

# Impact of COVID-19 Contact Tracing Effects on Human Resources for Health

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## Perspective

Dentistry is a medical specialist on detecting, treating, and treating oral and dental diseases as well as their complications. In order to address the challenge of oral illness, the World Dentistry Federation has released a "call for global action"<sup>1</sup>. Officially acknowledged by the United Nations as a component of the burden of chronic non-communicable diseases, and supported by publications on the Global Burden of Disease of the 291 oral conditions included in the 2010 investigation, untreated dental caries in permanent teeth has been the most prevalent<sup>4</sup> [1]. The top 35 causes of decades lived with a disability worldwide, including the primary oral problems and the results of their management, are estimated to together account for 15 million years of life lived with a handicap. While many diseases should be prevented wherever possible, tooth caries and periodontal disorders are progressive [2]. An evidence-based preventive strategy must be used to treat oral illnesses and reduce the chance of developing new ones<sup>5, 6</sup> [3]. With the release of the Global Strategy for Human Resources for Health, 2030<sup>7, 8</sup>, in 2016, the necessity of having adequate human resources for health was clearly recognised on the global scene. Given the prevalence of oral diseases, the dental workforce—also called as "human resources for oral health"—has not yet gotten the attention it deserves in the field of dentistry. An introduction to some of the pertinent themes is given in this essay. Dental practitioners provide oral health care to patients of all ages; therefore any assessment of HROH must take into account the population's size and general health<sup>9</sup> [4]. In order to inform future planning within and between countries<sup>5, 8, 11</sup>, it is critical to monitor the dental workforce globally. Population growth and lifespan present additional challenges<sup>10</sup>. In respect to workforce difficulties, the significance of strong relationships between national and international dental associations has been emphasized<sup>12</sup>. Moreover; there is a heated debate about the role of mid-level providers in supplying the essential skill set for future dental care, especially in connection to providing care to communities and population groups that are underserved by dentists [5]. In order to achieve the global health goals<sup>14, 15</sup> and to make healthcare more accessible, a focus on country-specific action is essential<sup>8</sup>. By describing the global dental labour force, this report hopes to spark discussion. It addresses the following

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research inquiries:

- What is the size and regional distribution of the dental workforce?
- How does the population-to-doctor ratio differ by World Health Organization region?
- How do the population-to-workforce ratios differ between the world's most populous nations?
- How might population-to-workforce ratios alter over time?

The purpose of this paper is to provide a contemporary analysis of the global dental workforce by looking at the size and distribution of the dental workforce by WHO region, considering how the situation is changing for the 25 most populous countries in the world, and making recommendations for action [6]. Should be avoided if feasible, however periodontal and tooth disorders grow over time. Treatment for oral disorders and risk management for developing new diseases must be done in an evidence-based, proactive manner. <sup>5,6</sup>. With the release of the Global Strategy for Human Resources for Health, 2030<sup>7,8</sup>, in 2016, the significance of having adequate human resources for health was clearly recognised on the global scene. Given the prevalence of oral diseases, the dental workforce—also known as "human resources for oral health"—has not yet gotten the attention it deserves in the field of dentistry. This essay gives an overview of some of the pertinent concerns. Any assessment of HROH must take into account the size and health of the population because dental practitioners service individuals' oral health requirements and desires throughout their lives<sup>9</sup>. Longevity and population growth provide new difficulties. In order to study changes in one populous high-income country over time, <sup>10</sup> and consequently

Council 21–23, as well as demographic data, were accessed. The Internet was used to gather publicly accessible data on the dental workforce and populace, broken down by nation. Data on the dental labour force were found in the WHO database<sup>16</sup> for 191 of the 193 UN member states. The Country Area Profile Project<sup>17</sup> provided data on the capacity of the dental workforce, namely

mid-level providers as well as information on oral health. The WHO and the Central Intelligence Agency provided demographic information on the population, while the UN Department of Economics and Social Affairs provided population growth forecasts. Data on wealth that is country-specific was gathered from the World Bank<sup>20</sup>.

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