

# NATIONAL DEPARTMENT OF HEALTH WEBINAR 2025



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## NATIONAL ORAL HEALTH POLICY AND STRATEGY (NOHP&S) 2024-2034

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# PRESENTATION OUTLINE



- NOHP&S Development process
- NOHP&S Approval process
- Context and Content of the NOHP&S



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# The Development Process of the NOHP&S



- The Draft was created in 2014 – by the committee of five representatives from Dental schools, National and provincial oral health co-ordinators.
- After the Draft was completed it was circulated to oral health professionals in the public health for comments.
- Then it was circulated to all oral health professional associations, statutory bodies and dental schools for comments.



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# The Development Process of the NOHP & S



- Then the WHO Country office was engaged in the costing of the Policy and also for comments.
- It was then presented in the Management Committee of the National Department of Health (NDOH) for the managers' inputs.
- NDOH Management Committee comprises of all programs managers e.g. HIV, Maternal and Child Health, Nutrition, Health Promotion. NCD etc

# Approval Process of the NOHP&S



- Presented to the National Services Platform Sub-Committee. (National and Prov Technical Officials).
- Presented to Tech NHC (DG, HoDs. Military and Correctional Services health representatives).
- Presented to National Health Council (Minister and MECs)



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# Context and Content outline



1. Introduction
2. Problem Statement.
  - Context and Rationale
  - Policy, Legislations Mandates and Other Declarations
  - Vision, Mission, Guiding Values and Principles
  - Scope of the Oral Health Policy and Strategy
  - Key Objectives of South African Oral Health Policy and Strategy
3. Delivery of Oral Health Services
4. Roles and responsibilities of Oral Health Role Players:
  - National, Provincial and District
  - Private Oral Health Care Sector
  - Oral Health Training Institutions (OHTI's)
5. The Successful Implementation of the Policy Requires the following:
  - Resources including finances, appropriate equipment and physical facility
  - Fit for Purpose Human Resources Structure
  - Availability of an Oral Health Human Resources Review Team
  - Transport for outreach services
  - Continuous engagement with Oral Health Stakeholders
6. Policy Review and Development

# Background



- In 1996 National Department of Health issued a policy that primary health services will be free at primary health care facilities.
- In 2002 Min Mec approved an oral health strategy that focused on the primary health care package (Examination, Scaling and Polishing, Intra-oral x-rays, fillings and extractions).



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# Background



- However this strategy left out community based preventive oral health interventions e.g. tooth brushing and fissure sealants to children to prevent dental decay
- It also left out secondary and tertiary services e.g. Dentures for Senior Citizens, facial trauma management, oral cancer management and Cleft lip and palate treatment and others.



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# Problem statements



1. Oral health is an integral part of general health; however, it is poorly integrated in other health programmes.
2. Oral health services are poorly coordinated, there are no oral health coordinators at some levels of care. This affects standardization of oral health services and delays transmission of oral health information.

# Problem statements



3. Non- categorisation of oral health services into primary, secondary and tertiary levels of care.

This leads to oral health budget being poorly aligned and services are not budgeted for at some secondary and tertiary levels.

4. Non-alignment of oral health HR training and allocation to population demands. (e.g. training more dentists than other cadres).

# Context and Rationale



- High burden of Oral disease
- Cost of treating oral diseases.
- Contribution to the burden of Non-Communicable Diseases.
- Oral health human resources training and allocation.
- Status of oral health services provision (lack of consumables, equipment and supportive infrastructure etc).

## Mobile Dental Clinic



# Context and Rationale



## Oral health services relation to:

- Pregnancy
- Cardiovascular diseases
- Diabetes
- Cancers
- Tobacco use
- Alcohol abuse
- Trauma
- Children growth
- Aesthetics and personal confidence

## Mobile Dental Clinic



# Scope of the Oral Health Policy



- This policy is **applicable to all oral health care** (Primary, Secondary and Tertiary) institutions.
- It will also apply **to all practitioners, organizations or institutions** providing oral health services in the public sector, in collaboration with the private sector and other sectors involved in the management and regulation of oral health practice.



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# Key Goals



This policy extends to the previous oral health strategy and addresses the following key Goals:

1. Integrate oral health into general health and NCD's strategies at all levels of care.
2. Outline roles and responsibilities of oral health role players at various levels of care and management.

# Key Goals



3. Increase access and equity to oral health services by ensuring there is primary, secondary and tertiary oral health services at all levels of care;
4. Guide the development of oral health professionals well-matched to oral health needs and demands of the general population.

# National Oral Health Strategies



- i) To incorporate oral health in all appropriate health programmes and policies.
  
- ii) To provide oral health services at Primary, Secondary and Tertiary levels and therefore budgeted at all these levels of care.



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# National Oral Health Strategies



- iii) To develop a plan outlining the roles and responsibilities of oral health role players at various levels of care and management.
- iv) To advocate for training of fit for purpose oral health professionals that are to be placed at appropriate levels of health care for cost-efficiency of oral health provision.



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# National Oral Health Strategies



v) To foster collaboration between public health sector and oral health professionals training institutions to produce appropriate numbers oral health professionals.

vi) To foster collaboration with private oral health services to increase access to oral health services by South African population.

# National Oral Health Strategies



vii) To participate in other health programs in multi-factoral/ disciplinary initiatives in the prevention of non-communicable diseases

viii) To define oral health services packages appropriately with the intention to appropriate cost them for NHI service packages pricing.

# Roles and Responsibilities



## ROLE OF THE NATIONAL DOH

- Development, review and monitor implementation of national oral health policies, regulations and guidelines, norms and standards
- Oversight of the formulation, implementation, monitoring and evaluation of the national fluoridation programme through the National Fluoridation Committee
- Identify research gaps and incorporate oral health agenda in national health surveys.
- Facilitating the integration of oral health into other health programmes such as HIV and AIDS, Maternal and Women's Health, Child and Adolescent Health, Nutrition, Chronic Diseases, Disabilities and Geriatrics.



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# Roles and Responsibilities



## ROLE OF THE PROVINCE

- Ensure Oral Health plans are included in the Provincial Annual Performance Plans.
- Ensure that defined Oral Health Packages at level 1, 2 and 3 hospitals are provided.
- Co-ordination the oral health care system in the province.
- Raising awareness of oral disease risk factors and appropriate means of oral Self-care.
- Integrate of oral health strategy elements and strategies into programmes and policies of all sectors that have an impact on community health like maternal and women's health, child and adolescent health, nutrition, chronic diseases, disabilities and geriatrics.



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# Roles and Responsibilities



## ROLE OF THE DISTRICT

- Preparing a customized set of intervention strategies and targets selected according to the specific needs, determinants and other circumstances for each community..
- The provision of appropriate disease prevention and health promotion measures,
- The implementation of cost-effective and evidence-based strategies.
- Collecting and quality assurance of data for inclusion in the DHIS
- Oral Health referral for advanced and specialized oral health patients should be implemented in line with the patient's referral policy.
- Ensuring that oral health is included in the comprehensive district health plan.

# Collaboration other sectors



## Private oral health care sector

- Establish joint programmes to promote specific strategies e.g., preventive, community outreach and curative programmes.
- Collaborate in promoting optimal delivery of oral health services in areas of need as determined by the provinces and/or National Oral Health Directorate.

## Oral Health Training Institution

- Provide evidence-based knowledge to guide formulation of policies, interventions/strategies at all levels (OHTIs).
- Oral Health Training institutions should aim to increase access of specialized services across provinces, especially in those provinces with no Oral Health Training institutions.
- Training of appropriate and Fit for purpose Human resources

# Costing of the NOHP&S



- Costing was done with the help of WHO Country Office in Pretoria.
- Cost-It framework used by WHO to cost health programs was used.
- Costing was based on a new program.



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# Costing of the NOHP&S



- Costing was segmented by the level of care; i) Primary, ii) Secondary and iii) Tertiary oral health services
- Costing was then divided into the following resources: a) Infrastructure, b)HR, c)Consumables, d)Equipment, e)Instruments and f) Dental Laboratories



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# Costing of the NOHP&S



- Community Outreach R 2 860 735
  - Community Health Centres-R4 740 428
  - District Hospital -R 7 864 873
  - Tertiary Hospitals -R16 356 403
  - Dental Laboratories - R 8 436 570
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- These are 2019 cost figures using RT 287, 286 and 296 prices.



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# The successful implementation of the NOHP&S requires the following



- Fit for purpose human resources rationalization.
- Appropriate resources allocation as part of general health
- Functional physical infrastructure and equipment
- Available transport to allow for outreach services



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# Other health policies that include oral health services



- Universal Health Coverage Act (NHI)
- Integrated School Health Policy (Program)
- Road To Health Chart for babies
- 2030 Human Resources for Health Strategy etc.



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# WHO, NDOH and Provincial Goals and Objectives



World Health organization Global Oral Health Strategy Objectives	National Oral Health Policy and Strategy Goals	Mpumalanga Provincial Oral Health Goals
1. Oral health promotion and oral disease prevention	1. Integrate oral health into general health and NCD strategies at all levels of care.	1. Integrate oral health into general health and NCD strategies at all levels of care
2. Oral health governance	2. Improve efficiency in the implementation of oral health service standards by outlining roles and responsibilities of oral health role players at various levels of care and management.	2. Improve efficiency in the implementation of oral health service standards by outlining roles and responsibilities of oral health role players at various levels of care and management
3. Oral health care	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.	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



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# WHO, NDOH and Provincial Goals and Objectives



World Health organization Global Oral Health Strategy Objectives	National Oral Health Policy and Strategy Goals	Mpumalanga Province Oral Health Goals
4. Health workforce	4. Guide the development of oral health professionals suited and well-matched to oral health needs and demands of the general population.	
5. Oral health information systems		
6. Oral health research agendas.		

# NOHP AND STRATEGY IMPACT



No health without oral health



Healthy life for all



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