

## **Some perspectives from Countries with Developing Economies**

### ***A perspective from India***

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India is an example of a large country with a developing economy attempting to respond to oral health needs and the education of a taskforce. There are many barriers which include social, cultural, technological, economic and political factors to name just some. India has a heterogeneous population of more than one billion. Seventy per cent reside in rural areas. More than 40% are children who are deprived of primary healthcare facilities in their vicinity where there is a lack of infrastructure and seriously deficient sanitation facilities.

Networking could help if each dental institution adopted one defined area including schools, orphanages and old-age homes in addition to global networking. There is a need to increase the use of information technology and paper communications to increase awareness. The polio drive, small pox eradication exemplified how the media can play a significant role in health promotion and disease prevention.

Although oral health is very much a part of total health, very little attention is paid to it. Prevention of dental disease has a low priority, not alone in the community but also amongst health care professionals. The major advances in Indian dentistry would appear to be in the growth of new dental schools (presently 220). However, very little attention has been given to the stagnation of the dental schools and dentists in the urban regions where about 30% of the population resides. The government with the help of the profession must explore more effective strategies to combat and overcome barriers to oral health maintenance and health gain at both national and regional levels.

IFDEA's mission is to disseminate and share best practices and establish a global network but it must involve students. The professional development of any dentist begins the very first day he or she enters as a student and continues until the day he or she retires from the profession; continuing professional development considerations are therefore important. It should be possible to devise programmes for the dental student of the global community. He or she may prove to be ambassadors of appropriate innovation within their own region thereby offering a more international perspective on standards and ethics. Through the Global Network, electives, exchanges and twinning programmes, students would gain a broader perspective of our diverse cultures, educational methods, health delivery systems and infrastructure, research and pathologies not found in their own regions. In all of this the emphasis should be on the prioritised health needs of the population.

IFDEA should pay more attention to the genetic and environmental interactions which lead to the increased incidence of oral health problems in different populations. The Human Genome Project has opened enormous opportunities for genomic analyses and applied research that will change the face of medical and dental practice, education and research. Major research projects will require international collaboration as for example in translational and clinical research, population-based studies, epidemiology, health promotion, and health services research; all of which cross continental and disciplinary boundaries.

There is an imperative for universities and the health caring disciplines throughout the world to address the barriers that prevent or make difficult the implementation of

change at educational and professional levels in applying research. That provides the evidence base for its efficacy at both individual and community levels. IFDEA can be one of the instruments in moving such a global initiative which would be of significant benefit to those most in need as well as the profession itself. IFDEA should also encourage closer co-operation between the indigenous dental industry and dental academics in developing economy regions.

### ***A perspective from South America***

#### **Maria Beatriz Ferro, Pontificia Universidad Javeriana, Bogota, Columbia**

The web offers an instrument of global communications and is central to our global network. It allows homogeneity in the language and in the transmission of the knowledge. It also makes distances shorter thereby promoting better understanding of different cultures, different positions, and different experiences.

Using Colombia as an example the Global Network will be very useful for two reasons. First students are increasingly interested in virtual education and feel more comfortable with the interactive communication through virtual spaces. Thus, they could have a class from any faculty member in the world, and get to know different schools, different curricula and different programmes worldwide.

In Colombia, dental educators may not have as much experience in training to be educators compared to other countries. This is the second way in which the web would be very useful in sharing with them knowledge, research and technology. Access to the web and to the global network will allow our teachers to open their minds to the world. For example through the global network we can learn educational strategies like Problem-Based-Learning, teaching and evaluate in competences, and also studying evidence-based dentistry and all to the ultimate benefit of our patients.

The Internet and the IFDEA Global Network will help solve some of our difficulties in dental education. Most of our colleagues in South America are unable to attend conferences, congress, meetings or visit other schools because of limited financial resources. They would have the possibility to do that and to share experiences and knowledge through the global network, without moving from their schools.

### ***A perspective from Africa***

#### **Eyitope Ogunbodede, Obafeni Anolowo University, Nigeria**

IFDEA collaborated with us when we were looking at the situation in Africa. There had been insufficient consultation with representatives of Dental schools on the continent. It was decided to bring a representative group of African educators to meet the Executive Director of IFDEA Dr. Richard Valachovic, Professor Derry Shanley, a past President of IFDEA and Ms Majella Giles European Administrator of IFDEA. The meeting was held at the Leriba Lodge Hotel, Centurion, Pretoria, South Africa on from 26<sup>th</sup> to 28<sup>th</sup> of January, 2007. There were 13 African delegates from Botswana, Ethiopia, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe.

The meeting referred to a report of a WHO sponsored consultative meeting held in April 2002 in Cape Town, South Africa and used as a basis for further development. The Leriba meeting was highly successful in establishing contact and also ascertaining priorities in respect of dental education in Africa, with particular reference to participation in a global network.

Four main targets were agreed:

1. Identify ways to reposition training institutions towards innovative approaches and updated curricula.
2. Explore the extension of research collaboration
3. Establish a network linking the training institutions and
4. Establish an African Dental (or Oral Health) Education Association.

All attendees at the Leriba meeting were invited to the Global Congress scheduled for September 2007 in Dublin Castle. The Steering Committee of the African Initiative has since produced a draft constitution for an African Dental and Oral Health Education Association (AfDEA). This and other issues relevant to the establishment of the African association are to be further considered at this Global Congress.

IFDEA is also considering the establishment of an IFDEA centre in Africa. IFDEA can also assist the continent in the development of on-line training resources that can be accessed by dental students and staff of dental training institutions. The African continent will benefit from resources in such areas as research methodology and dental ethics which cut across all training institutions. Africa will also benefit from the peer-review/quality assurance process that is already established in other continents.

The broader vision for IFDEA will enable Africa to benefit from the long term relationship of IFDEA with corporate dental organizations, who are presently rarely found in Africa (except in Southern Africa). This has enormous implications for dental education as it will make available and accessible, to dental institutions and educators, essential materials and equipment. Exchange programs for staff and students would be of immense benefit to dental training institutions in Africa. While an African Association may be able to organize exchanges within African Dental institutions, IFDEA is better placed in facilitating intercontinental exchanges of staff and students.

The African dental educators have embraced the broader vision of IFDEA and the future appears to be brighter for dental education on the continent, judging by the success of the activities that followed the initial contact by IFDEA. The issue of funding is a key to the sustainability of any organization. We therefore need to reflect on how IDEA can become self-sustaining. This should be incorporated in the roadmap for the Federation.

### ***A perspective from China***

**Bangkang Wang, Songling Wang, Capital Medical University, Beijing, China;**

The website will benefit Chinese Schools in the following areas:

- Dental education criteria for DDS/BDS from different countries will be more apparent
- Reviewing criteria for well established DDS/BDS programmes
- Dental education quality control systems
- Dental practice management and training
- Dental education systems in different countries
- Dental continuing education systems in the different countries
- Integration of dental education and related research
- Reforming and planning new curricula