



Nairobi Declaration on Fluorosis

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The Nairobi Declaration on fluorosis was drafted during a key stakeholder roundtable and workshop hosted jointly by the Kenya Dental Association (KDA) and FDI World Dental Federation (FDI).

The purpose of the Declaration is to recognize the emerging oral disease that is dental fluorosis. The optimal concentration of fluoride in drinking-water is normally within the range of 0.5–1.0 mg/Litre. However, in the Rift Valley of Africa, fluoride levels range between 2.15mg/Litre to as high as 6.5 mg/Litre resulting in dental and skeletal fluorosis.

Dental fluorosis is endemic in certain parts of the world. The impact on the systemic and psychosocial wellbeing of high fluoride intake on the affected groups is significant. This leads to low self-esteem, increased dental visits, and expensive treatment solutions that raise an economic burden. High fluoride levels in water are the number one cause of fluorosis in these affected areas. The Sustainable Development Goal (No. 6) of Clean Water and Sanitation expresses the need for safe and affordable drinking water. Additionally, The World Health Organization Oral Health Action Plan Global Target 2.2 calls for Optimal fluoride for population oral health. Furthermore, Action 27 calls for Optimal use of fluorides for oral health: Develop or update national guidance related to optimal fluoride for population oral health. Depending on the context and feasibility, consider adjusting water fluoride to safe, optimal levels for protection against dental caries, which may require adding or removing fluoride from drinking water as recommended by national and international guidance.

East Africa region is one of the most affected regions with high levels of fluoride in drinking water. Following a stakeholder workshop organized by KDA and FDI in Nairobi from 31st July to 1st August, involving countries from the East Africa Region, the following recommendations were made:

The Nairobi Declaration calls for action in four key areas:

1. Mapping Efforts

This involves all efforts that lead to determining the extent and severity. Research should involve testing water sources and determining fluoride levels. This should start with the most affected areas encouraging local institutions through the provision of research grants and other incentives. Encourage the availability and accessibility of cost-effective fluoride testing meters among members of the public. Gather existing data on areas with fluorosis cases, including reports from health agencies, hospitals, and research studies, in addition to accessing dental records and surveys.

2. Sensitization Efforts

This involves creating awareness and capacity building at all levels– the community, health workers and policymakers. The involvement of governmental and non-governmental entities will play a major role. Integration of an oral health curriculum into broader health programmes such as maternal and child health, and vaccination clinics will be crucial. In addition, it will be important to leverage both traditional and new media in the creation of community awareness.

3. Policy Efforts

Enforce existing policies on water testing for centralized and decentralized water production facilities. This is to cut excess fluoride in water above the recommended 1.5 ppm. This will involve periodic testing. Creation of

policies to safeguard excessive fluoride in water where none exists. Encouraging or enforcing rules that ensure real estate developers place defluoridation equipment after sinking boreholes will be beneficial.

4. Defluoridation Capacity Building Efforts

Promotion of preventive measures that reduce excessive fluoride in water. This could be both small-scale and large-scale measures. Government efforts such a tax exemption for defluoridation equipment could improve affordability and accessibility. The encouragement and evolution of locally manufactured defluoridation technology would also go a long way in ensuring sustainability.

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