Uganda

ORAL HEALTH COUNTRY PROFILE

44 405
Total population in thousands (2020)[1]

92
Per capita current health expenditure in PPP, int$ (2019)[2]

World Health Organization

ORAL DISEASE BURDEN

Prevalence of oral diseases (2019)[3]			
Prevalence of untreated caries of deciduous teeth in children 1-9 years (%)	Prevalence of untreated caries of permanent teeth in people 5+ years (%)	Prevalence of severe periodontal disease in people 15+ years (%)	Prevalence of edentulism in people 20+ years (%)
38.3	24.9	19.2	1.8

Lip and oral cavity cancer, all ages (2020)[4]	Female	Male	Total
Number of new cases	122	264	386
Incidence rate (per 100 000 population)	1.3	3.0	2.1

RISK FACTORS FOR ORAL DISEASES

Risk factors (2019)[5]	Female	Male	Total
Per capita availability of sugar (g/day)	...	...	31.0
Prevalence of current tobacco use, 15+ years (%)	4.0	13.7	8.9
Per capita alcohol consumption, 15+ years (litres of pure alcohol/year)	4.9	20.6	12.5

ECONOMIC IMPACT

Economic impact related to treatment and prevention of oral diseases (2019)[6]	
Total expenditure on dental healthcare in million (US$)	12
Per capita expenditure on dental healthcare (US$)	0.3
Total productivity losses due to 5 oral disases in million (US$)	65
Affordability of fluoride toothpaste	unaffordable
Number of labour days needed to buy annual supply of fluoride toothpaste per person	6.6

NATIONAL HEALTH SYSTEM RESPONSE

Policies, measures and resources (2021)[7]	
Implementation of tax on sugar-sweetened beverages (SSB)	yes
Existence of a national oral health policy/strategy/action plan (operational/drafting stage)	yes
Presence of dedicated staff for oral health working on NCDs at the MoH	yes
Noma recognized as a national public health problem	no

Oral health workforce[8]	Data year	Total number	Per 10 000 population (2014-2019)
Dental assistants and therapists	2019	900	0.2
Dental prosthetic technicians	2019	30	0.0
Dentists	2019	310	0.1

Availability of procedures for detecting, managing and treating oral diseases in the primary care facilities in the public health sector (2021)[9]	
Oral health screening for early detection of oral diseases	unavailable
Urgent treatment for providing emergency oral care & pain relief	unavailable
Basic restorative dental procedures to treat existing dental decay	unavailable

Oral health interventions as part of health benefit packages (2021)[10]	
Coverage of the largest government health financing scheme (% of the population)	...
Routine and preventive oral health care	...
Essential curative oral health care	...
Advanced curative oral health care	...
Rehabilitation oral health care	...

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ORAL HEALTH COUNTRY PROFILE

World Health Organization

NOTES AND REFERENCES

[1] **Total population in thousands (2020)**

Population estimates as of 1 July 2020 presented in thousands.
(Data source: United Nations, Department of Economic and Social Affairs (DESA), Population Division. World Population Prospects 2022, Online Edition; 2022.)

[2] **Per capita current health expenditure in PPP int$ (2019)**

Per capita current expenditures on health expressed in respective currency - international Purchasing Power Parity (PPP) dollar.
(Data source: WHO Global Health Observatory; 2019.)

ORAL DISEASE BURDEN

[3] **Prevalence of oral diseases (2019)**

Estimated prevalence of untreated caries of deciduous teeth in children 1-9 years: Rate of children between 1-9 years who have untreated caries in one or more deciduous teeth. Untreated caries is defined as a lesion in a pit or fissure, or on a smooth tooth surface, that has an unmistakable cavity, undermined enamel, or a detectably softened or floor or wall (coronal caries), or feels soft or leathery to probing (root caries).

Estimated prevalence of untreated caries of permanent teeth in people 5+ years: Rate of persons older than 5 years with one more carious permanent teeth. Untreated caries is defined as a lesion in a pit or fissure, or on a smooth tooth surface, that has an unmistakable cavity, undermined enamel, or a detectably softened floor or wall (coronal caries), or feels soft or leathery to probing (root caries).

Estimated prevalence of severe periodontal disease in people 15+ years: Rate of persons aged 15 years and older affected by severe periodontal disease, a chronic inflammation of the soft and hard tissues that support and anchor the teeth. Severe periodontal disease is defined as a gingival pocket depth equal or more than 6 mm, or Community Periodontal Index of Treatment Needs (CPITN) also referred to as Community Periodontal Index (CPI) score of 4, or a clinical attachment loss (CAL) more than 6 mm.

Estimated prevalence of edentulism in people 20+ years: Rate of persons older than 20 years with complete loss of natural teeth.

Estimated prevalences from the Institute of Health Metrics and Evaluation (IHME) Global Burden of Disease Study 2019 (GBD2019) were computed by using population data from UN DESA World Population Prospects 2019 and applying them to disease-relevant age groups.
(Data source: Global Burden of Disease Collaborative Network. GBD 2019. Seattle: IHME; 2020.)

[4] **Lip and oral cavity cancer (2020)**

Estimated number of new cases lip and oral cavity cancer: Estimated number of new cases of lip and oral cavity cancer in females, males and total population all ages.

Estimated incidence rate of lip and oral cavity cancer (per 100 000 population): Age-standardized incidence rate of lip and oral cavity cancer in females, males and total population all ages per 100 000 population.
(Data source: Ferlay et al. Global Cancer Observatory: Cancer Today. International Agency for Research on Cancer: Lyon, France; 2020.)

RISK FACTORS FOR ORAL DISEASES

[5] **Risk factors (2019)**

Per capita availability of sugar (g/day): The availability of sugar is based on sugar (raw equivalent) including i) raw cane or beet sugar, ii) cane sugar, centrifugal, iii) beet sugar, iv) refined sugar and v) sugar confectionery for national consumption and then computed as grams available per person and day.
(Data source: United Nations Food and Agriculture Organization. Food Balance Sheets; 2019.)

Prevalence of current tobacco use, 15+ years (%): The percentage of the population aged 15 years and older who currently use any tobacco product (smoked and/or smokeless tobacco) on a daily or non-daily basis (age-standardized rate).

Per capita alcohol consumption, 15+ years (litres of pure alcohol/year): The total alcohol per capita consumption comprises both, the recorded and the unrecorded alcohol per capita consumption.
(Data source: WHO Global Health Observatory; 2019.)

ECONOMIC IMPACT

[6] **Economic impact related to oral diseases, treatment and prevention (2019)**

Total expenditure on dental healthcare in million (US$): Estimate of total annual national expenditure on dental healthcare in outpatient dental care (public and private) in 2019.

Per capita expenditure on dental healthcare (US$): Estimate of the annual national per capita expenditure on dental healthcare for outpatient dental care (public and private) in 2019.

Total productivity losses due to 5 oral diseases in million (US$): Estimate of total productivity losses in 2019 resulting from combined impact of 5 untreated oral diseases including caries in deciduous and permanent teeth, severe periodontal disease, edentulism, and other oral conditions as defined by GBD.
(Data source: Jevdjevic & Listl 2022.)

Affordability of fluoride toothpaste (number of labour days needed to buy annual supply of fluoride toothpaste per person): Number of labour days needed to buy the recommended annual supply of fluoride toothpaste for one person based on the daily wage of the lowest-skilled government worker. Fluoride toothpaste is categorized as affordable if one day or less (≤ 1) of labour is needed and as unaffordable if more than one day (>1) of labour is needed to buy the annual supply for one individual.
(Data source: WHO; 2019.)

NATIONAL HEALTH SYSTEM RESPONSE

[7] **Policies, measures and resources (2021)**

Implementation of tax on sugar-sweetened beverages (SSB): Status of implementation of taxes on sugar sweetened beverages (SSB). "Yes" responses refer to the application of excise taxes and/or special VAT/sales tax rates.

Existence of a national oral health policy/strategy/action plan (operational/drafting stage): Status of implementatoin of a policy, strategy or action plan for oral health. "Yes" refers to a policy, strategy, or action plan for oral health that is operational or under development, and "no" refers to a policy, strategy, or action plan for oral health that is not in effect or where no response was given.

Presence of dedicated staff for oral health working on NCDs at the MoH: Presence of technical/professional staff in the unit/branch/department working on NCDs in the Ministry of Health dedicating a significant portion of their time to oral health.
(Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.)

Noma recognized as a national public health problem: Noma (cancrum oris) is a non-communicable necrotizing disease that starts as a lesion of the gums inside the mouth and destroys the soft and hard tissues of the mouth and face. Countries are part of the Regional Noma Control Programme in the WHO African Region and recognize noma as a national public health problem.
(Data source: Regional Noma Control Programme in WHO African Region; 2021.)

[8] **Oral health workforce**

Dental assistants and therapists: Dental assistants and therapists provide basic dental care services for the prevention and treatment of diseases and disorders of the teeth and mouth, according to care plans and procedures established by a dentist or other oral health professionals. The category of dental assistants and therapists also includes dental hygienist and dental nurses.

Dental prosthetic technicians: Dental prosthetic technicians design, fit, service and repair dental devices and appliances following prescriptions or instructions established by a health professional. They may serve a wide range of support instruments to correct dental problems, such as dentures, and dental crowns and bridges.

Dentists: Dentists diagnose, treat and prevent diseases, injuries and abnormalities of the teeth, mouth, jaws and associated tissues by applying the principles and procedures of modern dentistry. They use a broad range of specialized diagnostic, surgical and other techniques to promote and restore oral health.

Per 10 000 population (2014-2019): Describes the ratio of the respective oral health professionals per 10 000 population (latest available data between 2014-2019).
(Data source: The National Health Workforce Accounts (NHWA) data platform, WHO; 2020.)

[9] **Availability of procedures for detecting, managing and treating oral diseases in primary care facilities of the public health sector (2021)**

"Generally available" refers to reaching 50% or more patients in need whereas "generally not available" refers to reaching less than 50% of patients in need.

- Availability of oral health screening for early detection of oral diseases.
- Availability urgent treatment for providing emergency oral & oral pain relief.
- Availability basic restorative dental procedures to treat existing dental decay.

(Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.)

[10] **Oral health interventions as part of health benefit packages (2021)**

Inclusion of oral health interventions in public Health Benefit Packages: The extent to which oral health interventions are included in the largest government health financing scheme. The term "largest" is defined as having the highest total population eligible to receive services, while the term "government" is defined as including any public sector scheme for health service provision, including coverage for groups such as the general population, public sector employees and/or the military. Interventions comprise:

- Routine and preventive oral health care.
- Essential curative oral health care (including non- surgical extraction and drainage of abscesses).
- Advanced curative oral/dental care (including resin composite and dental amalgam including x-rays, complex fillings, root canal treatment).
- Rehabilitative oral health care (including crowns and bridges, dentures, orthodontics, dental implants).

(Data source: WHO Health Technology Assessment and Health Benefit Package Survey; 2021.)

COLLABORATION AGREEMENT

This Agreement is made by and between the **Hungarian Dental Association,** hereinafter referred to as "**HDA**", and **Uganda Dental Association,** hereinafter referred to as "**UDA**"
The purpose of this Agreement is to facilitate the collaboration between the dental societies and further advance scientific knowledge on the field of dentistry.

Therefore, the Parties agree as follows:

- The HDA and UDA will collaborate on the international forums to support and promote each other' proposals and motions
- The HDA and UDA will publish the logo of the other part in their national website
- The HDA and UDA will elaborate an exchange program between the two countries' dental professionals
- The HDA and UDA. will facilitate the postgraduate exchange programs between the two countries' universities
- The HDA and UDA will promote the faculty exchange between the two countries' universities
- The HDA and UDA will organize bilateral joint conferences in one of the two countries.
- The societies will invite guest speakers to their own national conferences
- The two societies will provide certain discount on the registration fees on their own conferences to the other parts' dentist and dental students
- The HDA and UDA will support each other' lobbying activity to promote oral health and find financial resources in these activities.

Terms of Agreement:

- This Agreement shall be deemed effective as of the Effective Date of the signature.
- This Agreement shall continue in effect for 10 years unless terminated by mutual written agreement of the Parties. Either party may terminate this Agreement.
- Each party hereby represents that it has full legal power to enter into this Agreement that it has duly executed and delivered this Agreement.
- This Agreement may only be modified or amended by written agreement by the authorized signatories of the two Parties.
- This Agreement constitutes the entire understanding between the Parties concerning the subject matter of this collaboration.

ACCEPTED AND AGREED:

.....

Prof. Dr. Katalin Nagy
president of HDA

.....

Prof. Dr. István Gera
honorary president of HDA

.....

Dr. Biren Yajnik
president of UDA

.....

Dr. Nakyonyi Maria Gorretti
vice-president of UDA

Signing of the MOU between the Hungarian Dental Association and Ugandan Dental Association 2024





HUNGARIAN DENTAL ASSOCIATION

Uganda Dental Association
"EST 1960"

Dr. Katalin Nagy, President of the Hungarian Dental Association, met with students from Uganda before embarking on her outreach mission to learn about the country's struggles and needs.





HUNGARIAN DENTAL ASSOCIATION

MAGYAR FOGORVOSOK EGYESÜLETE

UNGARISCHE ZAHNÄRZTE-GESELLSCHAFT

ASSOCIATION DENTAIRE HONGROISE

HUNGARIAN DENTAL ASSOCIATION
MAGYAR FOGORVOSOK EGYESÜLETE
UNGARISCHE ZAHNÄRZTE-GESELLSCHAFT
ASSOCIATION DENTAIRE HONGROISE

The Importance of Good Oral Hygiene, Healthy Eating, and Drinking Water for a Healthy Mouth

A healthy mouth is a cornerstone of overall well-being, and achieving this requires a combination of good oral hygiene, healthy eating, and proper hydration. Good oral hygiene practices, such as regular brushing and flossing, prevent the buildup of plaque and the development of dental problems. Healthy eating provides the necessary nutrients to maintain strong teeth and gums while drinking water helps cleanse the mouth and support saliva production, which is essential for neutralizing acids and removing food particles. Together, these habits preserve oral health and contribute to a person's general health, preventing diseases and enhancing quality of life.

Good Brushing Habits:

Brushing your teeth twice daily with fluoride toothpaste is fundamental for maintaining a healthy mouth. This practice helps remove plaque, a sticky film of bacteria that forms on the teeth and can lead to tooth decay and gum disease if not effectively cleaned away. Proper brushing technique—holding the toothbrush at a 45-degree angle to the gums and using gentle, circular motions—ensures all surfaces of the teeth are cleaned, including hard-to-reach areas. Consistent brushing prevents cavities, freshens breath, and promotes healthy gums, laying the foundation for long-term oral health.

Healthy Eating:

A nutritious diet is vital for oral health, providing essential vitamins and minerals that strengthen teeth and gums. Foods rich in calcium, such as dairy products, leafy greens, and almonds, help build strong teeth, while vitamin D, found in fish and fortified foods, aids in calcium absorption. Crunchy fruits and vegetables, like apples and carrots, naturally clean teeth and stimulate saliva production, which helps wash away food particles and neutralize harmful acids. Limiting sugary snacks and drinks is crucial, as sugar feeds oral bacteria that produce acids, leading to tooth decay. Therefore, a balanced diet supports overall health and directly contributes to maintaining a healthy mouth.

Importance of Drinking Water:

Choosing water over sugary beverages like soda is essential for maintaining a healthy mouth. Water helps rinse away food particles and bacteria, reducing the risk of cavities and gum disease. It also promotes saliva production, which is vital for maintaining the natural pH balance in the mouth and providing minerals to tooth enamel. Unlike sugary drinks, water does not contain acids that erode tooth enamel or sugars that feed harmful bacteria. Drinking fluoridated water additionally helps strengthen tooth enamel and prevent decay. Thus, prioritizing water over soda and other sugary drinks is a simple yet powerful way to protect oral health and ensure a healthy mouth.

By incorporating good brushing habits, eating a balanced diet, and choosing water over sugary beverages, individuals can maintain optimal oral health and enjoy the benefits of a healthy mouth. These practices are not only crucial for dental well-being but also play a significant role in overall health, demonstrating the interconnected nature of our bodily systems.

How to Brush - Okukuuba Ameino

1

Apply toothpaste

SIIGA OMUBAZI AHARI BURAASHI



2

Brush your front teeth

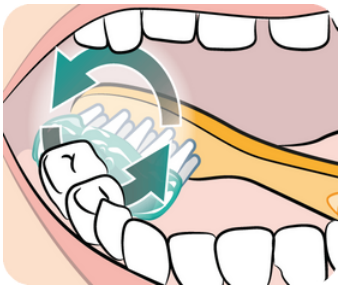
KUUBA AMAINO GOMUMEISHO



3

Brush in a circular motion

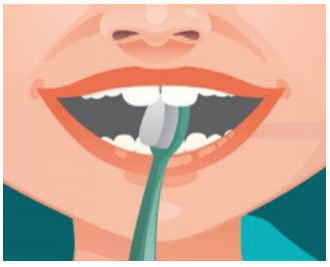
KUUBA ORIKWETOOROOZA BURAASHI AHAMEINO



4

Brush your back teeth and inside of your teeth

KUUBA AMEINO G'ENYIMA HAMWE N'AHARUBAJU RWOMUNDA Y'AMEINO



















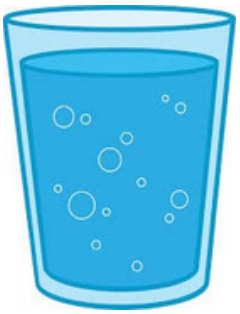


RINSE WITH WATER

MUNYUNGUZA AMUKANWA

ORIKWEJUNISA AMEIZI





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D A

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ASSOCIATION DENTAIRE HONGROISE

Uganda Dental Association

EST 1960



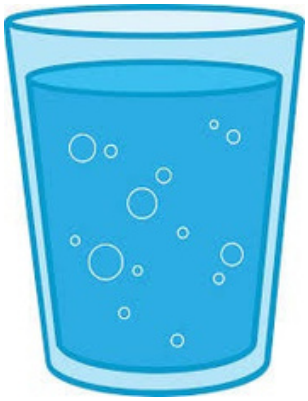
















HUNGARIAN DENTAL ASSOCIATION

MAGYAR FOGORVOSOK EGYESÜLETE

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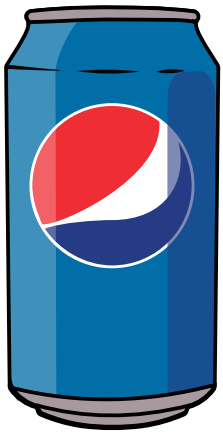
UNGARISCHE ZAHNÄRZTE-GESELLSCHAFT

ASSOCIATION DENTAIRE HONGROISE









OKUREBERERA AMEINO G'ABAANA

Step 1: Lift the lip and check the teeth for these signs of tooth decay for all children with teeth.
YIMUSYA OMUNWA ORONDE OBUMANYISO BWOKUJUNDA KW'AMEINO G'ABAANA ABAHERIZE KUMERA AMEINO

AGAHURIIRE



NIGAMURIINKANA, NI GAMUTARE

AGARI KUTAANDIKIRIZA KUJUNDA



OBWIINA BURI NKOBURIMU KYOOKA. NA WAKUUBA TIBUKARUGAMU

AMEINO GAJUNDIIRE KIMWE





OBWIINA BWA RAANGI YA KINEKYE NEINGA KITAKA BUTAKARUGAHO NA WAKUUBA AMEINO. AMEINO NIGEIRAGURA NEINGA GARIMU EBYIINA BIHAANGO

Step 2: Tell the parent/caregiver of action required.
GAMBIRA OMUZEIRE NEINGA OMUKUZA EKYOKUKORA

REEBA OMUSHAHO W'AMEINO AGAKYEBERE HAKIRI RIMWE MUMWAAKA

REEBA OMUSHAHO W'AMEINO AKURAGURIRE JUBAJUBA

Step 3: Provide oral hygiene instructions to improve dental health.
YEGYESA NKOKU ASHEMEREIRE KUREBERERA AMEINO HABWOKUTUNGA AKANWA N'AMEINO MARUNGI

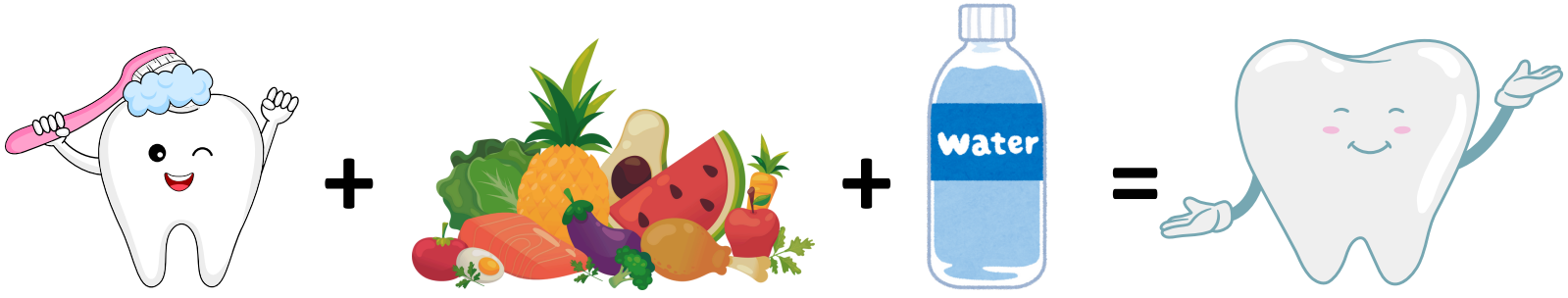
- **Eriino ryokubanza ryaheza kumera, rikuube buri kiro waaba otakanyamire**
- **Kyendeeza ahabyokurya n'ebyokunywa birimu sukaari**
- **Yetantare kurya munoonga neinga burikaanya omukiro ameino gaheza kumera omukanwa.**
- **Yimusya omunwa gwomwaana omurundi gumwe omukweezi oroonde obumanyiso bwo kujunda kw'ameino nkoku kyayorekwa omibishwani aheiguru.**
- **Tayayira omushaho w'ameino ahonaaho ku orareebe obwiina bwoona nk'obwamutare, obwakinekye obutari kurugaho nawakuuba ameino gaawe.**

SEPTEMBER 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

Remember to Brush your teeth twice a day: when you wake up in the morning and before going to sleep at night.

Keep Track of your brushing by checking off the sun or moon every time you brush your teeth .

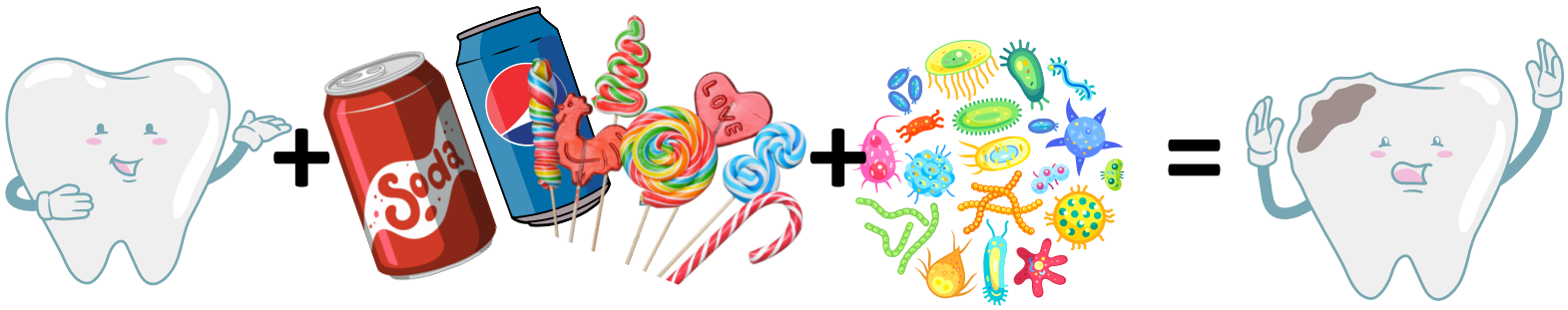


OCTOBER 2024

SUN	MON	TUE	WED	THU	FRI	SAT
		✓ 1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

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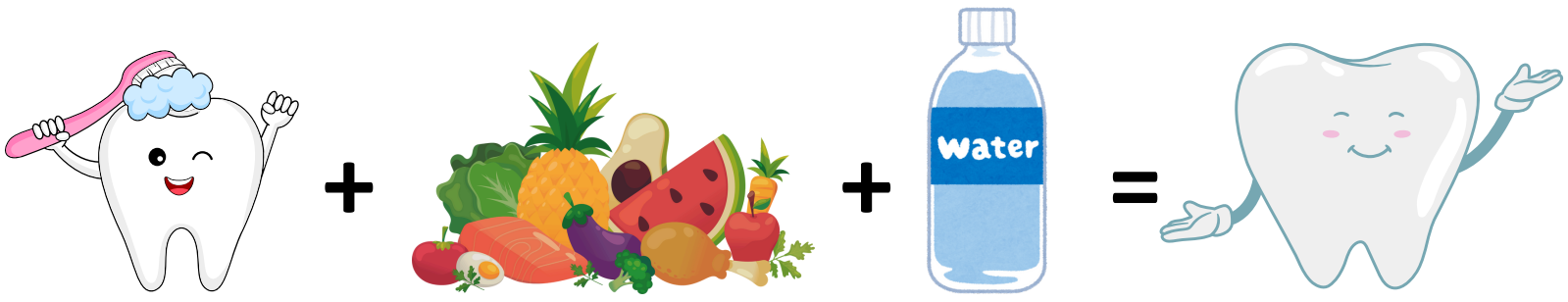


NOVEMBER 2024

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

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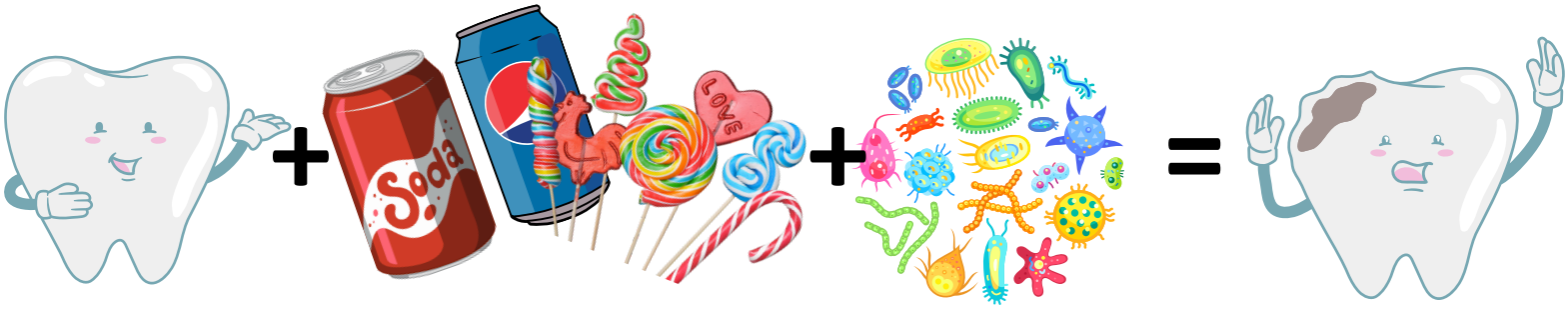


DECEMBER 2024

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11

Remember to Brush your teeth twice a day: when you wake up in the morning and before going to sleep at night.

Keep Track of your brushing by checking off the sun or moon every time you brush your teeth .



Wash Your Hands





Water and Soap



Rub Palm to Palm



Clean Between Fingers



Wash Thumb Base



Clean Back Of Hands



Wash your Wrists

STOP the Spread of Disease – Wash Your Hands!

YETANTARE OBUKOOKO OBURIKUREETA OBURWEIRE NAABA ENGARO ZAAWE



BUILD YOUR SMILE
Dental Foundation