



Editorial

Volunteerism in COVID-19 pandemic

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Oral health has been increasingly recognized as a part of basic human right.^[1] Good oral health is essential for proper systemic health and thus well-being.^[2] Still, about 6 in 10 of the world population lack appropriate and affordable oral health care.^[1] Besides several factors, non-availability of oral health-care professionals is a prime deterrent of oral health-care-seeking behavior. To address this as well as by compassion, desire to help, many oral health-care professionals provide volunteer service in such areas that are devoid of or have underdeveloped oral health care system.

Such volunteerism is altruistic in nature and often involves short-term missions often with curative approach aim. It is often with little or no long-term benefits.^[3,4] Still there is no primary health care (PHC) model adopted by dental NGOs.^[1] In light of the growth of dental volunteerism, it should be understood that the existing model has deficiencies as they do not

- Primarily focus on preventive aspects
- Engage and monitor preventive aspects of dentistry in host community
- Does not enrich the local talent pool
- Lack quality assurance, monitoring, and performance control
- Lack sustainability or develop self-reliance on longer term.^[5,6]

The novel COVID-19 pandemic has evoked a severe protective response. Still most of the world suffer in terms of social-physical distancing, lockdown measures, and discouraging of non-essential services across all professions. Dentistry *per se* has also undergone severe disruption with professional societies coming out with their guidelines. Universally, only emergency and urgent procedures are being carried out.^[7]

Oral health care and its burden on remote communities and people who cannot afford professional oral health care have been largely it is impossible to provide them with appropriate care in these situations. Travel ban and/or restriction, cancellation or redirection of allocated funds, and diverting workforce to COVID-19-related duties are increasingly being heard. All these could collectively contribute to the oral health-care burden, in the immediate POST-COVID-19 or during the late POST-COVID-19 situation.

During these testing times, the dental volunteers should ensure that they screen patients for COVID-19 by using screening techniques and if warranted, CT scans. This is crucial as one would need to stay safe and also not to transmit the virus. Similarly, before and after the mission, they have to subject themselves to COVID19 tests in the better interest of themselves, their families, and the community that they serve.

This burden is not only to dentistry but collectively felt by all non-communicable diseases.^[8] The civil societies and organizations that engage in community dental volunteerism and NCDs

need to develop strategic plans and be prepared for a wave of NCD and oral health illness. At this point of time, perhaps, they could evolve newer models of dental volunteerism that encompass the PHC model and remove all the negative aspects of existing dental volunteerism model.

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