



REPORT ON THE INTEGRATED NATIONAL ORAL HEALTH MONTH COMMEMORATION HELD ON 11-12 SEPTEMBER 2024, MANGAUNG, FREE STATE PROVINCE

THEME: "NO HEALTH WITHOUT ORAL HEALTH"

BACKGROUND

The National Department of Health annually commemorates Oral Health Month in September in different provinces to motivate and mobilise communities to better care for their oral health. This year an integrated approach in collaboration with Nutrition, Health Promotion and Department of Basic Education was adopted to include other key health interventions like good nutrition and hand hygiene. The focus was in primary school children and children in Early Childhood Development Centres (ECDs) which is in line with Integrated School Health Program (ISHP) which is a Government priority area within the National Development Plan.

The 2024 National Oral Health Month was commemorated in Free State Province, Mangaung Municipality. During the commemoration there was an outreach to 13 primary schools and two ECDs on the 11 September 2024. Oral health education, Nutrition education and Health Promotion were presented to Grade R to 3 learners. Three primary schools visited the Tempe Military Base in Mangaung and oral health, Nutrition education and Health Promotion were also done at the base. Two of the outreached schools were schools for children with special needs. Two thousand one hundred and five (2105) learners were interacted with on the day. They received hand soap, toothpaste, toothbrushes and educational toys.

Continuous Professional Development Program (CPD) for oral health professionals was done on 12 September 2024, in which a number of oral health related topics were presented. The congress was accredited for 12 CEU points by the University of Limpopo School of Medicine.

The attendance registers were signed by the attendees. Two hundred and sixty eight public oral and other health professionals from nine provinces, South African Military Health Services (SAMHS), national and provincial departments of health attended the congress. The Department of Basic Education, (Communication, Health Promotion, Nutrition) directorates and other stakeholders were also in attendance. The congress was opened by Brigadier General Fosa of SAMHS and the outreach program at the hosting school was launched by the Free State Provincial Health Support Director Mr. Mokgatlhe on behalf of Free State Department of Health.

GOALS OF THE INTEGRATED COMMEMORATION OF THE ORAL HEALTH MONTH

- Promotion of integrated approach to provision of health services, especially preventive services.
- Instilling the habit of hand washing, healthy eating, brushing of teeth to curb preventable diseases in children.
- Provision of oral health information to oral health professionals to improve their clinical, managerial and ethical competences.

OBJECTIVES

- To increase awareness on the link between poor oral hygiene and oral diseases.
- To increase awareness on the link between poor hand hygiene and diseases.
- To increase awareness on the link between poor nutrition and poor health.
- To adopt a multidisciplinary approach in the implementation of prevention programmes.

TARGET AUDIENCE

- Grade R-3 and ECDs Children
- Teachers

- Oral health and other health professionals

KEY MESSAGES FOR ORAL HEALTH

- Clean/brush your teeth twice a day
- Eat healthy food for healthy mouths
- Provide healthy food for children to promote healthy mouths
- Drink clean, safe water instead of sugary drinks
- Have children's mouths checked regularly
- Avoid foods and snacks that are high in sugar
- Eat plenty of vegetables and fruit.
- Importance of good eyesight and hearing.

HANDWASHING

The critical times of washing hands with clean water and soap are;

- Before handling/preparing food;
- Before you eat or feed a child.
- After using the toilet;
- After handling/changing baby nappies;
- Before and after taking care of a sick person

MESSAGES FOR CHILD CARE

- Good nutrition to grow and be healthy
- Love, play and interaction for healthy development
- Protection from preventable childhood diseases
- Go to health care facility when sick
- Special care for children who need a little more help

STAKEHOLDER INVOLVEMENT

National and Provincial (Oral Health, Nutrition, Health Promotion) units, South African Military Health Services, Department of Basic Education, External Stakeholders and Communications Units. There were five dental companies that supported and exhibited at the congress.

OUTREACH TO PRIMARY SCHOOLS AND EARLY CHILDHOOD DEVELOPMENT CENTRES

The purpose of the outreach was to instill the habit of hand washing, healthy eating and brushing of teeth to curb preventable diseases in children. Oral health personnel from all provinces, Nutritionists/ Dietitians, Health Promoters and Educators were divided into 12 groups that visited ten primary schools and two ECDs in Mangaung Municipality, and three primary schools came to the Tempe Military Base. Thirteen primary schools and two ECDs were interacted with during the outreach. The schools were the following:

NO	SCHOOLS	NO. OF LEARNERS
MAIN HOSTING SCHOOLS		
1	Dr. Bethuel Setai Primary School	150
SCHOOLS VISITED THE TEMPE BASE		
2	Willows Primary School	56

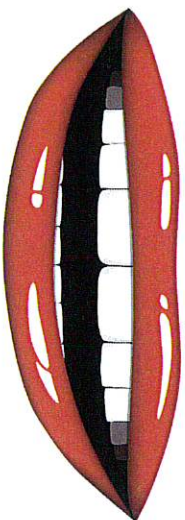
3	Bainsvlei Combined School	62
4	Eersteling Primary School	54
SPECIAL SCHOOLS		
5	Pholoho Special School	226
6	Tswellang Special School	141
FARM SCHOOLS		
7	Kolisang Khakhau	73
8	Phuthanang Primary School	27
9	Ditlatse Primary School	102
10	Waterbron Primary School	168
11	Koot Niemann Primary School	598
12	Maryvale Primary School	94
13	Semajian Primary	71
EARLY CHILDHOOD DEVELOPMENT CENTRES (ECDs)		
14	Sunrise Pre-School	26
15	Tshepo Foundation Day Care Centre	257
	Total number of children engaged	2105

ORGANIZING TEAM

The organizing team was made up of the National Department of Health, Provincial Department of Health -Oral Health Directorates personnel and South African Military Health Services (SAMHS) personnel.

National Department of Health	Free State Province	South African Military Health services
Dr. Mzirikhulu Mucuba	Ms. Bo Mthethwa	Col. (Dr) Ruth Modisha
Ms. Martha Sekome	Ms. Vicky Manaka	Lt. Col. (Dr) Moodley
Ms. Palesa Phasha	Ms. Patricia Senyane	Mr. Erusmas
Ms. Tebogo Sithole	Department of Education	Mr. Itumeleng Bereng
Mr. Howard Kgoa (National Communication Cluster)	Provincial Communication Directorate	Dr. Pitso Mashangwana

11 AND 12 SEPTEMBER 2024 PRESENTATIONS



No health without oral health



Programme Oral Health Congress

Date: 11 and 12 September 2024
Venue: Tempe Military Base
Bloemfontein



Day 1: 11 September 2024		
07:50-08:00	Opening and welcoming	Brig Gen LC Fosa
08:00-08:30	Registration and Schools allocation	
08:30-13:00	Outreach Programme	
	1. Oral Health education and promotion	
	2. General Health Promotion and Education	
	3. Nutrition and diet education	
	4. Tooth brushing demonstration	
	5. Handwashing demonstration	
	6. Fissure sealing application	
13:00-14:00	Lunch	
	Programme Director:	
14:00-16:00	Feedback: Outreach	Group leaders
	Time	Topic
		Presenter
16:00-17:00	Current priorities of infection prevention and control in Dentistry	Dr J Oosthuizen
17:00-17:15	Announcements	

Day 2: 12 September 2024		
Programme Director:		
Time	Topic	Presenter
07:50-08:30	Opening and welcoming	Brig Gen (Dr.) Kwena Mabofa
08:30-09:30	Innocuous bleeding in a young girl with fatal outcome: A case report	Dr A Olekan
09:30-10:30	Definite need for Orthodontics for high school children	Dr M Nyakale
10:30-11:00	Tea	
Programme Director:		
11:00-12:00	Decolonising MAP (mindsets, attitudes, and practices) of Western healthcare system in postcolonial society – we cannot breathe	Prof. S Nemutandani
12:00-13:00	Oral Hygiene and Denture Maintenance: Denture wearers	Lt Col NM Mwyana
13:00-14:00	Lunch	
14:00-15:00	Stigma experienced by family members of mental healthcare users	Maj (Dr) J Mkhabela
15:00-16:00	Knowledge, attitudes, and perceptions of dentistry students toward sexual harassment	Drs. Bonnesse and Chen
16:00-16:30	National Oral Health Policy and Strategy – 2024-2034	Dr M Mchuba
16:30-17:00	Prioritising Child Safety in Public Dental Care Settings	Dr B Vava
17:00-17:10	Vote of thanks	Mr. JM Mokgalle Director: Health Support



No health without Oral Health

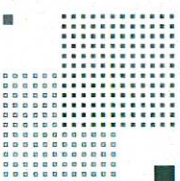


health
Department:
Health
REPUBLIC OF SOUTH AFRICA



Programme School Oral Health Outreach

Date: 11 September 2024
Time: 09h00



health
Department of
Health
FREE STATE PROVINCE



education
Department of
Education
FREE STATE PROVINCE

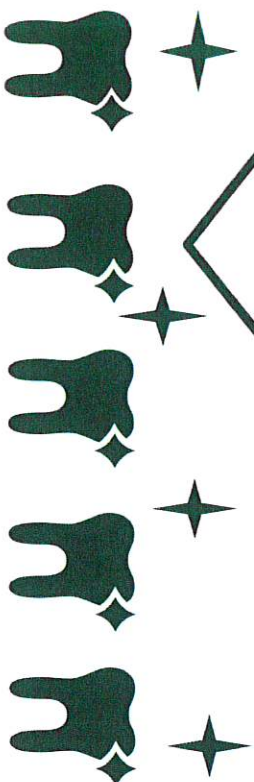




Programme Director: Name and Surname

DID YOU KNOW?

Your oral health impacts
your whole body,
not just your smile.



Time	Item	Presenter
	Opening and welcoming	Principle/ SGB Member (The School name?)
	Purpose of the day	Group leader
	Oral health education and promotion	Name and Surname
	General health promotion and education	Name and Surname
	Nutrition and health eating	Name and Surname
	Tooth brushing demonstration	Name and Surname
	Handwashing demonstration	Name and Surname
	Fissure sealing application	Name and Surname
	Vote of thanks	Name and Surname



REPORT FOR NATIONAL ORAL HEALTH MONTH CONGRESS - 2024

DAY 1: ORAL HEALTH AWARENESS DAY ON THE 11TH OF SEPTEMBER 2024

Oral Health Month Congress Event was held at Tempe Military Base-Bloemfontein, on the 11th & 12th September 2024. On the 11th September 2024 (Day 1): all delegates were allowed to register and were allocated to schools accordingly. Each school had assigned with a group leader that was expected to report or give feedback of the outreach. There were 13 schools that participated in this congress, i.e, 11 Primary Farm Schools; 2 Special Schools; and 2 Early Childhood Development Centres (ECDs) in the Mangaung Metro Municipal District, Bloemfontein, Free State Province.

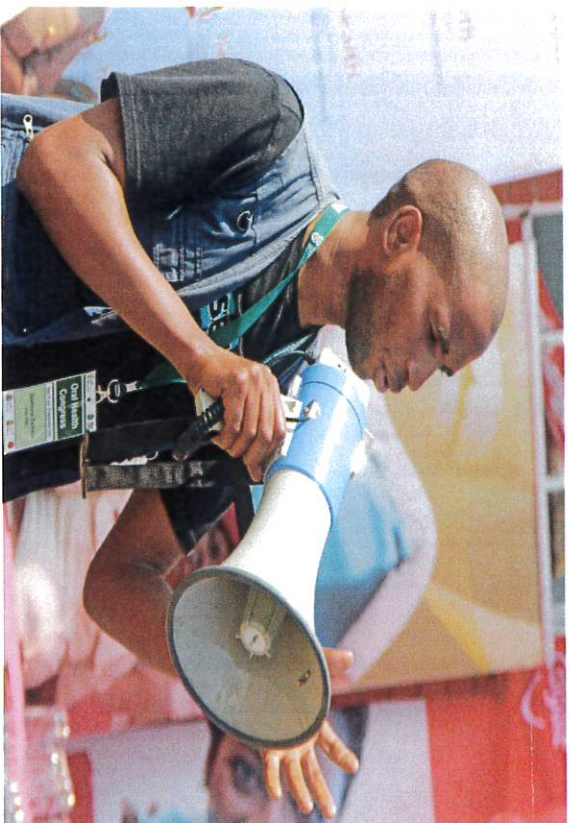
Dr Bethuel Setai Primary Farm school was hosting the dignitaries. 3 primary farm schools (Bainsvlei, Eersteling and Willows) were allocated to remain at the Military Base-Tempe and visited the museum. Other 7 farm schools, 2 special schools and 2 ECDs were visited by delegates from all 9 Provinces. Delegates were integrated professionals/ team {Oral Health-SAMHS & DOH (Specialists, Dentists, Dental therapists, Oral hygienists, Dental technicians & Dental assistants); Health Promotion; Nutrition/ diet; Environmental; social workers-Inclusive Education}. Health Awareness was based on:

1. Oral Health Education and promotion
2. General Promotion and Education
3. Nutrition and diet education
4. Hand washing demonstration, were given to all the children.

All the group leaders gave the congress interesting feedback, according to the outreach programme. The first day ended well with a fruitful session.

The outreach was followed by the oral health congress where presentations were made.







The congress sessions were done on the 11 and 12 September 2024. The second day was opened by Brigadier General (Dr.) Mobotja at 08h00. The presentations were very informative and the first was done by Dr. Oosthuysen on the first day. On the second day there were eight presentations which were done by nine presenters. The second day was closed with a vote of thanks by Mr. Mokgalle

DELEGATES TO THE ORAL HEALTH MONTH OUTREACH AND CONGRESS



Oral Health Congress 2024

Department/Organisation	Number of Attendees		
Eastern Cape	4	National Department of Health	
Free State	86	i) Directorate: Oral Health	4
Gauteng	3	i) Directorate: Health Promotion	2
KwaZulu-Natal	2	i) Directorate: Nutrition	2
Limpopo	31	i) Directorate: Nutrition Communication	2
Mpumalanga	26	Stakeholders/Partners/ Exhibitors	
North West	24	i) Colgate	3
Northern Cape	10	i) Folvex	1
Western Cape	3	i) 3M/ Solventum	1
South African Military Health Services	59	i) Istrodent	1
Public Oral Health Forum	2	i) Trojan	2
		Total	268

DAY 1
11 SEPTEMBER 2024

PRESENTER:
Dr Jeanné Oosthuisen

Dr Jeanné Oosthuisen (née Cloete) is currently Consultant: Training, Project Coordinating and Fundraising at the 3D Printing Institute (Pty) Ltd, operational through the Centre for Rapid Prototyping and Manufacturing at the Central University of Technology, Free State.

Jeanné was born in Pretoria, grew up in Middelburg in the Eastern Cape, and matriculated at Sentraal High School in Bloemfontein. She obtained a National Diploma in Oral Hygiene from the University of Stellenbosch and started her career as oral hygienist in Bloemfontein in an orthodontic practice. As one of the founder members of REINOR Orthodontic Products, she managed the business until 1991. During the 17 years of active involvement in orthodontics nationally and internationally, she was invited to several training sessions and sales meetings in the USA and Europe. Dr Oosthuisen started as lecturer for dental assistants at the Central University of Technology, Free State in 1997, where she also completed her Master and Doctoral Degrees. In 1998 she obtained the Advanced Diploma in Oral Hygiene (Orthodontics) at the University of Pretoria (Cum Laude), as well as Expanded Functions in Oral Hygiene at the University of the Witwatersrand. Since 1999 she has been involved in research projects on infection control in dental practices. In 2015 she was appointed as representative of South African Universities on the Health Professions Council Board for Dental Assisting, Dental Therapy and Oral Hygiene where she served until she joined MPFS South Africa as Case Manager in August 2020 - assisting members with medico-legal matters, CPD presentations and articles. Jeanné is an internationally recognised expert in infection control protocols for oral health care in South Africa. She was one of the key contributors in the development of the SADA Dental Protocol in response to the COVID-19 Pandemic and co-author of the book, Infection Control Guidelines for Oral Health Care South Africa.

TOPIC

CURRENT PRIORITIES OF INFECTION, PREVENTION AND CONTROL IN DENTISTRY

Throughout the lives of people of all ages tooth decay, periodontal disease, oral trauma and oral cancer have contributed to a tremendous disease burden. When working in, or visiting health care facilities, people from infancy through old age are exposed to the potential of a variety of infections and injury-related risks. It is every South African citizen's constitutional right to receive health care in an environment that is not harmful to his / her well-being. In the National Core Standards of quality health care in South Africa, infection prevention and control has been identified as a fast-track priority for improvement. Preventing infectious disease transmission is imperative for patient and staff safety in oral health care facilities. This will be an interactive session where I will share my experiences of the current priorities of infection prevention and control in dentistry with dental professionals.

Outline of presentation:

- 1.1 Introduction
- 1.2 Historical perspective to infection control.
- 1.3 Microorganisms and common diseases transmitted in oral health care. Among others, common infectious diseases transmitted in dentistry including blood-borne viruses like hepatitis B and C, respiratory illnesses like tuberculosis and COVID-19, oral bacteria like streptococci and staphylococci, and viruses like herpes and hepatitis A.
- 1.4 Outlines of the main routes of disease transmission in dental clinics, including percutaneous injuries, contact with saliva or respiratory droplets, inhalation of pathogen-containing aerosols, and contact with contaminated equipment or surfaces.
- 1.5 Risk identification, assessment and management in oral health care.
- 1.6 Key infection control strategies are covered extensively such as diligent hand hygiene, use of personal protective equipment (PPE) like gloves and masks, heat-based sterilization and high-level chemical disinfection of instruments, safe injection practices and sharps handling, disinfection of clinical surfaces, dental water quality maintenance, and special precautions for diseases spread by airborne transmission like COVID-19 and waterborne transmissions such as Legionella.
- 1.7 Contact dermatitis and latex hypersensitivity in oral health care.

DAY 2
12 SEPTEMBER 2024

PRESENTER:
Dr Adedoja Olalekan Tunde Aremu

*BDS, FDS RCSEd, FWACS, Cert. Implantology
(University of Pretoria) Oral Health, Mankweng
Tertiary and Academic Hospital*

TOPIC INNOCUOUS GINGIVAL BLEEDING IN A YOUNG GIRL WITH A FATAL OUTCOME: A CASE REPORT

Gingival bleeding is not uncommon in all age groups. It is usually a result of periodontal disease and seldom produce fatality. We present a case of 13-year old girl who was referred to us for evaluation and management of recurrent gingival bleeding that did not respond to local measures.

Detailed history revealed that the oral bleeding was preceded by a prolonged and continuous menstrual bleeding of five-month duration that was arrested by a prescribed "medication". On examination she was slightly lethargic but haemodynamically stable. Clinical examination and laboratory investigations confirmed Idiopathic Thrombocythaemic Purpura.

The patient was admitted under Internal Medicine for multidisciplinary management but demised 48 hours after admission. This case emphasises the need for close collaboration among health disciplines in cases of strange gingival bleeding.

TOPIC
ORTHODONTIC TREATMENT NEEDED FOR HIGH SCHOOL CHILDREN WITHIN THE BUFFALO CITY METROPOLITAN MUNICIPALITY.

PRESENTER:

Dr Mandla Nyakale

BDS(Medunsa), PDD(Orthodontics),
Mdent(Orthodontics)

AFFILIATIONS:

1. *Specialist and consultant, Department of Orthodontics, School of Oral Health Sciences, SMU.*
2. *Open Researcher and Contributor Identifier (ORCID ID): 0000-0001-9068-1492*
3. *Member of the South African Society of Orthodontists (SASO)*
4. *Member of International Association of Dental Research (IADR)*
5. *Member of the American Association of Orthodontists*
6. *Member of the World Federation of Orthodontists*

Background

When planning for the provision of orthodontic services within a public healthcare service, this would require baseline epidemiological data on the prevalence of malocclusion and degree of orthodontic treatment need of a population. To the best of our knowledge, this data is not available for the Buffalo City Metropolitan Municipality in the Eastern Cape province.

Aim

The aim of the study was to determine the orthodontic treatment need of high school children who live within the Buffalo City Metropolitan Municipality in the Eastern Cape province.

Methodology

391 high school children from the Buffalo City Metropolitan Municipality with an age range between 13-15 years were randomly selected from various high schools in the region participate in this study. Consent to participate in the study was given by the parents or the legal guardians of the participants. Demographic data was first collected from the participants using a self-administered questionnaire and was recorded on a data collection sheet. Data was also collected from the findings of the clinical examination by the investigators and this was also recorded on a data collection sheet. The Index Of Treatment Need was used to determine the degree of orthodontic treatment need for the sample. The degree of association between the objective and subjective needs of orthodontic treatment was analyzed using a Chi-Square test at a 5% level of significance.

Results

The results showed that 40.9% of the sample required no need for orthodontic treatment, 22.2% of the sample required borderline need for orthodontic treatment and 36.9 of the sample required great need for orthodontic treatment respectively. The results also showed that there was a strong association between the objective and subjective needs of orthodontic treatment in this sample.

Conclusion

There is a definite need for orthodontic treatment among high school children of Buffalo City Metropolitan Municipality.

PRESENTER:
Prof. Simon Nemutandani

He qualified as a dentist from University of Western Cape . He holds three master's degrees in public health (University of Venda), Master of science in medicine and specialist in community dentistry (University of Witwatersrand) and a PhD in Public Health from University of Pretoria. His research interests are on health systems, policy and traditional medicine and HIV.

TOPIC

DECOLONISING MAP (MINDSETS, ATTITUDES AND PRACTICES) OF WESTERN HEALTHCARE SYSTEM IN POSTCOLONIAL SOCIETY - WE CANNOT BREATHE

The presentation focuses on decolonisation model for collaboration between indigenous and western trained health providers in post-colonial South Africa.

In preparation for the roll out of National Health Coverage of services, there is urgent need for multidisciplinary providers working together, and special attention should be on emphasising the roles and respect for each other, improving the inter and intra relationship among oral health workers.

PRESENTER:
Lt Col NM Mvuyana

*N Diploma DT (Natal Technikon), B T in DT (DUT),
Assessor & Moderator (COLET) AMHF HQ, Marketing
Building, Denel Properties, Selborne Avenue*

TOPIC ORAL HYGIENE AND DENTURE MAINTENANCE : DENTURE WEARERS

Rehabilitative treatment is only successful when patients are motivated and aware of correct use of the prosthesis and hygiene as one of the main etiological factors is the lack of denture hygiene. The microporous surface of an acrylic resin denture base provides an environment that harbours opportunistic microorganisms to adhere and grow. Denture cleaning and education of the denture-wearing patients is important to successfully remove such invaders extrinsic stains and soft and hard deposits.

Unclean dentures may cause halitosis, inflammatory changes of the oral mucosa such as denture-induced stomatitis and also poor aesthetics.

Aim

The aim of the presentation is to assess knowledge, attitude, practice regarding care of complete dentures and establish the frequency and methods of cleaning used by patients with complete dentures. The fitting of complete dentures should not be considered the final stage of treatment, but the beginning of a long relationship between patient and dentist in order to maintain the health of oral tissues. Patients have limited knowledge of denture cleansing and oral hygiene. Instruction/education on how to care for complete dentures should be given special attention by the dentists during insertion. Follow-up and reinforcement of denture home care should be done periodically to ensure the durable performance of dentures, compliance in wearing the dentures as well as maintenance of good oral health.

PRESENTER:
Maj (Dr) J Mkhabela

*BDS (Bachelor of Dental Science) PGDMM (Post -
Graduate Diploma in Marketing Management) PIPM
(Certificate in Investment & Portfolio Management)
MBA (Master in Business Administration)
(Healthcare Management)
Master in Public Health-3. Sefako Makgatho Health
Sciences University (SMU)*

TOPIC

STIGMA EXPERIENCED BY FAMILY MEMBERS OF MENTAL HEALTHCARE USERS (MHCU_s) & THEIR COPING MECHANISMS IN TSHWANE HEALTH SUB DISTRICT 3

Stigma in general remains an undesired social phenomenon globally despite public campaigns to combat it. Similarly, mental health care users (MHCU_s), continue to face it due to their mental illness status. Their family members are not spared from the effects of associated stigma because of their close relations with the user. These caregivers who are largely economically inactive females not only have to contend with the psychological, social, and physical effects of associated stigma but also carry the burden of caring for the user who may suffer a lifelong prevalence of mental illness.

Purpose

The purpose of the study is to describe and explore both the stigma experiences of family members of MHCU_s and their coping mechanisms in an urban setting and make recommendations.

Methodology

The design of the study was a qualitative descriptive and exploratory design. The data collection method involved a recorded, in-depth, and semi-structured interview of consenting family caregiving participants, from which thematic content analysis was conducted. These adult and close family members with a history of living with the user for at least two years were purposively selected as they accompanied the user to the health centre for ambulatory consultation and care.

Results

The results point to the existence of stigma from the lived experiences of the family members which emanate from a variety of sources including relatives. Stigma is expressed as fear, social exclusion, mockery of both the user and family caregiver, and the lack of understanding of mental illness. As coping mechanisms, family caregivers resort to accepting the mental illness in the family, relying on prayer, seeking social support, concealing user illness or disclosing it freely, avoiding social interactions and educating others about mental illness to reduce both the objective burden of care and the emotional burden of stigma.

Conclusion

Despite these challenges, family caregivers remain positive and believe that they are obligated to care for their user relatives. Their recommendations include the establishment of support groups, public education campaigns, being provided psychotherapy, addressing their physical health complaints and early screening of conditions such as ADHD which goes undiagnosed and poses a behavioural and learning challenge to their school going children.

PRESENTER:

Drs Monique Bonnesse and Chi-En Chen

Authors:

Monique Bonnesse, Theo Botha, Holly Brooke-Alder,
Ghaneefah Carloo, Chi-En Chen, Zahra Da Costa

TOPIC

KNOWLEDGE, ATTITUDES AND PERCEPTIONS OF DENTISTRY STUDENTS TOWARDS SEXUAL HARASSMENT

The study assessed the knowledge, attitudes, and perceptions of UWC undergraduate dental students on sexual harassment, revealing the need for comprehensive prevention strategies and cultivating a culture of zero tolerance in dental environments.

Background

Academic staff at the Faculty of Dentistry (UWC), "... had come across a number of incidents of harassment of students, most of which were never formally reported or pursued.... While there might be cases of harassment happening, they are not reported (Mylburg, 2021; Pers. Comm).

Aim

To assess the knowledge, attitudes and perceptions towards sexual harassment as experienced by the students of the Faculty of Dentistry at the University of the Western Cape.

Objectives

Sexual harassment (SH) is a prevalent issue globally, that also affects university students. This study aimed to assess the knowledge, attitudes, and perceptions of undergraduate dentistry students at the University of the Western Cape (UWC) regarding SH within the dental environment. The objectives of the study were to gain insights into student's knowledge, attitudes, and perceptions toward SH within the dental environment, and to determine any demographic differences in the likelihood to speaking about or reporting SH.

Methods

A cross-sectional study was conducted to assess the knowledge, attitudes, and perceptions of UWC undergraduate dental students toward SH. An electronic questionnaire, using the REDCap software was used and enabled efficient and safe data collection. Using a convenience sampling method, 172 undergraduate dental students were recruited to participate into this study.

Results

Out of 165 eligible respondents, the results indicated that the respondents demonstrated an acceptable level of knowledge regarding sexual harassment. Further, most respondents reported positive attitudes and moderately positive perceptions towards SH, with statistically significant differences observed among different age groups and years of study. The study identified negative perceptions among a small number of respondents and uncertainties among respondents regarding specific aspects of SH, emphasizing the need for targeted intervention and education.

Conclusion

Comprehensive prevention strategies are required to effectively address SH among university students. This entails, primary prevention, through clear SH policies; secondary prevention through targeted education programs to enhance awareness; and tertiary prevention by establishing robust reporting mechanisms and support structures to ensure a safe and inclusive environment for victims and survivors. Prioritizing these measures at universities can create a culture of respect and zero tolerance for SH, fostering a conducive learning and working environment for all students to thrive. Sexual harassment poses significant challenges within dental working and teaching environments and can affect student achievement.

PRESENTER: Dr Mzimkhulu Mucuba

Dr. Mucuba is an Acting Director: Oral Health, at National Department of Health office; Responsible for National Oral Health Policy & Strategy development, implementation and evaluation. Qualifications; BDS (Medunsa), MBA (Potch University CHE), BCom (Accounting) (UNISA); BCom (Municipality Finance) (UNISA); MPH (Health Economics) (Wits); PDD (Forensic dentistry) (UWC).

TOPIC NATIONAL ORAL HEALTH POLICY AND STRATEGY 2024 - 2034

Background: The National Department of Health outlined a plan to introduce National Health Insurance (NHI) in 2009, a form of Universal Health Coverage (UHC) to address health access and financial risk inequities to all South Africans (National Department of Health, 2014). Oral health services expansion to previously disadvantaged communities was part of this comprehensive health strategy to increase accessibility of health services to all South Africans. Therefore there was a need to develop oral health policy that will be in line with NHI or Universal Health Coverage plan.

The last oral health policy was developed in 1985 and this was still under apartheid period.

The current policy addresses Primary, Secondary and Tertiary oral health services to be in line with Universal Health Care coverage of primary health care approach in the provision of health services. It also address the appropriate type human resources allocation in the oral health facilities.

The Goals of the NOHPES

The Goals of the policy and strategy are:

1. Integrate oral health into general health and NCD strategies at all levels of care.
2. Improve efficiency in the implementation of oral health service standards by outlining the roles and responsibilities of oral health role players at various levels of care and management.
3. Increase access and equity to oral health services by ensuring adherence to appropriate norms and standards for the delivery of oral health services at all levels of care.
4. Guide the development of oral health professionals suited and well-matched to the oral health needs and demands of the general population.

Methods

For the past ten years, oral health stakeholders have been involved in the development of the NOHPES. Provincial oral health professionals, Associations, Health Statutory Institutions, and Other relevant health programs in the National Department of Health.

It was presented to the tech of NHC where Provincial Heads of Health and SAMHS representative sits for approval. It was approved on 28 March 2024. It was then presented to the National Health Council (NHC), where Provincial MECs of Health, The Minister of Health, and a representative from SAMHS sit. It was approved on 04 April 2024

Conclusion

There is a new National Oral Health Policy and Strategy 2024-2034 that has been approved by the Minister of Health and National Health Council, which is addressing oral health services that are not based on racial discrimination of the South African population.

SPEAKERS AND ATTENDEES



Brig. General Fosa



Brig. General (Dr.) Mabotja



Dr. Oosthuysen



Dr. Vava



LT. Col. Mvuyana



Dr. Adedaja



Dr. Mcuba



Drs Bonnesse and Chen



Maj. Col. Mkhabela



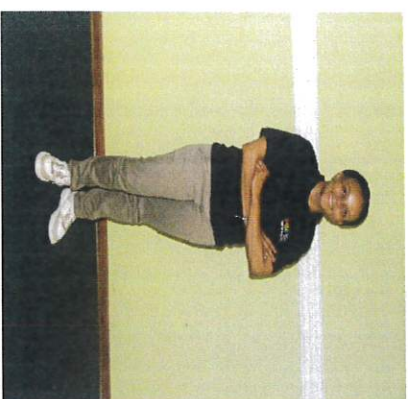
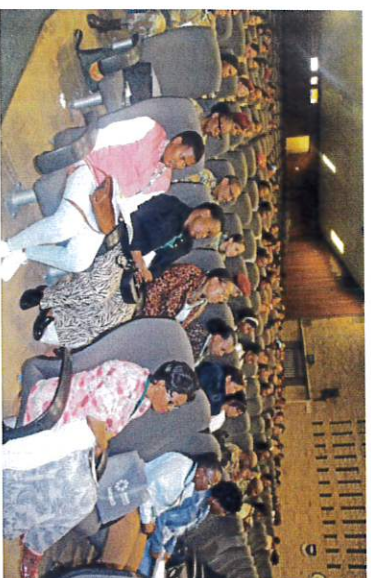
Prof. Nemutandani



Dr. Nyakale



Mr. Mokgatle



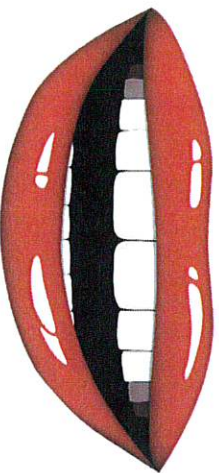
EXHIBITORS/ PARTNERS/ STAKEHOLDERS



The outreach and congress were accredited for **14 CEU** points by the university of Limpopo School of Medicine: **Accreditation number: MDB009/004/09/2024**

Compiled by National Oral Health Directorate

Date: 09 January 2025.



No health without oral health

Your oral health impacts your
whole body, not just your smile.

