bank was described with emphasis on linking oral health to general health/illness, and common risk factors. According to WHO, the major challenge in oral health research would be to strengthen operational research and translation of research to disadvantaged population groups in developing countries. The presentation underlined the institutional constraints and that developing countries need researchers, training of researchers in methodology, research facilities are prerequisites as well as support staff and interaction with collaborators at international level. The approaches considered for research capacity building relate to graduate/postgraduate training in research, learning by doing, institutional partnerships between developing and developed countries and the effective involvement of WHO Collaborating Centres in Oral Health. Research capacity building in developing countries should aim at research being recognized as the foundation of oral health policy. Finally, network development and health research bodies at national and international levels are considered instrumental for research capacity building in addition to financial investment.

Dr Saskia Estupinan-Day, WHO/PAHO, presented a paper on "Research for integrating oral health within the context of the Millennium Development Goals: the Pan-American Perspective".

She outlined the eight Millennium Development Goals (MDGs) and emphasized their important roles for streamlining intervention programmes in the future. The MDGs represent a framework for work and that these goals can provide political support for research. The major focus in public health action programmes relates to the social determinants of health and the barriers to reduce inequalities. Interventions should particularly be orientated towards health improvement of the vulnerable population groups. The challenges to effective integration of oral health into Primary Health Care and the importance of community participation strategies were suggested. In order to tackle oral health disparities, school health programmes should incorporate oral health and research is needed to document the outcome of use of appropriate technologies for oral disease control and treatment. Special emphasis should be made on the identification of and intervention for better health of high risk groups or individuals.

MDG Goal 4 concerns the reduction of child mortality. There is a great need for improvement in the quality of life of children with cleft lip and palate and children suffering from noma. Research should consider better understanding of how mother's nutrition, lifestyle, medical and genetic history are related to noma. MDG Goal 6 on reducing maternal mortality has importance to oral health status of pregnant women. Some research suggests an association between periodontitis and preterm birth; however, also research on common risk factors needs to be undertaken. MDG Goal 7 focuses on HIV/AIDS. There is a need for research on how to empower dental health providers towards control of oral manifestations of HIV infection, through early detection and effective intervention programmes.

In conclusion, the lessons learnt from PHC Alma Ata should be considered when strengthening oral health research in the future.

Dr Enrique Acosta-Gio, National University of Mexico Dental School, made an intervention on "Translating Health Research into Practice and Community Action Programmes", based on experiences gained in Mexico. The need for national capacity building in oral health research was indicated in several statistics, for example, two surveys carried out in 1997 and 1998 respectively showed that 9 in 10 dental faculty staff members had a clinical training background but lacked formal education in research, e.g. at Master or doctoral degree levels. There are only a few oral health research groups working in Mexico which make it difficult to consolidate research environments. Moreover, the federal budget allocated to higher education and research experienced severe cuts recently. This has severe implications to both national and international research. Of 892 scientific articles published in Mexico over the past seven years, only 92 appeared in international peer reviewed journals. Of all articles published in the field of oral health science in Mexico, 16% were literature reviews which may be considered instrumental in the translation of science into clinical practice. Very little research focuses on preventive and community dentistry; this reflects the fact that oral health services are mostly provided through private dental practices and dental education in Mexico is primarily based on traditional restorative teaching models. Public health has a low profile except from some school oral health programmes offered by certain dental schools.

There is a great need for "academizing" dental curricula and building capacity of research in faculties. Such capacity development should also incorporate applied or operational research. General recommendations for capacity building in developing countries should include:

Research infrastructure and collaboration among dental researchers.

Provision of a critical mass of researchers.

Partnership building and improved interaction amongst researchers and clinicians.

More emphasis on prevention and health promotion, and community intervention programmes.

Training in mechanisms for translation of research into clinical practice and community programmes.

Dr Christopher Fox, Executive Director, IADR, made an intervention on "Bridging the gaps in oral health research and knowledge across developed and developing countries". Initially, the expenditures on oral health care and the oral health profile of population groups in the USA were outlined. Research accounts for 2.2% of national health expenditures. The oral health status of poor or disadvantaged population groups in the US was detailed based on the document "Oral health in America - A report of the Surgeon General" (2000). Disparities in oral health were highlighted in the context of the global burden of oral disease as reported by the WHO in the World Oral Health Report 2003. The broader research agenda is needed to tackle both national and international oral health problems in the future. This agenda would be based on several assumptions such as the oral cavity being a diagnostic window to the body, and oral health is linked to systemic health. The "Push-Pull" model presented informed about the need for investment in human resources for research (e.g. people and training) to the demand for evidence by consumers.

Bridging the gap in research between developed and developing countries should consider the responsibility of the developed world to assure that fruits of research will benefit all. Efforts should be made to strengthen translational research, from laboratory bench to dental chair and from laboratory bench to populations. Prioritization should be based on global disease burden information. International collaborative programmes should be established, linking scientists together through professional contacts and IT programmes. It was emphasized that the process is only facilitated if partners work together and if publication and communication of research are further stimulated in both directions across developed and developing countries.

The session was concluded by a discussion of the oral health research agenda and the policy implications. This part of the programme was facilitated by discussant Professor Ramon Baez, Director of the WHO Collaborating Centre for Translation of Oral Health Science into Clinical and Public Health Practice, the University of Texas Health Science Centre at San Antonio Dental School. Priorities should be developed based on sound situation analysis of oral disease and risk factors. In addition, information is needed on whether oral health systems and resources for health care match the problems to tackle. It was emphasized during the discussion that building research capacity starts at involving young dental students and young researchers, improving their interests into oral disease burdens prevailing in developing countries. Research must balance original, basic science and application of science. There is a high need for strengthening intercountry partnerships through effective use of telecommunication and development of joint protocols of work and data collection systems. Such data may also help comparisons of research results and exchange of experiences across countries.

In conclusion, the discussion emphasized the importance of research for better health of all at global, regional and country levels.

Presenters:

Dr Poul Erik Petersen
Oral Health Programme
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland
email: petersenpe@who.int

Dr Saskia Estupinan-Day
Regional Adviser, Oral Health
WHO Regional Office for the Americas
Pan American Sanitary Bureau
525, 23rd Street N.W.
Washington D.C. 20037
USA
email: estupins@paho.org

Dr Enrique Acosta-Gio
Microbiology and Infection Control
National University of Mexico Dental School
Mexico
email: acostag@servidor.unam.mx

Dr Christopher Fox
Executive Director, IADR
International Association for Dental Research
1619 Duke Street
Alexandria VA 22314-3406
USA
email: cfox@iadr.org

Dr Ramon J. Baez
Dental School
Health Science Center at San Antonio
University of Texas
7703 Floyd Curl Drive, MC 7914
San Antonio
Texas 78229-3900
USA
email: baez@uthscsa.edu

Moderator:

Dr Lois Cohen
Office of International Health
National Institute of Dental and Craniofacial Research
National Institutes of Health
45 Center Drive, Room 4AS13
Bethesda, Maryland 20892
USA
email: lois.cohen@nih.gov

Rapporteur:

Dr Poul Erik Petersen
Oral Health Programme
World Health Organization
Avenue Appia 20
1211 Genève 27
Switzerland
email: petersenpe@who.int