A new name, new hope: World Dental Development

By Dr. Brian Mouatt

The FDI has a new home in Ferney-Voltaire near Geneva but that’s not all that has changed. The FDI’s long held ambition to promote the benefits of oral health to all populations took an important step forward with the re-focusing of its energies in a new Committee, the World Dental Development Committee (WDDC).

The WDDC will be guided by the aspirations of the FDI and its premier priority is the FDI Mission Statement 2: “To promote optimal oral & general health for all peoples”. This illustrates the new focus of its work which clearly embraces the needs of developing countries but does not exclude deprived communities in other populations, developed or otherwise.

It is of course the intention to work with and through the National Dental Association members of FDI and to promote their interests whenever and wherever possible. As part of the functional arm of FDI, the WDDC will follow the general goals of the parent body to be the authoritative, professional, independent, worldwide voice of dentistry. Clearly, bringing the collective talents of the FDI community to bear on areas of need has enormous potential for good. In promoting the art, science & practice of dentistry with particular regard to deprived populations the WDDC aims to be the pragmatic deliverer of real help.

In promoting the art, science & practice of dentistry with particular regard to deprived populations the WDDC aims to be the pragmatic deliverer of real help.

As a first step the WDDC intends to bring together and strengthen the way the disparate dental aid agencies work. The focus of such work should be to give appropriate emphasis to the integration of oral health into primary health care. Linked with this is the aim of introducing effective oral health promotion to deprived communities by facilitating the exchange of information and by example. The work must also recognise the social responsibility which rests on the profession to recognise and reduce inequalities in oral health whenever they are found. Leading by example will be an important aspect of the way these sometimes seemingly insurmountable problems are tackled. An integral part of the role of the WDDC will therefore be the provision of guidance on oral health development projects and the use of “demonstrator projects” to promulgate those systems and approaches which have in practical terms, been shown to have worked.

As a new entity in the FDI hierarchy the WDDC will be reviewing closely its internal and external working relationships, open always to interaction and dialogue with NDS, governments, the dental aid organisations, international & intergovernmental organisations such as WHO, industry, foundations and the media – all need to know of our work and work with us.

In the months ahead it is our earnest intention that the whole programme of the WDDC will be seen as relevant, resourceful, proactive and productive. It is a tall order, but nothing is impossible, miracles just take longer.

... integral part of the role of the WDDC will therefore be the provision of guidance on oral health development projects ...
WHO and Top Publishers launched “Access to Research” Internet Initiative for Developing Countries

Many thousands of doctors, researchers, health policy-makers and others in about 70 developing countries will from January 2002 gain free access through the Internet to one of the world’s largest collections of biomedical literature.

They will benefit from an initiative launched by the World Health Organization and the world’s six biggest medical journal publishers, which WHO Director-General Dr Gro Harlem Brundtland has described as “perhaps the biggest step ever taken towards reducing the health information gap between rich and poor countries.”

The “Access to Research” initiative enables accredited universities, medical schools, research centres and other public institutions in the developing countries to gain access to the wealth of scientific information contained in more than 1000 different biomedical journals produced by the six publishers. Until now, many key titles cost more than US$1500 per year.

“Today sees the beginning of a new way to bridge the digital divide in health ...”

irrespective of the subscribers geographical location, thus putting the journals beyond the reach of the large majority of health and research institutions in the poorest countries.

The first stage of the initiative will make more than 1,000 journals available free or at significantly reduced charges to institutions in those countries. That availability started 31 January 2002 with the opening of the Health InterNetwork website: www.healthinternetwork.net. A second stage will involve similar access at significantly reduced prices for institutions in the other countries. WHO and the publishers will work with the Open Society Institute of the Soros foundation network and other public and private partners to extend the initiative; for example, through training for research staff, and improving Internet connectivity.

The initiative itself is a major aspect of the work of the Health InterNetwork project which was introduced by United Nations’ Secretary-General Kofi Annan at the UN Millennium Summit in the year 2000. Led by WHO, the Health InterNetwork aims to strengthen public health services by providing public health workers, researchers and policy makers access to high-quality, relevant and timely health information through an Internet portal.

Dr Michael Scholtz, Special Representative of the WHO Director-General, leads the project. He says: “Today sees the beginning of a new way to bridge the digital divide in health, and an important move by the publishers in facilitating the flow of health information, using the Internet.”

WHO Press release 2002/07
31 January 2002
Volunteer Dentistry in Vietnam
East Meets West Foundation
International Humanitarian Dental
Clinic for Children in Central Vietnam

By Dr. Charles F. Craft

What is EMWF?

East Meets West Foundation is a non-profit, non-governmental organization providing international humanitarian services for underprivileged people living in central Vietnam. It was founded in 1988 by Le Ly Hayslip who grew up in a small village near Danang and lived through many horrible experiences that greatly affected her country and its people during the Vietnam Conflict. She later moved to America and wrote a best selling book (“When heaven and earth changed places”), which was later turned into the movie “Heaven and Earth” directed by Oliver Stone. Le Ly wanted to give back to her native people by helping those who are underserved and have few benefits from the government. She took funds from these two projects and created the EMWF whose mission is: to provide quality programs for enhancing the education and health of children, to build and renovate vital institutions (schools, hospitals, medical clinics) and to develop clean and safe water systems for home and agricultural use.

Dental Project

Background:

For the past 10 years EMWF has been creating and sustaining numerous projects in central Vietnam that help thousands of people including the Village of Hope Orphanage, the Danang City Library, remodelling Danang Central Hospital, the Healthy Heart program, family emergency relief fund, building several rural primary schools and in 1995, the Dental Program.

The dental program started with several shipments of donated equipment and materials from hospitals, clinics and private sponsors in America. The equipment was then assembled and a functional dental clinic was established in a small medical center near China Beach. A Vietnamese staff of two dentists, one dental nurse and one assistant was then hired and trained in the provision of modern dental treatment and oral health promotion by numerous professional dental volunteers from around the world.

Dr. Charles Craft is the dental programme director of East meets West Foundation

East Meets West Foundation is a non-profit, non-governmental organization providing international humanitarian services for underprivileged people living in central Vietnam.

Vietnamese children receiving dental education from EMWF staff
Who we serve:

The EMWF dental program offers a full range of emergency and basic dental care services at no cost to children including: examinations, x-rays, cleanings, fluoride treatments, sealants, fillings, pulp therapy and extractions. Special emphasis is placed on educating the children on the benefits of disease prevention and dental health awareness. The various children's centers that we provide care for in the Danang area include: the Hoa Quy School for Disabled Children, the SOS Orphanage, the Street Children's Centers, the Danang School for the Blind, the Tuong Lai Center for Handicapped Children, the Village of Hope Orphanage and several primary schools. An average of 1,500 children is treated at our fully equipped clinic on an annual basis.

Additional services are provided to those rural children who reside too far away to receive care at our clinic site. In these cases, portable dental units are packed up and mobilized to remote outreach locations where the staff sets up in the local schools and performs care to five to seven days. About six of these field missions are performed each year and an additional 2,000 children receive care in this fashion. Approximately 7,500 dental services are provided each year to the poor children in the Danang area each year by the EMWF.
Oral Health Promotion:

Vietnam has a population of about 78 million with 80% of these people living in rural areas. Most of the curative central care given in Vietnam is concentrated in the urban settings for people who can afford it. Therefore, a large unmet dental need exists in this country. An important aspect of EMWF dental program is providing education for the children to help them learn the benefits of modern dentistry and how to prevent dental disease. In each children’s center and on every outreach trip, special emphasis is given not only actual treatment but also to careful training in the proper methods of oral hygiene nutrition and diseases control. This information is usually given by one of our Vietnamese staff in bilingual form and in a culturally sensitive manner. Often this is the first time the children have been exposed to any form of dental health promotion but it is quickly accepted.

EMWF would like to expand this effort in the future by adding additional dental staff whose primary purpose would be to not only help treat children but also train the staff members at the various schools and centers. If these people can be taught the basics in dental disease management and given adequate preventive materials, then the children will continue to receive the benefits of this knowledge long after the EMWF dental team has departed their locations.

Volunteer need:

EMWF is listed in the "FDI Directory of Organisations Supporting Oral Health Programmes in Developing Countries". Each year about ten different volunteers come from around the world to offer their assistance and even dental students have given their time and professional services to help in this case. Usually volunteers stay for 10-14 days and participate in both the clinical and outreach settings. They work side by side with our Vietnamese staff in a demonstration of international cooperation and understanding. And through this interaction they experience the wonderful opportunity to serve and care for the beautiful and needy children of central Vietnam.

For more information about this dental program and other activities of EMWF please visit our website at http://www.eastmeetswest.org.

Written requests of offers to donate can be sent to:
East Meets West Foundation, PO Box 29292, Oakland, CA, 94604, USA.

Interested volunteers can contact the dental program director, Dr. Charles F. Craft (craft80@hotmail.com) or Dr. Thuy emwvn@dng.vnn.vn.

Approximately 7500 dental services are provided each year to the poor children in the Danang area each year by the EMWF.
FDI Fund: Project report from FOLA/LARO

by Dr. Enrique Cister

FOLA/LARO, the FDI Regional organization in Latin America, organized for the third consecutive year, its Latin American Programme on STD-HIV/AIDS Prevention in Dentistry in 4 different countries in the region. These activities were supported by a grant from the FDI Fund.

The Latin American Dental Federation (FOLA/LARO), that groups 350,000 dentists from the 20 countries in the region, is an international federal organization representing both the national dental associations from Latin America and the FDI World Dental Federation in our continent. FOLA/LARO gave priority to the implementation of this programme because the HIV/AIDS pandemic is affecting an increasing number of countries and people in the region.

FOLA’s aim is not only to represent Latin American dentistry and to propose continental unity, but also to act on a scientific, technological and political level for the benefit of the health of the people in the region. Through close co-operation with each one of its member countries and by reaching agreements with national, provincial and community authorities/governments, FOLA is able to achieve the scientific, technological and social development of dentistry.

FOLA/LARO promotes and organizes technical-scientific dental events throughout Latin America such as regional and national congresses. It has all the necessary resources and the experience to carry out these activities, the project sponsored by the FDI being just one example.

Information and education are therefore major instruments to fight the disease.

Recently published figures by the WHO estimate that about 50 million people are affected by HIV/AIDS worldwide and that 10% of them live on the American continent. The social and financial consequences of this pandemic have had and will continue to have a considerable impact on the health sector. Today, the medical costs of treating patients with AIDS represent more than 1% of the region’s GNP.

It is unlikely that during the next 10 years there will be technology sufficiently able to cure AIDS or to prevent its spreading throughout the world. Information and education are therefore major instruments to fight the disease. Governments from 50 countries have introduced specific health measures in their health programmes and international organizations such as the WHO have played a crucial and decisive role in promoting different lines of action to combat the HIV/AIDS pandemic.

As a major health organization, FOLA’s aim is to collaborate with all the governments in the Region in the development and implementation of positive oral health policies for the Latin American people. This is why FOLA/LARO has promoted the Programme for the Prevention of HIV/AIDS and STD in Latin America. The aims of the programme were two-fold: first, to train dental professionals and their teams in order to develop their scientific and ethical knowledge of the disease, and secondly to make the general population aware of the preventive measures that are necessary to improve their quality of life.

The contributors for this project are appointed by FOLA from among university lecturers, health technicians, researchers and other health professionals who are experts in the area of STD-AIDS in the dental field. In the programme planning the training of a group of lecturers has been included. These lecturers were specially selected by FOLA from the most reputable reference centres in...
the region, so that a pool of scientifically trained lecturers on the specific subjects could be established.

This project was initially put into action in 1999 and 2000 with the support of the Ministry of Health from Brazil and UNESCO, with 16 courses in Brazil and 6 in other countries of Latin America (Dominican Republic, Cuba, Mexico, Argentina, El Salvador and Paraguay). In 2001 it was expanded to another 4 countries (Haiti, Honduras, Nicaragua and Ecuador), using for all those four the amount of money that the FDI Fund initially granted for one country.

Training was provided free of charge to more than 1100 colleagues in the region and the surveys carried out indicated that 46% of these dentists had never received any training on the subject. The 8 hour courses, followed by discussions and debates, facilitated and encouraged the attendance of a large number of dentists and auxiliary personnel in all the countries where the programme was held.

All the National Associations members of FOLA took part and supported the project by working very hard and providing logistical help to the excellent organization of the courses. Apart from the grant provided by the FDI, we should also mention the contribution made by GNATUS, the leading firm of biosecurity equipment in Latin America.

In conclusion, we are very happy with the positive results achieved by the project. The fact that an increased coverage of the Programme could be achieved with the inclusion of another four countries is due to our constant efforts in cost reduction and rationalizing our investments.

Training was provided free of charge to more than 1100 colleagues in the region.

For more information about this article:

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Dr. Enrique Cister is the President of the Latin American Dental Association FOLA/LARO with its head office in Buenos Aires, Argentina.
FDI Fund: Project report from Chitrakoot (India)

by Dr. Naresh Sharma

“The measure of economic progress and the success of economic planning is provided not by the man at the higher rungs of society but the one at the bottom. The nation cannot be vitalised until we are able to carry out a message of hope and action to the countryside where even today life stands still and parents are unable to give any direction to the future of their children…”

Nanaji Desmukh, founder of Chitrakoot project

Nanaji Desmukh was a prominent politician in the 1970’s. About 18 years ago it was widely speculated that this dedicated man, full of passion and nobility, should occupy one of the highest offices of the country. His response seemed typical of Nanji: that his job is in India’s grass roots, which the capital, Delhi, is not. To turn your face away from a coveted position requires deep convictions of purpose, which Nanji displayed by setting up the Deendayal Research Institute (DRI). This is an NGO (Non-Governmental Organisation) innovating dynamic rural regeneration.

Chitrakoot is a small town on the border of Madhya Pradesh and Uttar Pradesh (Indian federal states). It is a unique religious place for Hindus and a place for pilgrimage. During some religious festivals the population can increase ten fold swelled by visitors. The nearest big city is Allahabad on the shores of the mighty river Ganges which is four hours away by car. The area is one of the poorest of central India and has a large tribal Adavasi population. This ethnic group has no social structure or land of their own.

The aims of DRI at Chitrakoot are five fold: education, life long health, reorientation of agricultural practices, rural industrialisation and moral rearmament. This is a model of holistic development based on self-reliance and self-respect.

Elements of the Chitrakoot Project:

• Education
DRI believes that the complementarity of schools, families and society is essential for the holistic and sustainable development of the next generation. Therefore several educational institutes have been opened.

• Reorientation of agricultural practices
Establishment of agricultural colleges aimed at research and promotion of organic agriculture procedures. Distribution of seeds adapted to give maximum yield and...
introduction of water harvesting schemes provided better farming results.

- **Rural industrialisation**
  DRI is setting up cottage industries in every village to transform the available raw material into finished products. This aims at stopping migration of the rural population to the slums of big cities by bringing prosperity to the villages.

- **Life-long health**
  DRI aims at integration and renewal of India’s two ancient sciences of Yoga and Ayurveda into a hospital with an in- and outpatient department. The dental unit is part of that hospital.

- **Moral rearmament**
  Newly married university graduate couples are invited to devote at least five years to serve among the rural population around Chitrakoot. They are provided with basic accommodation and a basic salary. They are entrusted with the task of overall implementation of the project and are highly motivated to work in the social activities of the various development programs.

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**The Dental Project**

It was during my first visit to Chitrakoot in April 1998 that Nanji Desmukh asked me to look at the feasibility of setting up a dental unit at Chitrakoot. The nearest dental facility was at Allahabad and most of the villagers cannot afford neither going there nor paying the treatment cost. Under surveillance of the University of Leeds and with the help of two vocational practitioners we carried out a dental survey to establish the basic needs of the population. The DMFT scores were $2.96 \pm 0.38$ for permanent teeth and $3.22 \pm 0.53$ for deciduous teeth. The filled element was negligible with a lot of untreated caries. Tobacco and pan chewing are widespread habits in this part of India.

Having established the basic needs fundraising started. Contacts were made with various dental companies and organisations in the UK. The hospital gave us floor space for two surgeries and a waiting room in the outpatient department. KaVo India provided and fitted two state-of-the-art surgeries in April 2000. As soon as the surgeries were functional we started arranging electives by UK dentists. We also wanted to recruit Indian dentists to work at Chitrakoot and placed an advertisement. We now have Dr Sachin Raj and Dr Saurabh Baweja working full time at the unit and seeing between 200 and 300 patients a month. They are assisted by two dental nurses, Mukesh Soni and Bandna Vishwakarma. They have been recently trained by...
The main problems that patients present are related to caries or periodontal disease.

UK dental nurse Rosy Prior who has spent four weeks at Chitrakoot.

The morning sessions are taken up by acute cases without appointments. Patients usually travel far for treatment. A nominal charge is made to those who can afford it. The afternoon sessions are appointments only for previously seen patients. The treatment demand has grown enormously over the last 18 months so that we ran short of hand instruments and consumable items. Our autoclave was too small as well and sterilisation too time-consuming. We applied to the FDI Fund for Developing Countries for which we were successful. The much-required equipment and material was shipped in August 2001 and helped us a lot in running the dental unit more efficiently.

The main problems that patients present are related to caries or periodontal disease. A handful of oral cancer or pre-cancerous lesions have been detected and have been referred to a charity cancer hospital in Delhi. A small dental laboratory has recently been added to the premises, enabling us to make simple removable prostheses.

In August 2001 we carried out a study together with two final dental students from the UK. The survey showed that:

- There was no significant difference in caries prevalence between the children from DRI schools and villages.
• Treatment needs in both groups are not being met
• There was a high prevalence of enamel defects
• Oral hygiene habits were not adequate and need to be changed through education and provision of low-cost effective oral hygiene aids
• the need for a comprehensive preventive programme is obvious

Future plans

The villagers living in distance to the dental clinic are those most suffering from disease and are those who cannot afford to travel to the clinic. The dentists at Chitrakoot have conducted a dental camp in seven villages covering the northern region around Chitrakoot. They did extractions and simple restorations using the ART technique. We are now fundraising for a mobile unit that will cover all the 80 villages that the DRI has so far adopted around Chitrakoot. At the hospital a new operating theatre is being built and it is envisaged that one day we might have a fully functioning oral surgery unit added to the hospital services.

Further information can be obtained:
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Preventive Oral Health Care Programme for Filipino Children

The Philippines are a conglomerate of 7,000 islands with 75 million inhabitants. 38% of the population is under 15 years of age. Seventy percent of the population lives in rural areas and their main sources of income are farming and fishing. The limited public sector resources are mostly spent on urgent social and general health problems rather than on oral health. As caries and periodontal diseases are not regarded as life threatening, awareness for oral health is very low. However, 97% of the population suffers from dental caries and even basic oral care is out of reach for most Filipinos: 77% of the population has never visited a dentist! The main problem is that the existing public health system is not able to cope with the demand of the people.

Filipino children have the second highest caries prevalence in the whole western Pacific Region; only Papua-New Guinea has a higher rate. According to official statistics from the Philippine Department of Health, caries prevalence (DMFT) in twelve-year-old Philippine children is 4.6. Differences have been observed between children in rural areas (3.9 DMFT) and children living in urban areas (4.9 DMFT).

Although there are adequate numbers of dentists in the country (about 28,000 dentists), 90% of them work in private practice, which only less than 10% of the population can afford to visit for private dental care. The current health care system is based on conventional concepts of restorative dentistry and is not able to cope with the treatment needs of the population.

Alternative approaches for oral health programs should be in accordance with the principles of primary health care, which means a shift from expensive restorative dentistry with sophisticated dental equipment to basic preventive and curative care using appropriate and affordable technology.

Basic oral care has to include oral urgent treatment, oral health promotion, fluoride exposure and restorative treatment using the Atraumatic Restorative Treatment (ART) approach. ART is a technique based on caries removal by using only hand instruments and is recommended for dental treatment of disadvantaged communities lacking electricity and expensive dental equipment.
In 1998, the German Non-Governmental Organisation “Committee of German Doctors for Developing Countries” in co-operation with the Philippine Department of Education, Culture and Sports has initiated a school based preventive program in nineteen elementary schools in Misamis Oriental, a rural province in Northern Mindanao/Philippines. This programme was intended as pilot project before implementing school based programmes on a wider scale. The evaluation of epidemiological data from this pilot project was seen as essential to verify the effectiveness and suitability of the program.

Before starting the project in 1998, the caries prevalence of the 1600 seven-year-old first-graders involved in the project was recorded and analyzed with the help of the WHO Collaboration Centre Jena/Erfurt, Germany. For primary dentition, the mean caries prevalence was 7.2 dmft, while in the permanent dentition, a mean caries prevalence of 1.2 DMFT was recorded. Caries was exclusively concentrated on the d/D-component. Only 8.8% of the 7 year old children were free of caries in both dentitions.

The results clearly identified these Filipino children as high caries risk population group. These data showed, that the oral health program could not be limited to primary preventive measures; in order to tackle rampant caries and existing pain urgent oral treatment measures had to be included in the project planning. In such highly carious conditions, invasive measures are seen as prerequisites for the effective use of primary preventive measures. Only after establishing hygienic oral conditions the use of primary preventive measures will reduce further caries development. Extraction of carious deciduous teeth was therefore the treatment of first choice. Because of the limited financial and personal resources, restorative treatment using ART was restricted only to permanent teeth.

Summary of program aspects:

- Oral urgent treatment for all pupils, teachers and parents
- Extraction of decayed deciduous and not restorable permanent teeth

Extraction of non-restorable teeth, teachers are helping the team.
Atraumatic Restorative Treatment (ART); for permanent teeth: excavation by means of hand instruments using encapsulated amalgam as filling material which is mixed in a manually driven triturator to meet mercury hygienic requirements.

Daily supervised toothbrushing with fluoridated toothpaste without mouthrinsing after toothbrushing. This evidence-based measure might be the most beneficial and cost-effective preventive approach for these high caries risk Filipino children.

Supply of healthy food in the school canteen to make the healthy choice the easy choice.

Application of fluoride varnish (Fluor Protector®, Ivoclar-Vivadent, Liechtenstein) every four month carried out by trained parents.

Involving parents, teachers and local authorities in the oral health care programme to enable them to take over the responsibilities for the programme in the long run as well as to enhance the project’s sustainability. In order to meet this objective a main activity will be:

Courses to train parents and teachers in the basics of oral health promotion and preventive measures including 2 parents and 2 teachers of each school (largely positive experiences with such non-professional aides in oral health instruction and education made in Switzerland have been adopted to Philippine conditions).

Lobbying of the school authorities to incorporate oral health education into the “science and health” curriculum. This approach is based on the idea that issues of oral health can be taught most effectively in conjunction with general health topics that are already part of the school curriculum. In general, in the Philippines, the elementary schools provide an ideal environment to familiarize
children with health-related issues. Moreover, the children may help to disseminate health-related information among their family members.

The project has been scheduled for five years. In co-operation with the WHO CC Jena/Erfurt, Germany, there has been a comprehensive project evaluation during July and August 2001. Besides the conventional dental indices (DMFT and CPI), the effectiveness of the restorative treatment (evaluation of the ART fillings) was recorded.

1,162 children with a mean age of 10.2 years were re-examined after three years of the program. 16.2% of the children were caries free. Caries prevalence was 1.6 DMFT (with 0.5 DT, 0.2 MT and 0.9 FT). The small increase of 0.4 DMFT within three years and the distribution of the DMFT components in high caries risk Filipino children reflected the effectiveness of the comprehensive dental care approach. Without intervention the increase would have been estimated at least 1 DMFT/year.

Future perspectives

Regarding the financial and manpower resources of the country it is planned to expand a modified programme to all grades of the intervention-schools. Dentists of the Department of Education, Culture and Sports are now co-operating with the project and strengthen the manpower of the project team.

The concept of a modified programme and treatment guidelines for high caries risk groups in populations with low public health resources are now being developed. A final evaluation is planned for July 2003. The experiences with this modified preventive program are considered to be very useful for other parts of the Philippines facing similar problems. Additionally, there is a strong need to co-operate with toothpaste manufactures in order to standardise and guarantee the fluoride content of toothpastes and to ensure their affordability.

The evaluation of the ART restorations revealed that amalgam seems to be an appropriate material for the ART approach, especially in large occlusal lesions. More than 90% of the ART restorations were evaluated as successful.
FDI Executive Director To Leave His Job

The Executive Director of the FDI, Dr Per Åke Zillén, Sweden, has left his position by the end of April, due to ill health. After a full life in excellent health, he has suddenly been hit by two illnesses at the same time - a tumor on his right kidney (now successfully removed) and a very poor function of his left kidney. In agreement with the Executive Committee, he has therefore decided to step down from the position of Executive Director and move back to Stockholm, Sweden.

At a special meeting of the Executive Committee on Friday 15 February 2002, the Committee has reconfirmed the appointment of Dr Johann (JT) Barnard, the current Associate Executive Director, as Acting Executive Director until a new Executive Director has been appointed. A search process for a new Executive Director has been installed. More information on the FDI website at www.fdiworldental.org.

FDI Head office has moved

The FDI head office has moved from London to Ferney Voltaire, a French suburb of Geneva. The proximity to WHO, the World Medical Association and other international bodies will inspire FDI’s work and enable advocacy for oral health at a high international level. The new address is: FDI World Dental Federation, 13 chemin du Levant, L’Avant Centre, F-01210 Ferney Voltaire, France; Tel +33 4 50 40 50 50, Fax +33 4 50 40 55 55.

A New Dental Officer at the WHO

Dr Poul-Erik Petersen of Denmark had been appointed as the new Dental Officer at the WHO. Several meetings have been arranged between Dr. Petersen and various FDI representatives and commissions to emphasise the close work relationship. On the occasion of the FDI Annual World Dental Congress in Vienna Dr. Petersen will lecture about perspectives of global oral health.

FDI Internet Website

The FDI World Dental Federation homepage is now one of the most visited site on the Internet targeted for dental professionals. A recent survey identified the FDI web site as the second most visited web site in dentistry following the homepage of American Dental Association. Please note the new FDI website address: http://www.fdiworldental.org. For a certain period, the old address will still be available and transfer you to the new site.

All FDI e-mail addresses changed as well, for further info please contact info@fdiworldental.org.

FDI Annual World Dental Congress in Vienna

This years Annual World Dental Congress will be held in Vienna on 2-5 October. There will be an extensive scientific programme covering all aspects of modern dentistry as well as the World Dental Exhibition offering you the latest in dental technology and supplies. In addition there will be professional meetings and specialised workshops, i.e. the World Dental Development Forum and the Meeting of Aid Organisations. For more information contact the FDI at info@fdiworldental.org.