

Perspective

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Rethinking and establishing a dental collaboration in the Pacific Region

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Oral health services are an essential component of a comprehensive, quality health system. As the link between oral health and other health conditions is well established, affirming the need for population access to timely, affordable, quality oral health services is an essential component of Universal Health Coverage.¹

In the Pacific Island countries and territories (PICTs) challenge of limited human resource capacity and a corresponding low investment in maintaining access to high quality, accessible health services.² We argue here that there are significant opportunities to build effective connectivity among the oral health sectors for the benefit of the PICTs. These will necessarily involve: building upon existing networks, sharing human and technology resources and growing leadership with the oral health sector to continue to advocate for oral health as a population health priority.

A situational analysis of dental health services across the Pacific Islands region was conducted to a). examine existing capacity and capabilities within the oral health sector with the view to b). explore the potential for drawing together the collective expertise and resources for a regional oral health workforce. Our analysis is based on a literature review and a series of four key stakeholder discussions with leading oral health professionals from the Cook Islands, Niue, Tonga and Vanuatu. These are presented here to capture the diverse needs and development context challenges for oral health services. This includes the barriers and opportunities for collaboration amongst oral health professionals in the Pacific region. This viewpoint advocates an approach to achieve effective and meaningful partnerships, leadership and the importance of evidence to underpin development within the dental profession in the region.

The concept of a regional collaboration among dental professionals in the Pacific region has been explored previously.³ In 2014, the formation of the Oral Health Pacific Islands Advisory Forum (OPIA) saw a renewed commitment to improve professional networks, cooperation and

leadership for the region.⁴ The OPIA supported the relaunch and strengthening of oral health activities and promote leadership roles in Pacific countries.⁴ Stakeholders agreed that there was scope for the improvement of collaboration and to determine the optimal way forward.

The geographic spread and isolation of 22 PICTs presents a challenge. Disparities between and within the PICTs in terms of distribution of human resources is a case in point.⁵ For example, the oral health workforce in Vanuatu is small and concentrated in urban areas which leaves populations in the rural areas underserved. Conversely, Niue, one of the smaller Pacific states, has a sufficient oral health workforce for the whole population. Reasons for the inequitable distribution of oral health workers in the PICTs is most likely those that explains the maldistribution of health care workers in other disciplines – migration, professional training sites, a lack of modern equipment (to maintain professional development), outdated policies and inherent political and economic factors.

There was little doubt that the PICTs should enjoy the benefits of accessible, affordable, quality oral health services. Yet the context within which the health workforce in the PICTs has evolved, based on an overreliance on international development assistance for targeted programmes, a tendency

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Received: 20.08.2018

Published: 30.09.2018

Citation: Tatui L et al. Rethinking and establishing a dental collaboration in the Pacific Region. *Pacific Health Dialog* 2018;21(2):108-110. DOI: 10.26635/phd.2018.921

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for supplementary arrangements (short term medical missions)⁶ and a chronic lack of resources has undermined the opportunities to develop a sustainable, fit-for-purpose oral health service.⁷ The need for innovative, cost effective solutions for delivering oral health is vital. There is a need for effective coordination of existing human resources. Effective mechanisms of procurement and funding is needed across the region. One approach is to build practical alliances between the health services sector and academic institutions in the region. Initiatives such as placement of undergraduate students in Pacific countries (Cook Islands, Fiji and Tonga) may increase the chances of students returning to their home countries. Professional development and training opportunities need strengthening.

Leadership within the oral health workforce has been underdeveloped. Building health leadership and management skills strengthens effective communication, resource utilisation and strategies to support collective action for the integration of oral health into the general health system.

Inadequate research capacity have hindered long term gains in oral health.⁴ Investment to improve oral health research capacity is important as it informs evidence-based practices and policies. In-country capacity to provide continuing education and professional development for the dental workforce varies across the region. Some of the PICTs provide opportunities for continuing professional development. For example, Fiji is comparatively well resourced for training and development opportunities from the Fiji National University and the Fiji Dental Association.⁸ The majority of the oral health professionals in the Pacific are graduates from Fiji. Their access to lifelong learning is a priority need for workforce development.

Oral health initiatives established by charitable organisations have shown success by creating sustainable partnerships in the Pacific. In Vanuatu, a *Friend of Kokorosa* initiative has seen the establishment of well-resourced and environmentally friendly dental establishments that may be suitable for most Pacific contexts. Similarly, the *Smiles of the Pacific* programme have facilitated training of local oral health professionals in Lautoka. Some training institutions have also formed partnerships with a number of countries with a mutual objective of providing clinical training for dental undergraduates in the Pacific. Informants believe that there are economies of scale to be achieved by establishing oral health partnerships and networks throughout the region. This may inform through diplomatic relations donor funding

support provided by New Zealand and Australia to the Pacific region.

The historical development of the dental profession has somewhat followed the western societal paradigm of being predominantly a private orientated service. Most of the oral health workforce in the Pacific work for the respective health ministries. As a public health service, they exist to serve the people who struggle to live in developing economies.

Growing evidence have highlighted the inherent link between oral and general health and subsequent need for integration in the delivery of health services. With the Pacific configuration of a public service provider, integration of health services is appropriate for this purpose. This also reinforces the role and scope of practice that is appropriate for the geographical features and prudent resource allocation practices of the Pacific countries. The research overall show that there is sufficient evidence to learn from the past experiences of dental health services providers. Through planned innovative ideas and the willpower to accept positive changes, over time we can improve our dental health services today and for the future.

Although it may seem complex and rather ambitious, collaboration can be simple and effective. Strengthening collaborative networks can be viewed through the lens of the shared values model.⁹ The shared value model is vital from the collaborative, health equity and professional advocacy viewpoints. International advocacy and leadership have been providing immense assistance to the region, and yet most of the issues are beyond the scope of the region's capacity, capabilities and resources. As health professionals, we all share the common goal and values associated with the attainment of the highest possible standard of health for the Pacific population. There is also an acknowledgement of the motivation and aspiration of the Pacific islands stakeholders to become more inclusive and self-sufficient. Relational activities are paramount to the success of the implementation and sustainability of partnerships for collaboration. Stakeholders need to share the same values for improving the Pacific population health, as well as, advocating for the best professional performance level and job security.

Collaboration across the Pacific region can be complicated due to competing interests, structural, political, cultural and institutional arrangements. Economic and finance system variations shape how countries implement actions for country-specific needs.¹⁰ The way forward may be challenging, but solutions that benefit the oral health for all PICTs populations

will necessitate the building of a collective agreement that agrees to the equitable distribution of scarce resources.

Most importantly, we must draw upon our shared Pacific values and professional goals in order to build a health system for the future. With improved coordination of our limited resources, building on our expertise, growing strong leadership, we are better equipped to ride the inevitable wave of change in a young developing region. We recognize however that we can draw upon technical support of our New Zealand, Australian and health networks and training institutions so that we can move forward to improving oral health services in the Pacific region.

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