

INTRODUCTION

In many countries of the Americas, the high prevalence of dental caries in the population (more than 90% of schoolchildren may be affected) reflects the absence of an oral health strategy targeting the disease. And yet, the scope of this public health problem runs counter to advances many of these countries already have attained in other social indicators and in other aspects of public health.

In 1994, the Pan American Health Organization (PAHO) drafted an initial strategy to implement caries prevention programs in the Region of the Americas that relied on both water and salt fluoridation. The intention was to help create new prevention programs and strengthen existing fluoridation programs. PAHO's Regional Oral Health Program conducted a situation assessment of the countries of the Americas based on the most recent reports on caries prevalence and severity and on the existence of prevention programs. Although water fluoridation had been highly effective, the lack of adequate water distribution systems in the Region, especially in rural areas, made it difficult to implement nationwide water fluoridation programs.

In 1994, the program began to develop a strategy by evaluating experiences of countries that had launched salt fluoridation programs from the mid-1980s to the early 1990s. At that time, Costa Rica, Jamaica, and Mexico had had projects in place for more than five years. In Jamaica, the salt industry had made most of the initial investment, whereas in Costa Rica and Mexico, projects had been partially financed by the W. K. Kellogg Foundation; PAHO provided technical support to all three projects. By 1999, other countries had begun their salt fluoridation projects: Peru received financial support from the Kellogg Foundation to launch its national program in 1989; Venezuela and Colombia reported having salt fluoridation programs, but the extent of their coverage could not be determined (it is known that Venezuela's program used lower concentrations of salt than did those in other countries); Ecuador and Bolivia initiated national programs with World Bank assistance; in Uruguay, the salt industry, too, made most of the initial investment. Among salt fluoridation projects that were terminated or did not report results were a pilot program launched at the end of the 1980s by the State University of Rio de Janeiro in five municipalities in the state's northwest.

On the basis of its assessment, the Regional Oral Health Program prepared a plan that set priorities for technical cooperation needs. Initially, the plan identified six countries in which caries were widespread and/or severe, or where salt fluoridation programs were under way and would require limited additional effort. One of PAHO's objectives was that programs be multisectoral and that they include the public sector (health authorities), the private sector (the salt industry), and the financial sector (lending institutions). Also in-

volved were the academic sector, dental associations, and other international organizations. A select group of epidemiologists, health workers, administrators, and salt production engineers have provided comprehensive technical support since the program began in 1993.

PAHO submitted a request for financial support to the W.K. Kellogg Foundation, which approved a subsidy in 1996 for implementing salt fluoridation programs in Bolivia, the Dominican Republic, Honduras, Nicaragua, Panama, and Venezuela. A year later, Kellogg approved a second subsidy to support programs in Belize and Paraguay. Meanwhile, PAHO continued to provide technical cooperation through its caries prevention projects in El Salvador, Guatemala, and Uruguay and in several Caribbean islands, including Puerto Rico. To date, Mexico and all the Central American and South American countries (except Argentina, Brazil, Chile, and French Guyana) have already begun, are maintaining, or are about to launch salt fluoridation programs.

Today, the Pan American Health Organization works to help countries advance from a less-than-optimal state of oral health and inadequate or nonexistent oral health policies, to a stage in which oral health improves and sound public health policies prevail. The promotion of fluoridated water or fluoridated salt as a mass prevention measure is a key element of this effort. Currently, salt fluoridation programs offer the best alternative, because they provide greater coverage at lower cost.

This publication has come out of the experience of national salt fluoridation programs and of 12 workshops corresponding to Phase II (first evaluation) of such programs that were held in Mexico in 1994 and in Jamaica in 1996. The book gives a historical overview of successful salt fluoridation programs; details the components, effectiveness, and benefits of the programs; and offers recommendations to health administrators who are considering establishing such a program in their countries.

We hope that it helps to confirm salt fluoridation as an effective method of preventing dental caries and encourages its application through the world. As programs continue to be developed in the Region, PAHO will share information and knowledge with the public health community as a way to improve the dental health of the Region's population.

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