

SDG COLUMN

Smileawi's alignment with the UN Sustainable Development Goal 9



Vicky and Nigel Milne

Continuing with our cover series on the UN's Sustainable Development Goals (SDGs), we reach SDG 9: Industry, Innovation and Infrastructure. On this issue's cover, we aim to illustrate how dental infrastructure is often limited in low- and middle-income countries. **Vicky** and **Nigel Milne**¹ discuss the work carried out by Smileawi, the main aim of which is to improve dental services in Malawi, and describe how this contributes to the targets set out in SDG 9 – in particular, facilitating sustainable infrastructure development and support in developing countries.

In 2015, the United Nations drew up Sustainable Development Goals (SDGs) creating a roadmap for a fairer and greener world by 2030.¹ Currently, only 15% of SDGs are on track. Smileawi is aware of the crucial importance of working within this framework. In this article, we will concentrate mainly on SDG 9: Industry, Innovation and Infrastructure; one of the targets of this goal is facilitating sustainable and resilient infrastructure development through enhanced financial, technological, and technical support to developing countries.

Smileawi works in Malawi; its main aim is to improve dental services and the population's oral health. Since our first visit in 2012, we have been aware that oral health is not a priority to the Malawian Government and that oral health services are lacking. On this first visit, we brought together several Malawian colleagues and held a full day meeting where we were able to discuss the challenges faced by the workforce. This resulted in the formation of Smile North, linking a group of dental therapists based in the northern region of Malawi with Smileawi in Scotland. Together, we have hosted many conferences with speakers from Malawi and overseas and numerous representatives from government, Christian Mission (CHAM), and private clinics. Therapists and volunteers agree that the conference creates a space for connections to be made and ideas shared on how to make accessible dental care a reality.

In 2017, Smileawi carried out an investigative tour of CHAM, government, and private clinics in the northern region. We found most sites were operating with equipment unfit for purpose and often only functioning because of ingenuity and inventiveness, an example being an oral surgical handpiece in a large central hospital held together by tape. On returning to Scotland, we consulted a volunteer dental engineer, Gerry Dolan, who set about sourcing good-quality, second-hand equipment for these surgeries which we shipped to Malawi by container. In 2018, when the container arrived in Ekwendeni, a volunteer group, including Gerry, delivered and installed the equipment at the clinics. The local maintenance teams were also given hands-on training on their maintenance and repair. We have learned from this experience that simple equipment is easier to install and to maintain. This process remains ongoing with plans to extend it to the central and southern regions.

alleviate this problem from 2025. This school is being built as a joint venture involving the MalDent Project, Scottish Government and the Government of Malawi and is an important step towards producing a Malawian dental workforce.

At Smileawi, we work closely with the Malawi College of Health Sciences where they train dental therapists. Our experience is that the dental therapists carry out most of the dental work in rural areas. With a high dropout rate from the course for financial reasons, rather than academic ones, we saw an area where we could help; we now support 21 dental therapy students who would otherwise be lost to dentistry. With full stomachs and no worries as to how to pay their fees or accommodation, the students can now fully concentrate on their studies. We are also sponsoring three dental students at KUHeS. In addition, we support the college with equipment, educational resources and dental materials. We are

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In 2019, the reported number of dentists and dental therapists was 43 and 150, respectively; this represents a staggering shortage of dental manpower for Malawi's population of 18.8 million.² The advent of the new dental school at Kamuzu University of Health Sciences (KUHeS) will start to

always looking for resources to help the students' educational experience.

Collaboration plays an important role in Smileawi's work; we rely on close partnerships with many organisations for the success of our projects. In 2020, we had the pleasure of working with Bridge2Aid, ►►

¹Smileawi, Dunoon, UK

« the Dental Association of Malawi and the Malawian Ministry of Health and Population using a repurposed Scottish Government grant. Together, we produced a digital training programme to refresh the knowledge of 25 northern dental therapists. The programme aimed to teach them to teach rural oral health promoter volunteers to cascade vital oral health messages to their communities. With the expertise of Bridge2Aid and ProDental CPD, a 12-module course was produced and hosted on the ProDental CPD platform. The project was a great success and with appropriate funding will be rolled out in the central and southern regions. More than 40 Oral Health Promoters are now working in their communities spreading important oral health messages which are culturally appropriate and community-led.

From 2024, Smileawi hope to return to Malawi with groups of volunteers to work in mobile pain relief clinics in rural areas. We plan to place a much stronger emphasis on the prevention of dental disease and to continue to strengthen the projects currently underway.

We are writing this article in Malawi where Smileawi are involved in the National Child Oral Health Survey as part of the implementation of the Malawian Oral Health Policy launched in April 2022. It is hoped that the data collected can be used in the development of a Malawian version of the Scottish ChildSmile Programme.

At Smileawi, we feel we are contributing in a small way to the improvement of dental services in Malawi. However, for the world to reach SDG targets by 2030, it will require an enormous collaborative exercise and acceleration of relevant activities, which we are happy to be a part of and hope will be achieved. ■

References

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Tobacco: Government needs to show same ambition across prevention agenda



Following plans for a phased ban on tobacco, the British Dental Association (BDA) said Government must now show the same ambition across public health, given consistent failure to grasp the nettle on prevention in the face of deep and widening inequality.

The Prime Minister has proposed annual rises in the legal age for purchasing cigarettes. The move, echoing an approach already in force in New Zealand, has potential to ensure the next generation grows up smoke free.

Dental professionals are on the frontline in the battle against oral cancer – which claims more lives each year than car accidents – and gum disease. Smoking is one of the key drivers for both conditions.

The BDA stresses ministers must now show they are serious about prevention across all areas of health. The ongoing access crisis in NHS dentistry is fuelling widening inequalities, with unmet need for NHS dentistry in 2023 estimated at one in four of England's adult population. The first oral health survey of five-year-olds published since lockdown showed no improvements in decay levels and a widening gap between rich and poor.¹ The government pledged a recovery plan for NHS dentistry in April 2023 that remains unpublished. Its official response

to the Health and Social Care Committee's damning inquiry into NHS dentistry has been overdue since 14 September.

The BDA has lamented drift on bans on prime-time junk food advertising and on buy one get one free offers for products high in sugar.

Despite the Health and Care Act 'simplifying' the process for water fluoridation, there is no indication capital funding is being brought forward for rollout.

The public health grant – used by local authorities to fund vital preventive services – has been cut by a quarter since 2015 in real terms, undermining existing preventive schemes.

Mick Armstrong, Chair of the BDA's Health and Science Committee, said: 'Government seems willing to be bold and ambitious on tobacco but appears to be waving a white flag on the wider prevention agenda.

'Deep seated health inequalities in this country are widening with every passing day. We need real commitment to close that gap.'

References

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