



KDA

ISSUE 002 QUADRANT 2 2021

Odontologue

MAGAZINE PUBLICATION OF KENYA DENTAL ASSOCIATION



**ALL YOU NEED TO
KNOW ABOUT NON
SURGICAL FACELIFTS**

**THE HIDDEN COSTS
OF TREATMENT
ABROAD**

**COMEBACK KING
RISING BACK FROM
THE ASHES**

ALSO INSIDE: FROM THE BRANCHES | SCHOOLS NEWS | DENTAL HUMOUR | DOWN MEMORY LANE | IN MEMORIUM & SO MUCH MORE

KDA
Odontologue

MAGAZINE PUBLICATION OF KENYA DENTAL ASSOCIATION

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The views expressed by individual contributors to this Newsletter do not necessarily reflect the views of the council of the Kenya Dental Association

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Letter from The Editor



As always, it is a pleasure, doing this letter. It always means there is an edition of Odontologue that is coming out. It is our mission to continue releasing the Odontologue. In this issue, we get to talk about leadership and see what it means to us as dentists. We continue to encourage dentists to take up Leadership positions. We congratulate all those who have taken up new roles in this important space. In this regard, we welcome the new members of the National Governing Council, KDA. It is always good to have new leadership. In that respect, I thank Dr. Linus Ndegwa for the leadership role he played as President of the Association. It was under his leadership that we rolled out the first edition. It is unfortunate that I officiate this issue with the full knowledge that his beloved wife Dr. Catherine Njeri Wachira is among those we lost. She was our first lady. She was steadfast and very active in KDA activities and events. It is never easy. I was hoping that I would not have to do any In Memoriam for this edition. As you will recall in the last edition we had five. We also lost an ardent member of the association in Dr. Aziz Yakub. He was a loving husband, father and extraordinary dentist who was resolute in his involvement with the association. We will miss these two dearly.

In this issue, Mr. Yumbya, C.E.O of KMPDC informs us that treatment abroad may not be so cheap after all. We hear from the Chief Dental Officer, Dr. Miriam Muriithi who gives us a sneak peek at the future. She is currently supervising the production and release of the National Oral Health Policy and the first-ever National Oral Health Strategy. These are important documents to drive the oral healthcare agenda in this country. Dr. Anbar Ganatra shares her experience in entrepreneurship and public dental health.

We get to share good news in the form of Dr. PJ overcoming adversary. In an almost literal sense of the phoenix from the ashes. Dr. Arshni Malde educates us on non-surgical lifts.

Join us on the following pages as we educate, inform and entertain you in this new edition. To many more to come.

Salud!

A handwritten signature in black ink, appearing to read 'Douglas Oramis', written in a cursive style.

Dr. Douglas D. Oramis
Editor-In-Chief
Odontologue

Message from The President



It is with great pleasure and gratitude we bring to you, our members, partners and the general public, the second edition of the Odontologue. We have been the premier Dental association in the East Africa Region. This magazine is yet another testament of the growth we have seen happen, despite the pandemic. Dentists world over have had to do many readjustments in the last one and half years. I applaud the resilience we have shown throughout this period. You have served your patients diligently and have evolved with the times. I would like to immensely thank you for the continued support you have offered the association. As our dear members, your internal contributions and to the industry in general has

been greatly appreciated.

What next has been a question that has been on our minds as we recalibrate ourselves to the new normal. The effects of the pandemic will be with us for a long time. However, our indefatigable spirit of resilience has seen us conquer so much over this period. The association has grown in leaps and bounds since its inception in 1960 both in membership and in achievements. The last one year has not been any exception, we enjoyed the highest membership subscription and I know we will be able to keep this up as we chart this journey together.

My vision as the 22nd president of the Kenya Dental Association, KDA, is to now take KDA to the world. This is a huge task, as it is humbling, and I know we will do it the way we have done it before, TOGETHER. Through innovation, strengthening of our branches, mentorship of our younger colleagues, readjustments in operations, advocacy, financial prudence and attention to members' welfare. I will look to my National Governing Council in helping me achieve these. Our partners continue to show faith in the association and I call on all of us to own this journey and contribute to it as we remain open to better ideas from our membership. I hope when we look back collectively, as we take stock, we will be pleased with what we would have achieved together

Finally let us encourage our relatives, patients and those in our spheres of influence to get vaccinated as this is one of the best ways of curtailing the spread of covid-19. Our thoughts and hearts remain with all those who have gone through loss out of this pandemic and I know we will rise stronger.

Final gratitude to the editorial team that continues to do commendable job with the Odontologue. Enjoy!

A handwritten signature in blue ink that reads "Tim". The signature is fluid and cursive.

Tim Theuri,
President, KDA



KDA

Mission

To promote the interest of oral healthcare professionals and the public in oral health matters and to set high standards of service delivery

Message from The Secretary General



Coordination with branches has waxed and waned over the years. It is my hope that we get to rectify and refine that coordination. The branches play an important role in expanding the reach of the association. We wish to be able to serve that member in Shela, Lamu with the same respect and efficiency as that member at Upperhill, Nairobi. We will get to have a new constitution guiding us into the next chapter of this great association. We do plan to hold that very important Special General Meeting (SGM) to deliberate and hopefully bless the new constitution. We do have a 5 year Strategic Plan 2019-2023. As the champion of that plan, I promise members that we will strive as hard as we can to make the 7 strategic objectives a reality.

One of the strategic objectives being continuous professional development. We are still to replace the indefatigable late Dr. Alumera with a substantive Chairperson of the Scientific Committee. We are still on the hunt. We are well aware that we can only try to emulate him. It is a Sisyphean task trying to fill those magnanimous shoes that he left behind. What we can do is try and try we will. I will be filling the role only in an acting capacity. We will hand over the baton soon enough to a suitable candidate. It is from this office that I announce our intention to have a hybrid annual Scientific Conference and Exhibition for this year 2021. Having missed out on having one last year, it is my hope that we would have one in place this year. In spite of the challenges posed by the vicissitudes of this pandemic season.

I wish you all well, dear members. Kindly, help us make this association of ours a better one.

A handwritten signature in black ink, appearing to read 'Douglas Oramis', written in a cursive style.

Dr. Douglas D. Oramis
Secretary General, KDA

It is with great pleasure and an immense sense of duty that I take this office of Secretary-General of the Kenya Dental Association. Many a great holder of this office have graced it. It is my sincere wish that my time in this office is one of servitude. Servitude that leads to a better KDA. Servitude that improves our ranks. Because servitude is a noble cause for humanity. The day-to-day running of the association is the core mandate of this office. I wish to state that one of my main objectives is to enhance the customer experience. You are our customer. To be able to make you feel at home contacting the secretariat for one reason or another. To be able to come out of that experience having been served and served well.



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Dental
Association**

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Dr. Anbar Ganatra- Co-opted



Kenya
Dental
KDA Association



38th

KENYA DENTAL ASSOCIATION SCIENTIFIC CONFERENCE AND EXHIBITION

The Future: Paradigm Shifts in Dentistry

Dates: October 21st to 23rd

Venue: Pride Inn Paradise Beach Resort, Mombasa

REGISTRATION			
Early Bird Registration	Kshs 16,500	Interns Registration	Kshs 16,500
Late Registration	Kshs 19,000	Auxiliaries Reg	Kshs 15,000
Virtual Attendance	Kshs 12,000	International Delegates	\$350
Gate Registration	Kshs 22,000	International Students	\$250
Undergraduate Students	Kshs 12,000	*Early Bird Deadline	15th September 2021
		*Late Bird Deadline	30th September 2021

For any clarifications call the KDA Secretariat on + 254 717 607 652 / + 254 710 856 304

See You at The Coast

IN OCTOBER INSHALLAH





— □ ×

 **KDA**

38th Conference Loading





Message From The Chief Dental Officer

Oral Health At A Glance



*Dr. Miriam Muriithi
BDS, MSc Public Health, UON
Chief Dental Officer, Ministry of Health, Kenya
Commissioner, The Lancet, Oral Health Journal*

As we learn to the adopt to the normal in the COVID19 pandemic situation, I would like to wish each and every one safety and good health. I am not lost to the fact that the dental fraternity has suffered greatly in the last ten months by losing six highly qualified personnel. My heart goes out to the families who have lost their loved ones specifically and to the entire dental fraternity in general.

As you may be aware, Kenya has not had a National Oral Health policy since the previous one expired in the year 2012. I am however glad to let you know that the National Oral Health Policy and the first ever National Oral Health Strategy is being developed. It is in the last stages and awaiting launching, dissemination and implementation very soon. These 2 documents are informed by the first and only National Oral health survey that was launched in the year 2015, regional oral health strategies and relevant global directions specifically World Health organization and FDI, KDA, UON, MTRH, MU, KNH and selected counties have played an important role in making this a reality.

The following are the objectives of the National Oral Health Policy;

No.	Policy objectives
1	To strengthen leadership, governance, partnerships and resource mobilization to improve oral health service delivery at all levels
2	To strengthen integrated preventive interventions that address oral diseases and conditions within NCDs, UHC, PHC and programs that influence health using common risk factors approach.
3	To train and equitably distribute human resource for oral health.
4	To strengthen health systems capacity to provide oral health services by improving infrastructure and providing equipment, commodities and technologies.
5	To promote evidence-based decision making, surveillance, monitoring and evaluation, research and information sharing in oral health
6	To promote eco-friendly practice of dentistry.



These are the priority interventions and action areas that the National Oral Health strategy seeks to address;

Priority interventions

Action area i: To strengthen leadership, governance, partnerships and resource mobilization to improve oral health service delivery at all levels.

- i. Review and strengthen leadership and governance structure in oral health across the two levels of government.
- ii. Strengthen oral health services in close collaboration with other programmes in the Ministry of Health and development partners.
- iii. Integrate oral health into all relevant policies and public health programmes, including policies related to NCDs.
- iv. Involve the community and civil society in planning, implementation and monitoring of appropriate oral health programmes.
- v. Improve access to oral health services for vulnerable groups and persons living with disability (PLWD) as a principle of equity and universal health coverage.
- vi. Mobilize additional resources for oral health.

Action area ii: To strengthen integrated preventive interventions that address oral diseases and conditions within NCDs, UHC, PHC and programs that influence health using common risk factors approach.

- i. Promote a healthy diet throughout the life-course through a decrease in the consumption of foods and drinks containing high amounts of free sugars
- ii. Promote access to water with safe fluoride levels.
- iii. Control sale and advertisement of unhealthy products such as alcohol, tobacco and food high in sugar from key settings.
- iv. Develop and implement integrated school oral health interventions
- v. Encourage legislation to increase accessibility of quality fluoride toothpaste.
- vi. Participate in tobacco and alcohol control programs.
- vii. Inclusion of oral healthcare interventions into the essential benefit package and other financing systems as a means of achieving UHC.

Action area iii: To train and equitably distribute human resource for oral health.

- i. Identify and address existing gaps in current training, deployment, distribution and scope of practice of oral health personnel at both levels of government.
- ii. Capacity- build oral and non-oral healthcare workers for integrated disease prevention and management.
- iii. Develop instructional materials on oral health for integration into primary health care based on clear definitions.

Action area iv: To strengthen health systems capacity to provide oral health services by improving infrastructure and providing equipment, commodities and technologies.

- i. Build capacity for continuous monitoring of oral health services at all levels.
- ii. Include oral healthcare services in the essential package provided within the health system.
- iii. Avail and distribute essential dental equipment and commodities for the management of oral diseases.
- iv. Develop and implement maintenance plans of dental equipment at county and national levels.
- v. Adopt and support technology to improve oral health care provision.

Action area v: To promote evidence-based decision making, surveillance, monitoring and evaluation, research and information sharing in oral health.

- i. Review and develop tools for surveillance, monitoring and evaluation of oral health services.
- ii. Conduct operational research in collaboration with partners to inform interventions for the integrated prevention and management of oral diseases
- iii. Integrate systematic collection of oral health data into existing health information systems

Action area vi: To promote eco-friendly practice of dentistry.

- i. Develop a national plan on phasing-down the use of dental amalgam and promotion of non-mercury-based alternatives.
- ii. Collaborate with stakeholders to conduct research and provide eco-friendly dental materials.

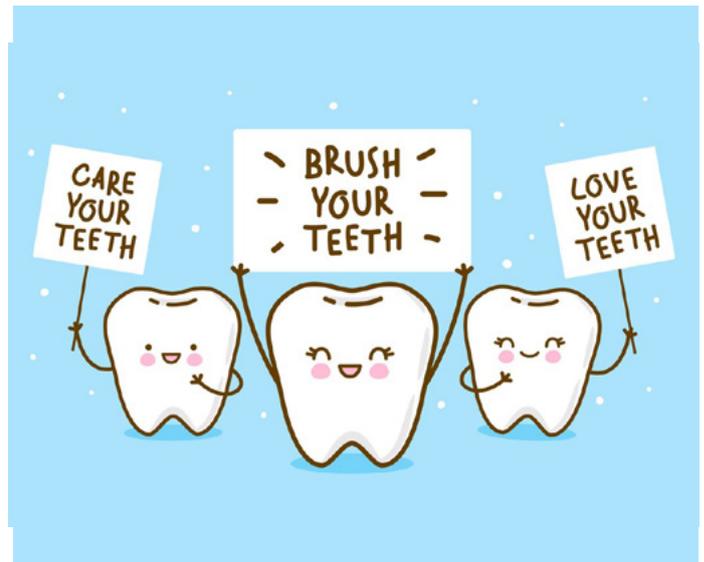


Further, the WHO, WHA 74, May 2021 adopted an oral health resolution whose main aim is geared towards ending the global neglect of oral health by developing a global oral health strategy among other initiative.

The following are key recommendations for the new WHO global strategy for oral health;

1. Inclusion and community engagement

Include the diverse voices of people living with oral diseases in policy dialogues, programme planning, and evaluations to ensure that needs and views of disadvantaged populations are addressed when designing inclusive, accessible, and affordable oral health-care systems.



2. Place equity and social justice at the core

Addressing oral health inequalities and their root causes must be central in all policies and future initiatives, fully aligned with the goals of primary health care and UHC.

3. Tackle sugars as a major common risk factor

The evidence of the negative impact of sugars on oral health provides an additional framing option to strengthen upstream population-wide measures, together with limiting the risks from other unhealthy foods and commodities as well as countering industry interference with oral health and NCD strategies.

4. Embrace major system reforms

The integration of oral health care within UHC requires essential, cost-effective intervention packages, integrative delivery and financing models, and adaptations in educating oral health professionals.

5. Better data for decision making

Data-driven and evidence-informed policy decision making on oral health needs functioning monitoring and evaluation systems that are fully integrated with existing health monitoring and surveillance approaches.

6. Close financing gaps

Oral health-care financing needs to be addressed as part of the overall NCD financing agenda, with special focus on increased public investments in low-income and middle-income countries, combined with reallocation of spending towards cost-effective best-buy NCD interventions.

These three documents aim to `return` oral health to the mainstream health planning and decision making and to involve all stakeholders including the patient in tackling the already very high oral disease burden.

Mine is to call upon every one of you to assist the government in achieving UHC by aiding in the integration of oral health into health programs especially at primary care level and in shifting our focus towards disease prevention and oral health promotion even as we continue to address the enormous burden of untreated needs.



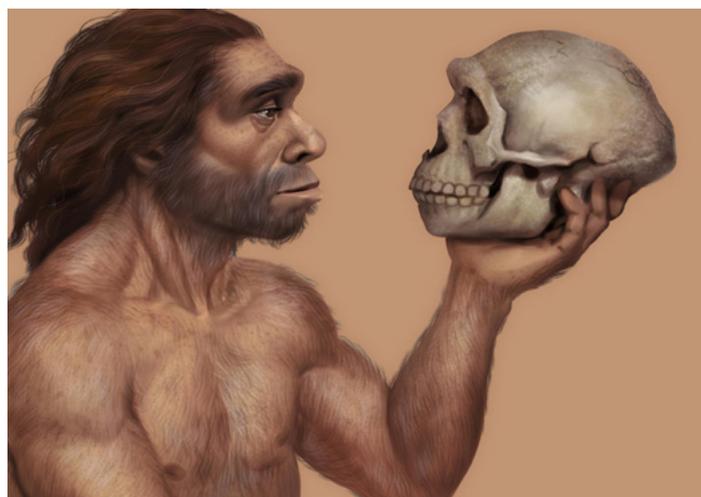
› First Kenyan Vaccinee



On the 5th of March, our very own Dr. Kennedy Koech became the first Kenyan to be vaccinated against COVID 19 on Kenyan soil. He received the first dose of the Covishield vaccine at Kenyatta National Hospital. He encouraged people to get vaccinated and avoid falling for the propaganda against vaccination.

A Season of mourning ‹

It seems like we are living in an era of immense mourning. In recent times we have had quite a number of our members lose their loved ones, fathers, mothers, spouses and even a colleague. It is not something that we get used to. It is part and parcel of the fabric of life. We can only pray for eternal peace for our departed as we place them in remembrance in our hearts.



› OHI-Neanderthal

Teeth linked to the Neanderthals dated 50,000 years ago found with furrowing in the proximal surfaces. Separate findings from archaeological digs in Croatia, Spain and Poland imply tooth picking as an oral hygiene habit. Spindle-like grooves were seen from 2D and 3D analysis. These have been attributed to a form of tooth picking. In Spain, a wood fragment was found stuck between molars. That tells us that those dumb people, they in deed knew the horrors of pulpitis.

COMEBACK KING

In 2013, a 64 year old Diana Nyad completed a 180km swim between Havana, Cuba and Florida, USA. It took 53 long hours. However, this was not a one off- it was the 5th try in. Four times before she had come short. Exhaustion and Mother Nature all came in against her. On the 4th attempt, it was the deadly venomous Box Jelly fish that did her in. Tragedy after tragedy, in the face of adversity against all odds, she made a comeback and fought the good fight and completed the journey and achieved her goal.

When Dr. PJ Muriuki was woken up in the wee hours of 16th January 2021, he received some news. The news was tragic. His clinic had caught fire from an electric fault. He was devastated.

6 months later and things are looking up. In fact, they are looking good-really good. On 18th July 2021 he reopened the brand new Riverside Dental Clinic. A bigger, better and ballsy version. It was opened by Dr. Mercy Mwangangi, CAS, Ministry of Health in a small thanksgiving and opening ceremony. The comeback was complete.

We do love a great comeback and we wish him all the best.





KMA Regulated Non WDT Sacco Ltd

KMA Regulated Non WDT Sacco Ltd is a one stop financial partner for Doctors, Dentists, Pharmacist and Medical students.

How to Join;

Download & complete our Membership Application and Email Indemnity form via www.kmasacco.com. Submit the forms together with:

- A copy of ID/Passport,
- A copy of KRA pin Certificate
- 2 Passports sized photos
- Attach either Board License, Retention or MBChB, BDS or BPharm Certificate. For Medical Students, attach a copy of student ID or a letter from the Dean.
- Membership Registration fee Kes.2500 paid via our M-pesa paybill number 540900 with ID number as the Account Number or through our bank accounts

Principal members can introduce their Spouses, Children above 18 years and Employees

OUR PRODUCTS

Savings Products

- Sacco Deposits

Loan Products

Development Loan

Enhances your developments, start-up or revamp your own business practice. The amount borrowed is capped at *3 of a member's Sacco deposits at 1% per month amortized with repayments of up to 60 months

Emergency Loan

Designed to meet the urgent daily needs of members. The amount borrowed is up to 2 times a member's deposits, but to a maximum of Kes1 Million repayable within 12 months at 1% p.m.

School Fees Loan

School fees loans offered for the full amount of the fees structure. Repayment is within 24 months at 12% p.a. Members shall be allowed to top-up existing school fees loans

Home Loan

Financing for a fully built residential property ready for occupation in an urban area or an off plan home purchase. Maximum amount is 5 times member's deposits repayable within 20 years at an interest rate of 13%. p.a.

Asset Finance Loan

Enables members to acquire assets through the Sacco. Proof of 1/3 payment of the value of the asset is required. The repayment period is 60 months at 14% p.a. and the Sacco remains the custodian of the asset documents of title for the duration of the loan.



Equity Release Loan

This loan product is secured by an asset and advanced to a maximum of 100% of the mortgage value with an option to include transaction costs to a maximum of 5.0% of the loan amount at 14.0% p.a.

Intern Loan

Customized to provide a financial cushion for medical interns upon their posting while they wait for their first salary. Amount capped at Kes. 50,000 at 14% interest per annum and repayable up to 9 months.

Insurance Loan

The Sacco offers financing for premiums to qualifying members who wish to take covers for themselves or their families. Amount capped at Kes. 150,000 at 1.1% interest rate per month, repayable in 10 months.

Flexi Development loan

This is customized to boost your development needs. The amount borrowed is capped at *4 times of a member's Sacco deposits at 1.125% per month amortized with repayments of up to 60 months. Members can only have one development loan at a time.

TIBA INSURANCE AGENCIES

The Sacco has partnered with leading insurance companies through Tiba Insurance Agencies, to provide a wide range of Insurance products at negotiated rates to the medical fraternity as listed below:

General Insurance

- Motor Insurance
- Domestic Package
- Professional Indemnity cover
- Hospital/Clinic Malpractice
- Travel Insurance
- Personal Accident

Medical Insurance

- Comprehensive Medical Scheme
- Inpatient
- Outpatient
- Maternity
- Seniors medical cover (above 64 years)
- Individual Medical cover
- Optical
- Dental

Life Assurance

- Education Policy
- Life cover
- Pension

Insurance for Deposits

In the event of a member's death, the nominated beneficiaries will be paid twice (x2) the deceased member's Sacco deposit savings at the time of death.



CONTACT US

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We are located at KMA Centre, 4th Floor Chyulu RD, Upperhill, Nairobi



World Oral Health Day

20 March

BE PROUD OF YOUR MOUTH







What is Leadership?

“The Life of a man consists not in seeing visions and in dreaming dreams but in active charity and willingness to service.”

- Henry Wordsworth Longfellow -

What is leadership? This concept is forever etched into the minds and aspirations of us as a people. Especially as a people of a developing society which seems to be suffering from a perennial deficiency in this department. What is it that makes people good leaders, great leaders, legendary

leaders? What made Caesar's Boys as he would call them, follow their general into crossing the Rubicon? All in the knowledge that this would be going against the constitution and all that the Republic stood for. What was it that they saw in this man that made them not think twice? Is it divinity? Is it talent? Is it inborn? Or is it a nurtured craft bred out of the furnace that is life.

Since the beginning of the year, a lot of members of this beloved association and fraternity have had a go at various positions of

leadership. These positions come with power and responsibility. These positions come with a tendency towards servitude or corruption. The roads that these leaders choose will depend a lot on what their intentions were in going for these positions. Leadership is not easy. It is laden with sacrifice and constant adaptation and ingenuity. When we are proud of our brethren going into these leadership positions, are we suffering from an 'Odonto-nepotism' or are we genuinely hopeful that they will make a lasting impact on whichever platforms they land?



It is not an easy question to answer. It is a question best answered by the passing of time. That great sage that reveals all in due course. We must help them become better. We must sharpen their wits. We must celebrate their victories. And most importantly we must scorn their missteps. Let us not rush into us against them mentality. Let us make sure that our brothers and sisters know when they have fallen short of the mandate that was bestowed upon them through whichever means that they got into office. For are we, not our brothers' and sisters' keepers?

In the words of the sagacious John Updike who remarked, "A leader is one who out of madness or goodness, volunteers to take upon himself the woe of the people. There are few men so foolish, hence the erratic quality of leadership in the world."

So to these up and comers, we take this time to congratulate you all and wish you well

"A leader is one who out of madness or goodness, volunteers to take upon himself the woe of the people. There are few men so foolish, hence the erratic quality of leadership in the world."

Dr. Walter Odhiambo

Dean, School of Dental Sciences Nairobi

Dr. Aisha Maina

Medical Superintendent Nakuru Level V

Dr. Linus Ndegwa

Board Member, Kenya Healthcare Federation

Dr. Andrew Wetende

Vice President International Affairs Academy of Dentistry International

Dr. David Mundia

National Vice Chairman KMPDU

Dr. Anbar Ganatra

National Deputy Vice Treasurer KMPDU

Dr. Peter J. Muriuki

Organizing Secretary Nairobi Branch KMPDU

Dr. Anorld Malit

Assistant Secretary Central Branch KMPDU

Dr. Edward Kamolo

Treasurer, Lower Eastern Branch KMPDU

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Vice President Dr. Kituku Mumo

Secretary General Dr. Douglas Oramis

Treasurer Dr. Thomas Munyao

Assistant Secretary Dr. Arnold Malit

Assistant Treasurer Dr. Elizabeth Bwibo

Council Members

Dr. Linus Ndegwa-Immediate Former President

Dr. Nelson Malenya

Dr. Teddie Matundura

Dr. Mercy Branice Munyasa

Dr. PJ Muriuki

Dr. David Mundia

Dr. Andrew Wetende -Co-opted

Dr. Anbar Ganatra- Co-opted



A Honest apology goes a long way

So, the patient is mad. The patient is fuming. The patient is angry. They have a complaint. It may be genuine, it may not. The commonest reflex is to ignore or postpone the engagement. You may feel your PI licence is like a Kevlar vest.

Contrary to egocentric belief, apologies tend to diffuse the situation and prevent further aggravation. As much as they may feel painless to do, they save you from formal complaints.

Since many of these complaints

arise from poor communication and misunderstandings, it is advocated that you establish the facts and have a policy of full and open communication. This prevents any escalation and acts as a prophylactic against libel.

So, go out there and apologize.





Kenya
Dental
KDA Association

Dear Beloved Member

It is with sadness that we have noted your inability to remember our M-Pesa account details.
We have taken the time to find a way of reminding you.

LIPA NA M-PESA

BUSINESS NUMBER

9 1 1 9 1 1

ACCOUNT: KDA

The paybill no. is you calling 911 for an emergency. Assume you have called Twice 911911
Account is your beloved association in initials KDA

See. Not so hard is it?





A Quest To Bridge Clinical Dentistry, Public Dental Health And Entrepreneurship

The Editorial Team's Dr. Elizabeth Bwibo sat down with the eclectic Dr. Anbar Ganatra. They talked a thing or two about success, entrepreneurship, and management.



Please introduce yourself

My name is Dr. Anbar Ganatra, a dentist by profession with a Master's in Public Health and International Health Management. I recently specialized in Policy and Advocacy for global health.

What words/phrases describe you?

I am passionate and I have the zeal to live

What did you value most from your time abroad for your studies?

I have had the opportunity to study abroad twice, for my undergrad and then again for my Master's. The experience broadened my life view. I got to meet people with different perspectives from different backgrounds. Studying and living alone taught me to be independent.

How has your journey been from clinical dentistry to public health? What do you enjoy most?

I worked as a dentist between the years 2012 and 2016 in Kenyatta National Hospital and Gatundu Level 5. While at Gatundu, I realized the burden of disease among children under 5 was very high. I gained a lot of experience doing pulpotomies and pulpectomies, but I kept thinking about the bigger picture. Prevention of the disease. This led me to design programs with the maternal and child health clinics. For free dental checkups for pregnant women and health education talks.

Later on, I applied for and was

awarded an Australian Awards Scholarship in International Public Health and Health Management in the year 2016. This was a life-changing experience that pushed me out of the clinical realm. I now work in public health and health management and I absolutely love it. It's dynamic, ever-changing and I cannot predict how my days will turn out. One minute you are working on a Polio Vaccination program, the next you are writing up a grant proposal for mental health.

What projects are very dear to you?

The projects very dear to me are the Oral Health Projects we piloted in Gatundu. We are integrating primary oral health care in the level 2 and level 3 facilities. We also conducted a training program for Community Volunteers, a first in the country and whose curriculum will be incorporated into the National Training curriculum for community volunteers.

You were recently elected the National deputy treasurer of the KMPDU, what made you vie for this position?

I have always been passionate about health advocacy and was lucky to have been part of the Collective Bargaining Agreement Committee drafting the CBA 2021-2025. I learned the importance of unionism through this experience and was motivated to vie for a position in the union. Doctors in Kenya look for better opportunities abroad and this leads to brain drain. I have also thought about moving out time and again, and when this opportunity came along, I decided to dedicate my skills to better improve the health sector

in Kenya.

What do you hope to achieve being in KMPDU leadership?

Doctors suffer from burnout, anxiety and depression because of the poor work environments and this leads to many leaving their careers. Several doctors remain unemployed despite obvious shortages in the hospitals. Through advocacy, we want to change this.

Kenyans suffer when they fall ill, they suffer from high out-of-pocket expenses or fail to access healthcare. It is our duty as the union to empower the people to understand their rights and demand for it from the government.

As a KMPDU leader, I hope to contribute to achieving this for all doctors and Kenyans.

What in your opinion, is the missing link, to secure more government opportunities for doctors?

When health was managed by the ministry of health, there was automatic absorption of doctors after internship. This ensured that we were working towards universal health by posting doctors based on need. Devolution has led to health being managed by governors and is therefore dependent on governors' priorities. Some Counties see the hiring of doctors as a burden on their wage bill. To address this, We need to ensure health human resource is centrally managed through a Health Service Commission.



**How did you start DentConnect?
As an entrepreneur, what drives you?**

In the year 2018, I was to travel to India to study aesthetic dentistry. After speaking with the course coordinators, they suggested bringing the course to Kenya instead. DentConnect was born!

It has honestly not been an easy ride. I have had successes and failures, but when I look back it has all been worth it.

At the moment, I am super pleased with our orthodontic course. It gives me immense joy when the participants are learning and are able to put to practice what they learn.

What is in the future for DentConnect?

I believe the sky is the limit for DentConnect. I don't have it all figured out yet but what I do know is that I want to keep on providing solutions for dentists in Kenya and one of these avenues is through education. Whatever else comes out of it we will only know with time.



Parting shot?

I would like to share something I have learned throughout my journey. You can never have it all figured out, you can never know what to do from A to Z but the

point is to get started. When you get started you get help from everyone around you. You find your way along the way.

I just want to dare everyone to just believe, dream and go for it.



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Australian CPD Requirements

Dental practitioners in Australia are required to complete a minimum of 60 hours of CPD activities over a three-year CPD cycle (current cycle ends Wednesday 30th November 2022).

ADA CERP

The FDI World Dental Association is an ADA CERP Recognised Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education.

ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

This continuing education activity has been planned and implemented in accordance with the standards of the American Dental Association Continuing Education Recognition (ADA CERP) through joint efforts between FDI World Dental Association and the Australian Dental Association.

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

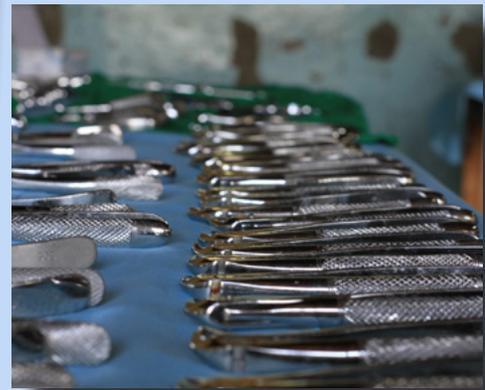




STRATEGIC OBJECTIVE #4

COMMUNITY OUTREACH
AND ORAL HEALTH:
Promote Oral Health through
Community Outreach Program







MESSAGE FROM THE KENYA MEDICAL AND DENTISTS COUNCIL



GOING ABROAD FOR TREATMENT COMES WITH MANY HIDDEN COSTS

By Daniel M. Yumbya, MBS
Chief Executive Officer, Kenya Medical Practitioners and Dentists Council

One of my favorite philosophers Mahatma Gandhi once said “It is health which is real wealth, and not pieces of gold and silver”.

His sentiments ring true to this day and might explain why patients are always seeking better health services and if they can afford, are willing to spend millions by traveling abroad to seek treatment if promised favorable outcomes when their health is on the line

This could be one of the reasons why medical tourism is a multi-billion industry. The Ministry of Health (MoH) estimates that Kenyans spend \$15 million on medical expenses abroad. In any given year, hundreds of Kenyans troop to hospitals abroad in search of treatment. Between January and December 2019, more than 400 patients were cleared by the Ministry of Health and the Kenya Medical Practitioners and Dentists Council (KMPDC) to travel abroad

for treatment. The numbers recorded in 2020 are slightly lower due to the lockdown imposed to mitigate the spread of Covid-19.

The few patients who seek clearance from KMPDC are those who need the National Health Insurance Fund (NHIF) to help with their medical bills abroad. Hundreds of other people, especially those with private insurance, go directly without authorization from the Council.

According to our data, the most common referrals are those to do with oncology, heart disease and organ transplants. Although some, if not all of these services are available in health facilities in Kenya, a number of patients genuinely travel for services unavailable in the country.

While going abroad for treatment is no guarantee for better health care, it has been sold as the ultimate option for medical care. This is not always true.

Whereas the treatment expenses overseas in some cases may appear pocket friendlier than the costs in Kenyan hospitals, many patients travel oblivious of a myriad of added costs resulting from travel. Besides the hospital fees, patients pay for accommodation, air ticket and food as separate bills. In most cases, family members accompany the patients adding onto the costs.

Such costs make treatment abroad extremely expensive and many patients, unable to meet these expenses, end up detained in foreign hospitals for unpaid medical bills. This only adds more suffering to families already strained by medical bills and anxiety over the health of their members.

A patient also needs to plan for any needed aftercare upon returning home. One must talk to their doctor to plan for medication and other post-operative needs that may arise from treatment to ensure that the treatment received is indeed working well. It would be quite difficult for a practitioner abroad to physically follow up on a patient who sought treatment from them.

For reasons elucidated above and several others, the Kenya Medical Practitioners and Dentists Council in 2017 developed rules for referral of patients abroad. Under these rules, a medical or dental practitioner may refer a patient for medical or dental management abroad where; there is evidence of inadequate expertise or medical facilities to handle the condition



locally; when referral is the most cost-effective option available for the patient; and when the patient opts to pay for medical intervention abroad.

The rules determine the procedure for referrals and eliminate sporadic or unwarranted referrals that fleece Kenyans. This means that Kenyans who want to seek treatment abroad must inform the Ministry of Health and KMPDC about their intent.

This is important because it will help reduce unnecessary referrals when the services can be received in the country at a lower cost and, in the unfortunate event a patient loses their life while receiving treatment abroad, the Kenyan Embassy at the country which one is seeking treatment is in the know of such an eventuality, making it easier to help in the transfer of a body from a foreign country.

In recognition of fissures in the current regulations, the National Assembly is seeking to amend the Health Act by introducing a

new section in the law that will establish policy guidelines in the regulation of overseas medical referrals.

Sponsored by Kesses MP Dr. Swarup Mishra, the amendments make the referral of a patient abroad a multi-agency affair. KMPDC, NHIF, Association of Private Health Institutions, Kenyan Embassies and consulates will play a part in vetting the referrals.

The rules, as proposed, stand to benefit the people but nobody should mistake them for a panacea to the menace. KMPDC is committed to ensure that Kenyans get quality healthcare available in the country and in the event that they are referred abroad, their safety and healthcare concerns are well taken care of.

Patients must however commit to play their part and seek advice from the Ministry of Health and the Kenya Medical Practitioners and Dentists Council before travel. The forms and other requirements are on KMPDC's website www.kmpdc.go.ke.



All You Need to Know About a Non-Surgical Facelift

By DR. ARSHNI MALDE



As you age, you will see one of the following signs of aging on your face and neck such as:

- Relaxation of the skin of the face causing sagging
- Deepening of the fold lines between the nose and corner of the mouth
- Fat that has fallen or has disappeared
- Jowls
- Loose skin and excess fat of the neck that can appear as a double chin or “turkey neck”

The loss of youthful contours in the face can be due to a variety of factors. These include thinning of the skin, loss of facial fat, gravity, sun damage, smoking, as well as heredity and stress.

There are two main options to correct the aging changes in the face and neck— surgical facelift and non-surgical facelift.

A surgical facelift aims to correct the aging changes of the face and neck through surgery. A non-surgical facelift uses non-invasive techniques to improve the appearance of the face and neck. There is a myriad of techniques that fall under the category of ‘non-surgical facelift’ but only a handful that truly work.

There are Different Types of Non-Surgical Facelift which includes

ALL ROUND: Thermage & Ulthera

TARGETED: Face Thread Lift

ADJUVANT: Fillers and Botox

The targeted non-surgical facelifts include Thread Lifts which are used to improve isolated areas of the face or neck.

A thread lift is a procedure that uses a dissolvable suture to tighten and lift your skin.

Because of their significant ability to hook, lift and anchor tissues, dramatic and visible changes can be seen even after one session.



**Left: Face and neck before thermage facelift
Right: Face and neck after thermage facelift**

Thread lifts are the new “it” non-surgical facelift option and can be performed in under an hour. It involves insertion of thin threads into the face through injections made in the targeted area. The threads attach to the skin tissue and then are pulled back to lift and smooth the face. The ends of the threads are hidden and the results of the lift are seen immediately. The effects last about 18 months, at which point the threads biodegrade and are absorbed by the body. Polydioxanone (PDO) thread lifts use a biodegradable polyester suture. They’re best suited for rejuvenating your skin while some newer types of thread lifts are better at lifting sagging skin. What makes a PDO thread lift different from other thread lifts and what you can expect during the procedure?

PDO threads are one of three types of sutures commonly used in thread lift procedures. The other two types are made from polylactic acid (PLA) and polycaprolactone (PCA). PDO threads have been around the longest of the three and have been used in surgeries since the 1980s. They’re made from a colourless polyester that breaks

down in your body after about 6 months. The presence of these sutures in your skin triggers cells in your body called fibroblasts to produce more collagen. Collagen is the protein that gives your skin its structure and elasticity. Loss of collagen is one of the main causes of aging skin.

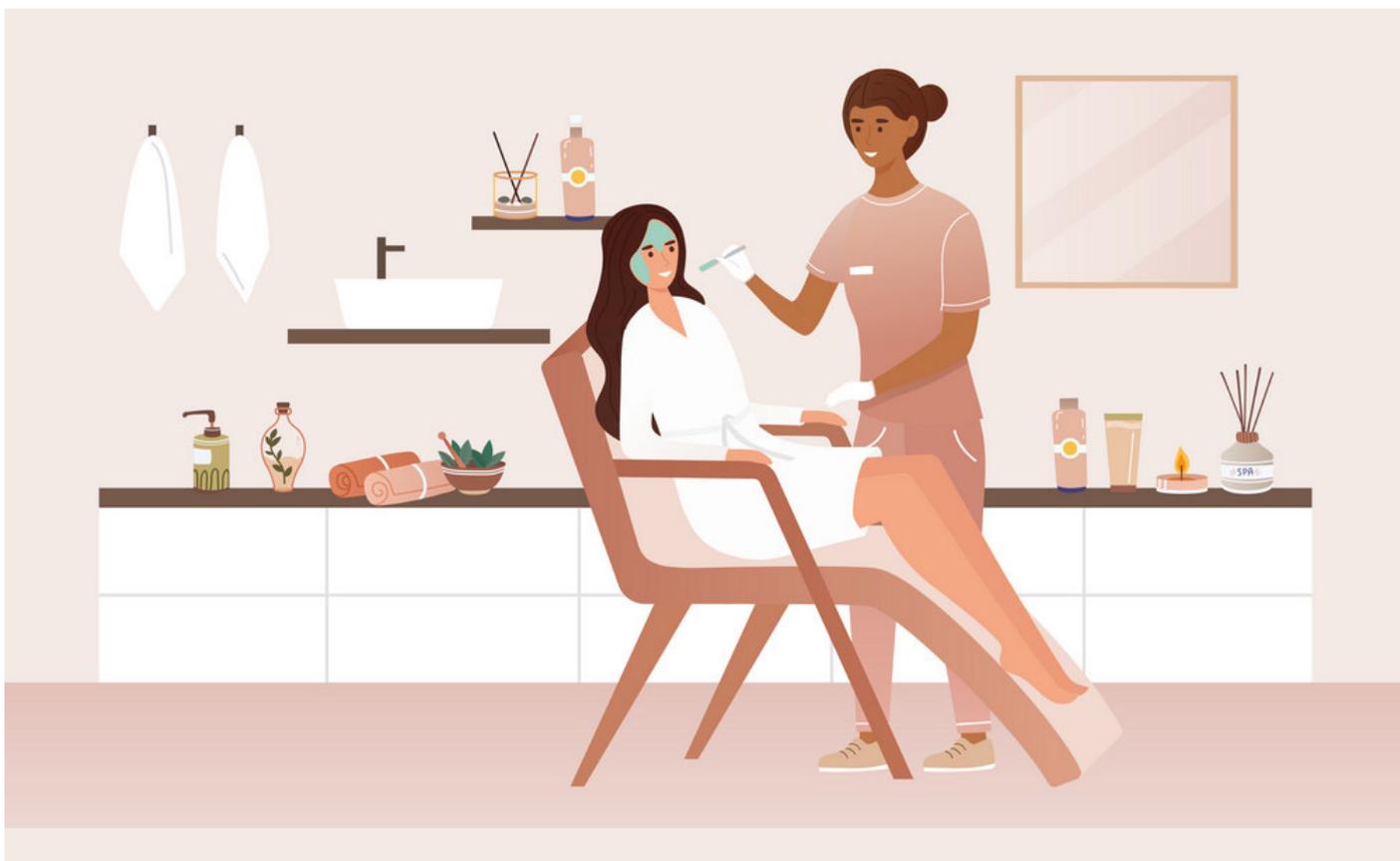
PDO threads can be further divided into three categories:

I) PDO Mono threads. Smooth sutures that help rejuvenate your skin by stimulating collagen production.

II) PDO Cog threads. These threads have barbs that latch into your skin like small fishhooks, to provide support and lift parts of your face

III) PDO Screw threads. Made up of one or two intertwined threads, these are used to help restore volume to sunken parts of your skin.

PDO thread lifts have a much lower risk of complications than facelift surgeries. There’s less risk of scarring, severe bruising, or bleeding when performed by a trained professional.



Minor complications occur in 15 to 20 percent of procedures but are usually easily corrected. Potential complications include:

- Visible sutures (especially in people with thin skin)
- Pain
- Minor bruising
- Infection

A thread lift can treat most parts of your face that are experiencing signs of aging. The areas around your cheeks, jaw, neck, and eyes are among the most commonly treated areas.

The procedure is very simple.

As you sit in a reclined seat, we will disinfect your face with alcohol. Then we will apply a local anaesthetic with a needle under your skin.

Then insert a device called a cannula into the small hole. Then we will anchor the thread into place and pull out the cannula.

We will finish by cutting the



PDO Thread Lift

thread and making sure it's secure in place.

You'll be free to go home shortly after the procedure.

Recovery from a PDO thread lift is minimal. You may have some swelling and bruising for the first 24 to 48 hours. But you can return to most of your daily routines right away.

You should avoid rubbing your face as much as possible the week after your procedure. This is to avoid accidentally dislodging the thread. You'll also likely be advised to avoid pursing your lips, smoking and drinking through a

straw for the first several weeks.

Other activities you may want to avoid for 1 to 2 weeks include sleeping on your side, intense exercise, and visiting saunas.

Sleeping with your head propped on a pillow can help you avoid accidentally rolling onto your face during the middle of the night.

Dr. Ashni Malde is an Aesthetic and Cosmetic Medicine practitioner at Tia Clinics, S16, 2nd Floor, Skymall Avenue. Nairobi

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➤ NEW DEAN ON D-BLOCK

Dr. Walter Odhiambo is the new Dean in charge of the Nairobi University School of Dental Sciences. He took over from Dr. Regina Mutave who had been Dean for the previous two full terms.

FEES INCREASE ACRIMONY

Students at the Nairobi University were shocked when the University increased tuition fees for postgraduate studies. The students went on a protest march against what they termed as unfair and inconsiderate move having been done without due process or consultations.



MOI UNIVERSITY DENTAL SCHOOL BDS CLASS OF 2021 ON CLOUD 9

The 2021 Class was the 9th Graduating Class in the History of Moi University Dental School. It had a class of 15. All 15 satisfied the board of Examiners. They had familiar faces in terms of external examiners. From the Nairobi University, they had Dr. Walter Odhiambo, Prof. Mary Masiga, Dr. Nelson Matu and from Muhimbili University came Dr. Lorna Carneiro. They had Online Vivas, a first in the history books. For the good work they were gifted two Dinner Dances courtesy of GSK and KDA North Rift.





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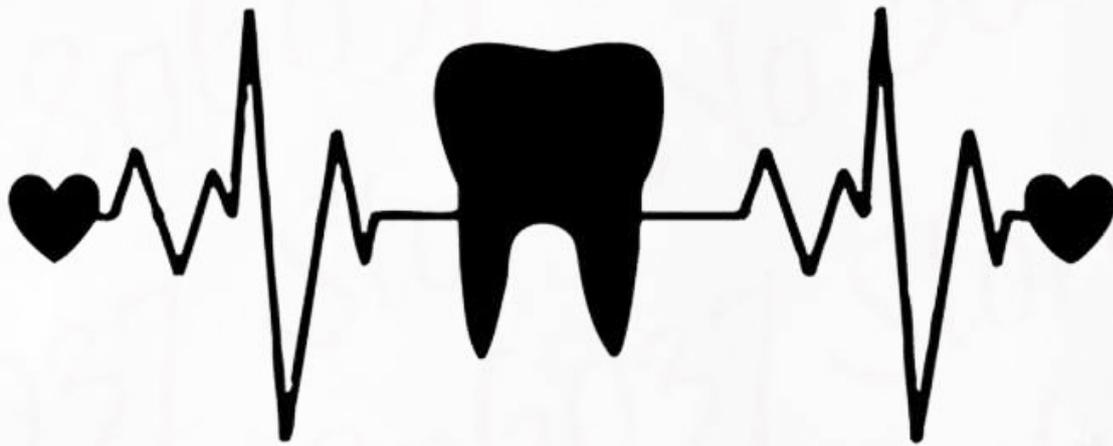
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“To study the phenomena of disease without books is to sail on an unchartered sea. Whilst to study books without patients is not to go to sea at all.”

- Sir William Osler (1840-1919) -





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Crownectomy Alert!

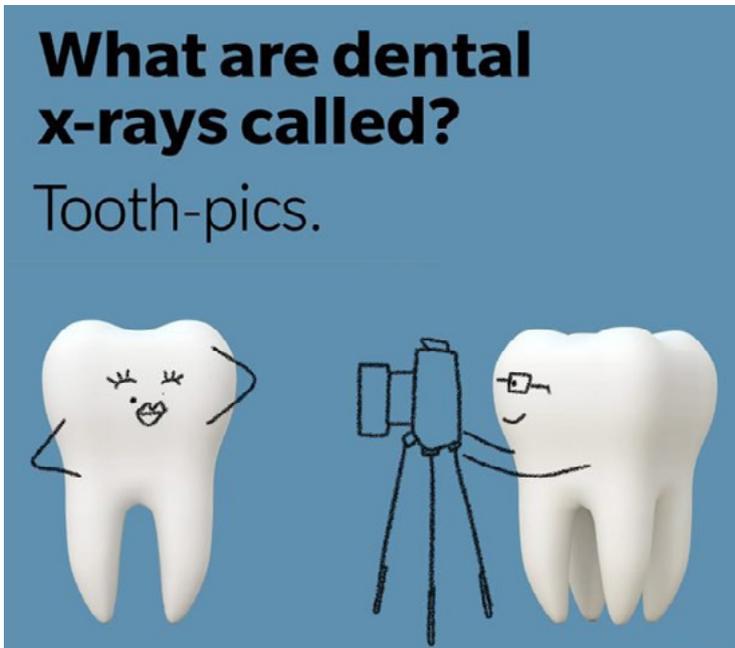
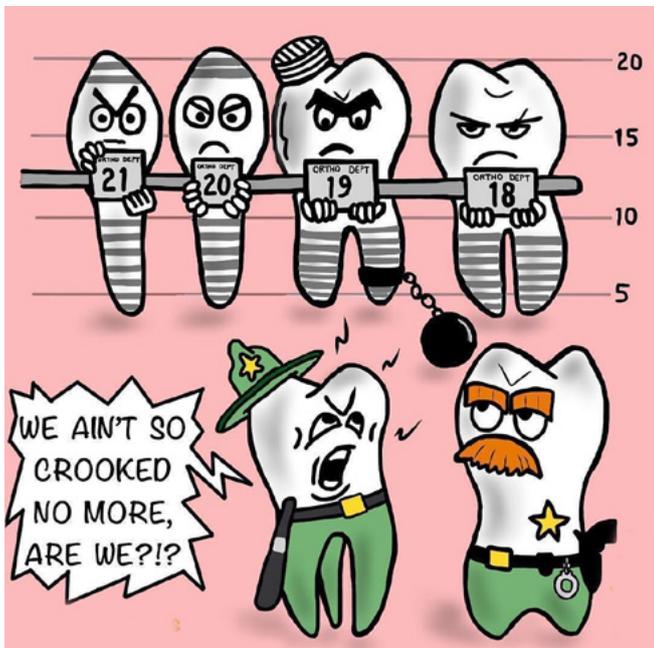
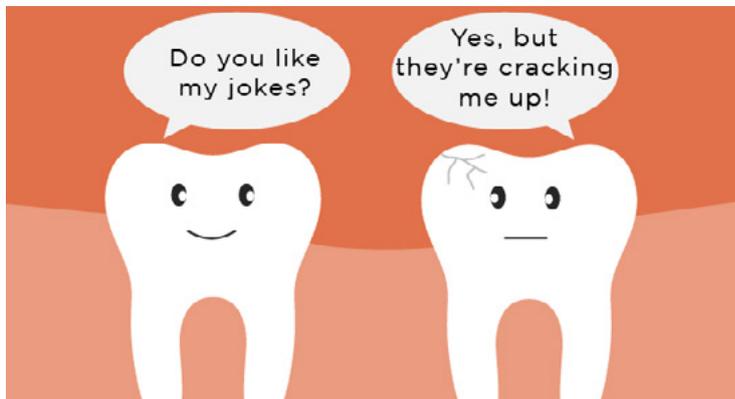
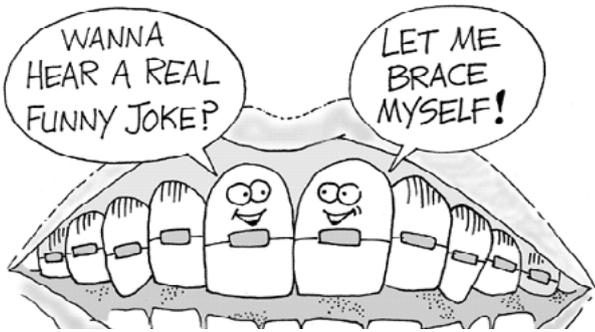




Dentist: When was the last time you flossed?

Patient: You don't remember? You were there.

Dentist:



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Vision

To be the leading organization in the development of the oral healthcare profession in Kenya



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Western Branch could not be reached for comment...

South Rift could not be reached for comment,
Seems they had a crisis on their hands...





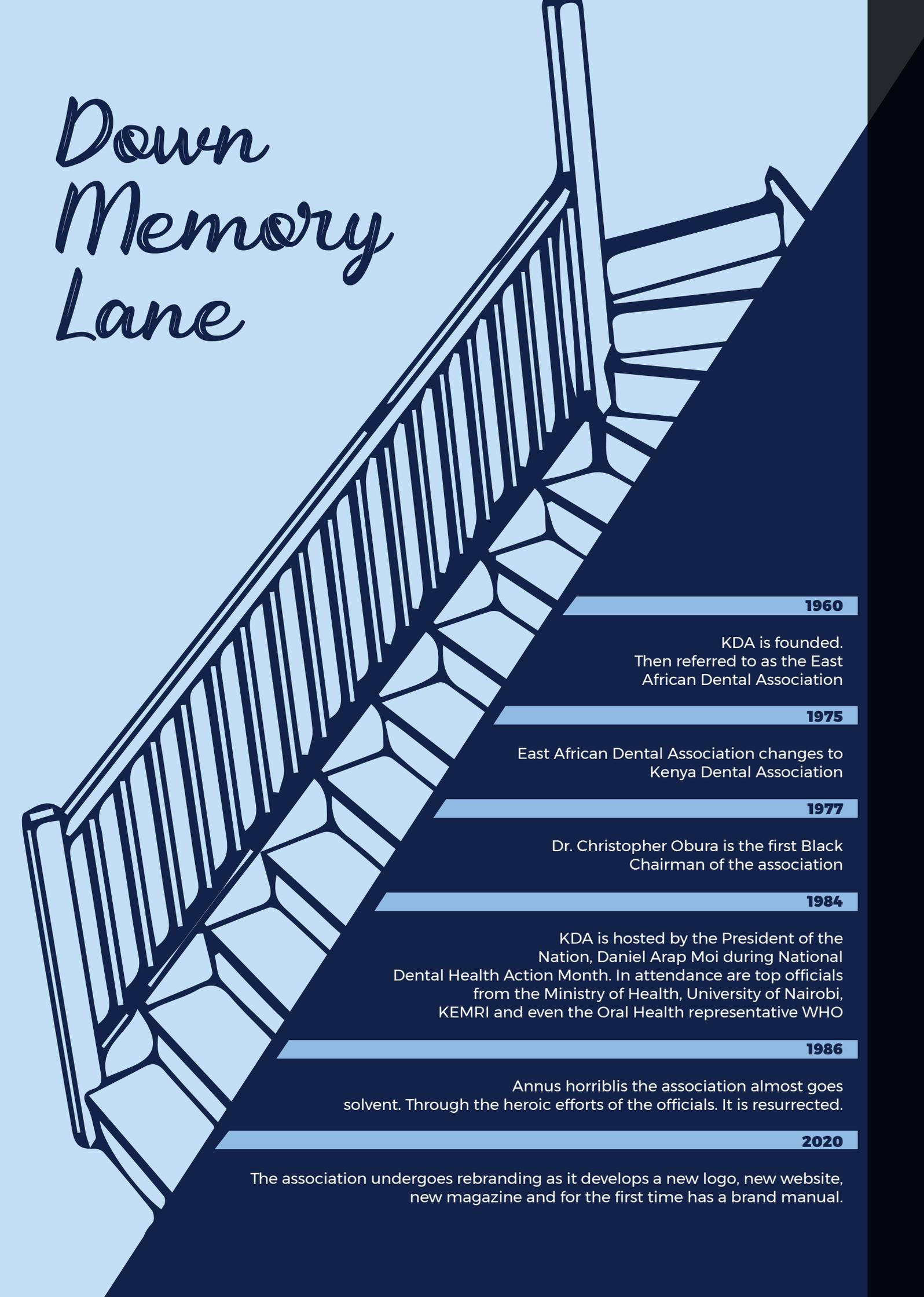
Coast Branch followed the footsteps of the national office and Rebranded with New Officials and New Logo to boot. Bravo!

World Oral Health Day Celebrations took place at the coast. Members of the National Governing Council led by then President Dr. Linus Ndegwa were in attendance. They were graciously hosted by the Chairman of the Coast Branch, Dr. Luvay Hamid. They screened about 1000 children of the Shahajanand school.

North Rift, Over
North Rift, Over
North Rift, Over
Do you copy?
I repeat,
Do you copy?



Down Memory Lane



1960

KDA is founded.
Then referred to as the East
African Dental Association

1975

East African Dental Association changes to
Kenya Dental Association

1977

Dr. Christopher Obura is the first Black
Chairman of the association

1984

KDA is hosted by the President of the
Nation, Daniel Arap Moi during National
Dental Health Action Month. In attendance are top officials
from the Ministry of Health, University of Nairobi,
KEMRI and even the Oral Health representative WHO

1986

Annus horribilis the association almost goes
solvent. Through the heroic efforts of the officials. It is resurrected.

2020

The association undergoes rebranding as it develops a new logo, new website,
new magazine and for the first time has a brand manual.

In Memoriam

It is a colder world,
This world.
Without you two in it.
We seek your presence,
We find nothing but traces.
Like footprints, a travelers on the sand.
We sink in profound melancholy.
We remain sad.
Devastated.
For though, acceptance it is,
The last stage of grief.
Grief we wish not to be accustomed to.
Not, when it is one of ours.
We will miss you two.
Our loyal members.
Colleagues, friends, family.
Though the cruel tides of time,
Threaten to wash our memories of thee.
We shall hold on to those moment precious.
Our diamonds in these ghastly dunes.
Ad infinitum, ad aeterna.
Requiescet in pace



DR. CATHERINE NJERI
WACHIRA
1979-2021





DR. AZIZ YAKUB
1956-2021

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