

# **Planning oral health human resources for the province of KwaZulu-Natal**

by

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To my husband Kapil Satyapal,  
daughter Vedika and son Pravir,  
and my parents...  
for their love, support and encouragement.

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## DECLARATION

I, Pratima Kissoon-Singh, declare that the dissertation I am herewith submitting for the degree MSc.Odont. (Community Dentistry) at the University of Pretoria, is my own work and has not previously been submitted for any other degree at any other university.

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P. Kissoon-Singh

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## LIST OF ABBREVIATIONS:

KZN	KwaZulu-Natal
WHO	World Health Organization
FDI	Federation Dentaire Internationale
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immuno-Deficiency Syndrome
DHS	District Health System
PHC	Primary Health Care
NOHS	National Oral Health Survey
PmBurg	Pietermaritzburg
PShepstone	Port Shepstone
mins.	minutes

## SUMMARY

### Planning oral health human resources for the province of KwaZulu-Natal

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The South African health system has failed in the provision of oral health care to all its citizens. There is a maldistribution of oral health personnel between the public and private sectors, and a shortage and inequitable distribution within the public service. Dental facilities and infrastructure are rudimentary in many areas. To address this problem, the national health ministry has proposed a basic oral health care package for all its state-dependent citizens.

The aim of this study is to plan human resources for oral health care for KwaZulu-Natal using the basic primary oral health care package. This would

ensure an equitable distribution and optimal utilization of personnel in meeting the oral health needs of this province.

KwaZulu-Natal is one of the poorest provinces in South Africa, with the largest population. It is plagued by many notifiable diseases, and has the highest prevalence of HIV/Aids. It has escalating levels of crime and violence, and the largest number of disabled individuals. The oral health status appears to be stable, with some of the WHO goals being achieved. However, due to historical circumstances, there is a large backlog in dental care.

The computerized oral health personnel planning model of the WHO was used to calculate optimal numbers of human resources required for the provision of this package. These results show that there is a gross shortage of personnel.

A human resource plan was formulated for the short and long terms, for 2000 and 2010 respectively. Emergency care for the relief of pain and sepsis would be provided to the entire state-dependent population to ensure, at least, a minimal level of care.

The short term plan would address immediate problems by redistributing existing personnel equitably among regions. Fillings would be provided to the 0-14 year cohort only. Oral hygienists would provide preventive care, collaborating intersectorally with other government departments. All oral health personnel had to become proficient in the diagnosis of oral manifestations of HIV/Aids and infection control measures. The implementation of water fluoridation should become a priority.

The long term plan considered the changing epidemiological priorities of this province. Target groups identified were the 0-14 year age group, the disabled, handicapped, and Aids patients and orphans. The 0-14 year cohort would receive preventive care, fillings and scaling of teeth. Fissure sealants would be



provided on a referral basis. The other target groups would receive special group care aimed at alleviating oral health problems. Aids would be peaking by 2008, and therefore scaling would also be provided to the 15-29 year cohort, due to this group being considered as high-risk.

Due to the implementation of water fluoridation, a drop in caries levels is anticipated. This would result in a decreased demand for restorative care. Therefore, to decrease the backlog in dental care, fillings would be provided on demand to all state-dependent patients in the long term plan.

Recommendations were made for the three components involved in human resource development i.e. tertiary institutions, service organizations and health planners. This would include ways of increasing the pool, and decreasing the requirements, for human resources. With the support of the provincial ministry of health, this study can play a significant role in the provision of a more equitable oral health service for the special needs of KwaZulu-Natal.