

Information session on oral health for Member States



The WHA74.5 Resolution on oral health: the way forward

Thursday 31 March 2022 from 15:00-16:30 CET

Agenda

-
- 1** (15:05) **Welcome address** **Dr Minghui Ren, ADG UCN, WHO**
 - 2** (15:15) **The WHA74.5 Resolution on oral health: the way forward** **Dr Bente Mikkelsen, Director, NCD Department, WHO**
 - 3** (15:45) **Moderated discussion with Member States**
 - 4** (16:25) **Wrap up and end of session** **Guy Fones, Head, GCM/NCD, WHO**

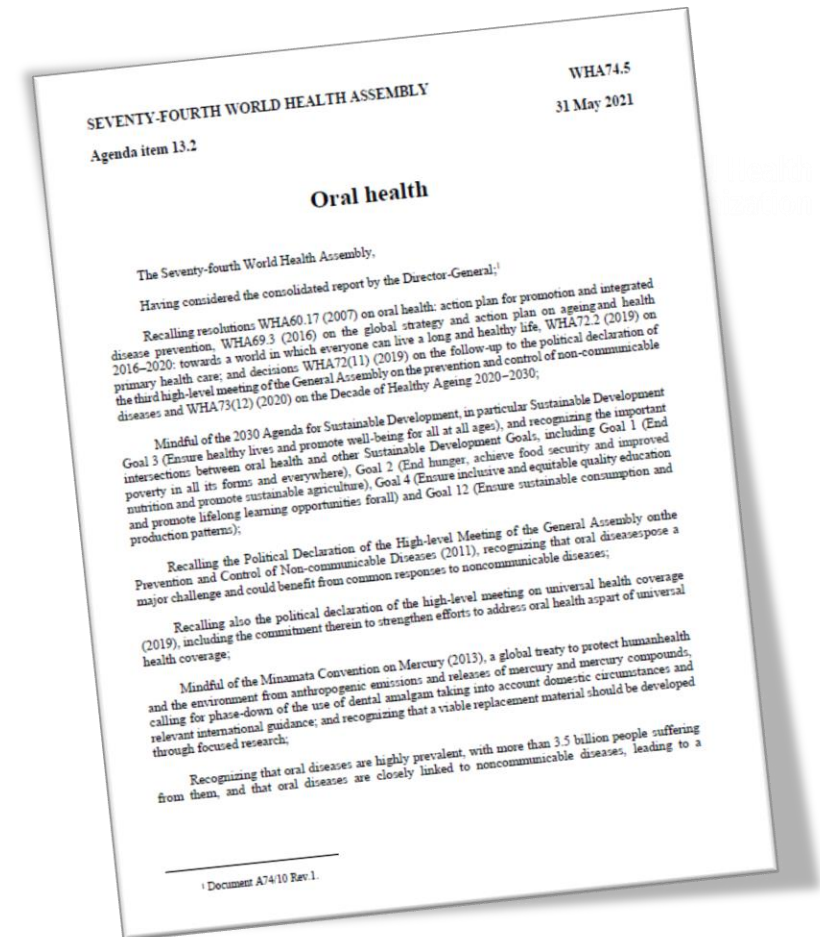
Information session on oral health for Member States



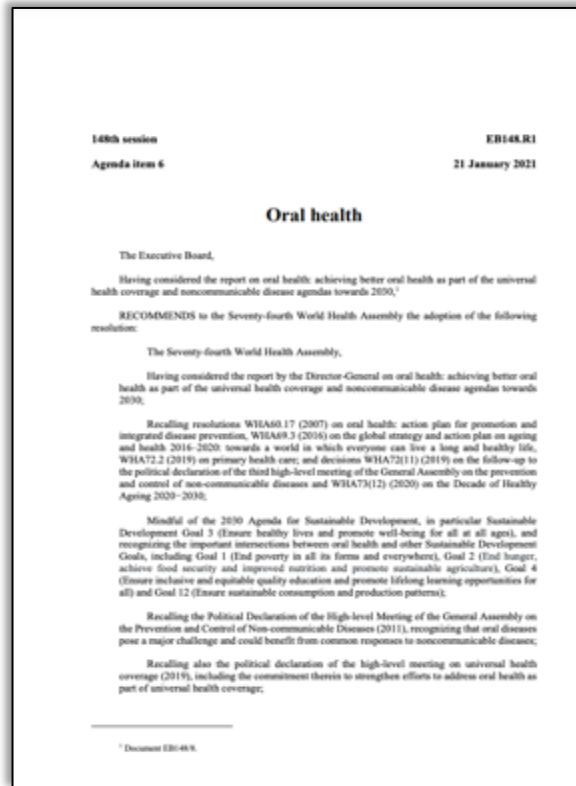
The WHA74.5 Resolution on oral health: the way forward

Thursday 31 March 2022

1. The Resolution on Oral Health
2. The Global Oral Health Situation
3. Implementation of the Resolution
4. The Way Forward



WHA74/5 Landmark Resolution on Oral Health



Co-sponsored by 42 Member States and supported by many other countries and partners



Dr Tedros: “Oral Health has been overlooked for too long in the global health agenda. 14 years after the last consideration of oral health by EB60, today’s resolution provides a welcome opportunity to address the public health challenges posed by the burden of oral diseases to reposition oral health as part of the global health agenda in the context of UHC.”

Mandate & timeline of the implementation

“Requests the Director-General to develop ① by 2022 a draft **global strategy**, in consultation with Member States, on tackling oral diseases aligned with the GAP for the prevention and control of NCDs 2013-2030 and pillars 1 and 3 of WHO’s 13GPW ② to translate this global strategy, by 2023, into an **action plan for public oral health**, including a framework for tracking progress with clear measurable targets to be achieved by 2030, and ③ **technical guidance on environmentally friendly and less-invasive dentistry** to support countries with their implementation of the Minamata Convention on Mercury, including supporting preventative programmes, ④ to update **technical guidance to ensure safe and uninterrupted dental services**, including under circumstances of health emergencies, ⑤ **‘best buys’ interventions on oral health**, as part of an updated Appendix 3 of the WHO Global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Intervention Compendium; ⑥ **to include noma** in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021-2030.”

Outline

1. The resolution on Oral Health
2. **The Global Oral Health Situation**
3. Implementation of the Resolution
4. The way forward



The Global Oral Health Status Report



ORAL HEALTH Towards Universal Access | 5

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... including Oral Health Country Profile



Oral Health Country Profile Afghanistan

38,928
Total population
(in thousands, 2020)

49.84 US\$
Current health expenditure
(per capita, 2018)

ORAL HEALTH
Towards Universal Access

World Health Organization

ORAL DISEASE BURDEN¹

Prevalence of oral diseases (1990, 2019)

Prevalence of caries of deciduous teeth in children 1-9 years		Prevalence of caries of permanent teeth in people 5+ years		Prevalence of periodontal disease in people 15+ years		Prevalence of edentulism in people 20+ years	
1990	2019	1990	2019	1990	2019	1990	2019
45,5%	45,8%	37,2%	36,8%	11,6%	9,4%	10,5%	6,4%

Lip and oral cavity cancer (2020)

Prevalence of caries of deciduous teeth in children 1-9 years		Prevalence of caries of permanent teeth in people 5+ years		Prevalence of periodontal disease in people 15+ years		Prevalence of edentulism in people 20+ years	
1990	2019	1990	2019	1990	2019	1990	2019
45,5%	45,8%	37,2%	36,8%	11,6%	9,4%	10,5%	6,4%

NATIONAL HEALTH SYSTEM RESPONSE²

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66%

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RISK FACTORS FOR ORAL DISEASES²

Risk factor	Female	Male	Total
Per capita availability of sugar (grams/day) (2013)	19,76
Prevalence of current tobacco use, 15+ years (%; age-standardized rate) (2018)
Per capita alcohol consumption, 15+ years (litres of pure alcohol per year) (2018)	0,1	0,4	0,2

Policies, measures and resources (2021)

Implementation of tax on sugar-sweetened beverages (SSB)	no
Existence of a national oral health policy/strategy/action plan	no
Presence of dedicated staff for oral diseases	no
Noma recognized as a national public health problem	no

Oral health workforce

Type of oral health professionals	Data year	Total number	Per 10,000 pop.
Dental assistants and therapists	2019	635	0,2
Dental prosthetic technicians	2019	545	0,1
Dentists	2019	2 697	0,7

Availability of procedures for detecting, managing and treating oral diseases in the primary care facilities in the public health sector (2021)

Availability of oral health screening for early detection of oral diseases	available
Availability of urgent treatment for providing emergency oral care & pain relief	unavailable
Availability of basic restorative dental procedures to treat existing dental decay	available

ECONOMIC IMPACT⁴

Economic impact related to oral diseases, treatment and prevention (2019)

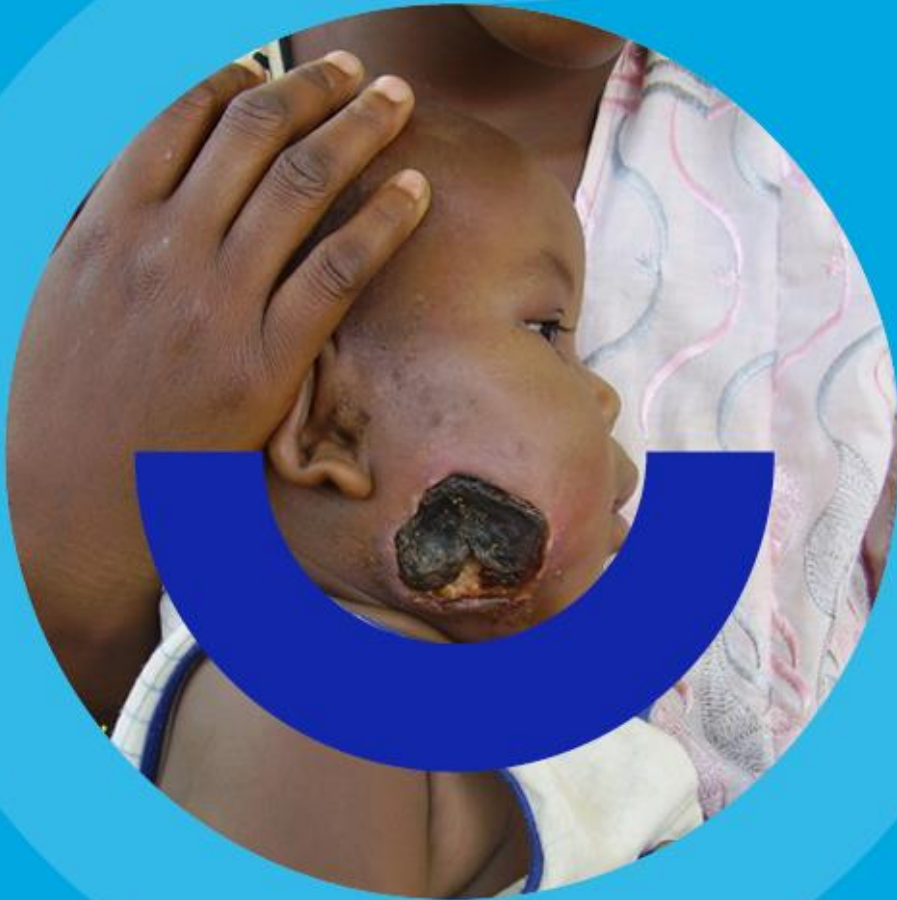
Total expenditure on dental healthcare in million (US\$)	16,7
Per capita expenditure on dental healthcare (US\$)	0,5
Total productivity losses due to 5 oral disases in million (US\$)	37,0
Affordability of fluoride toothpaste	...
Number of labour days needed to buy annual supply of fluoride toothpaste per person	...

Oral diseases affect 3.5 billion people



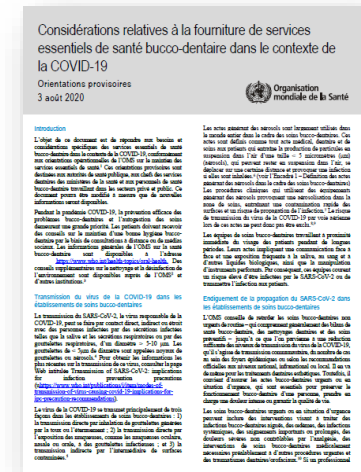
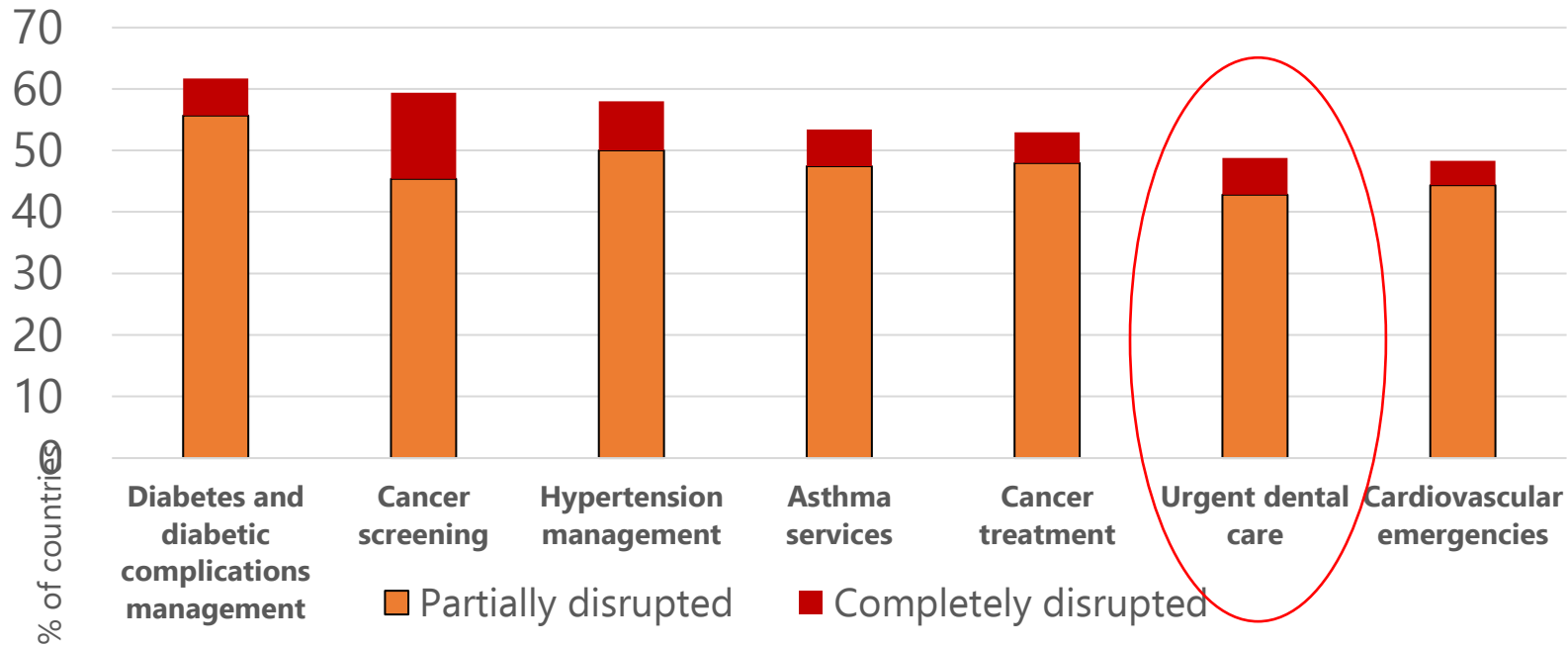
**Untreated dental
caries and gum
disease are
widespread.**

The burden of Oral Diseases

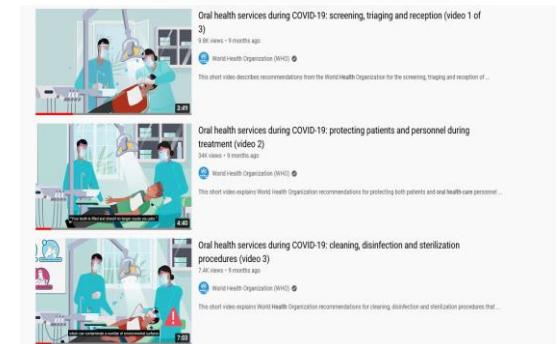


Oral health conditions also include cancers of the lip and mouth, noma and orofacial clefts.

Impact of COVID-19 on the oral healthcare services

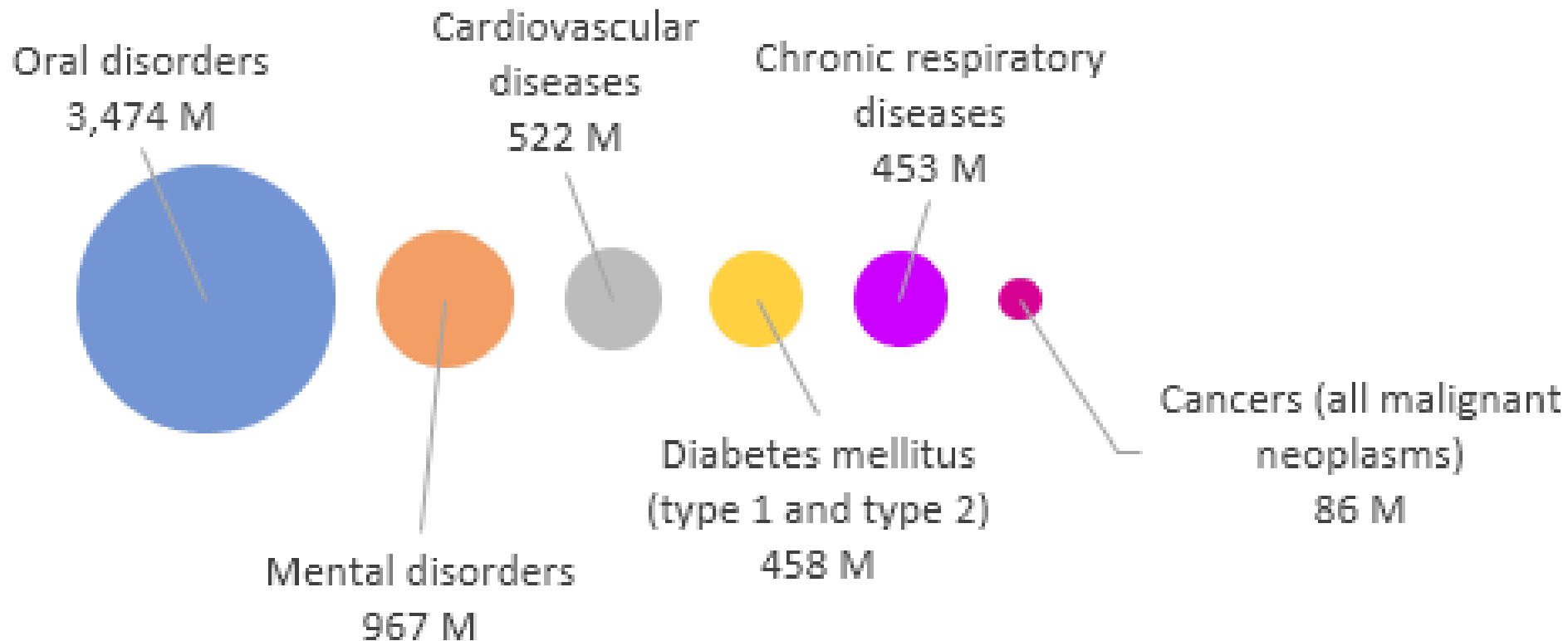


136 countries reported that NCD services were disrupted – June-October 2021, WHO but only 107 countries have included NCDs in national COVID-19 Plans. Those countries who have done so, have prioritized NCD services including oral healthcare services



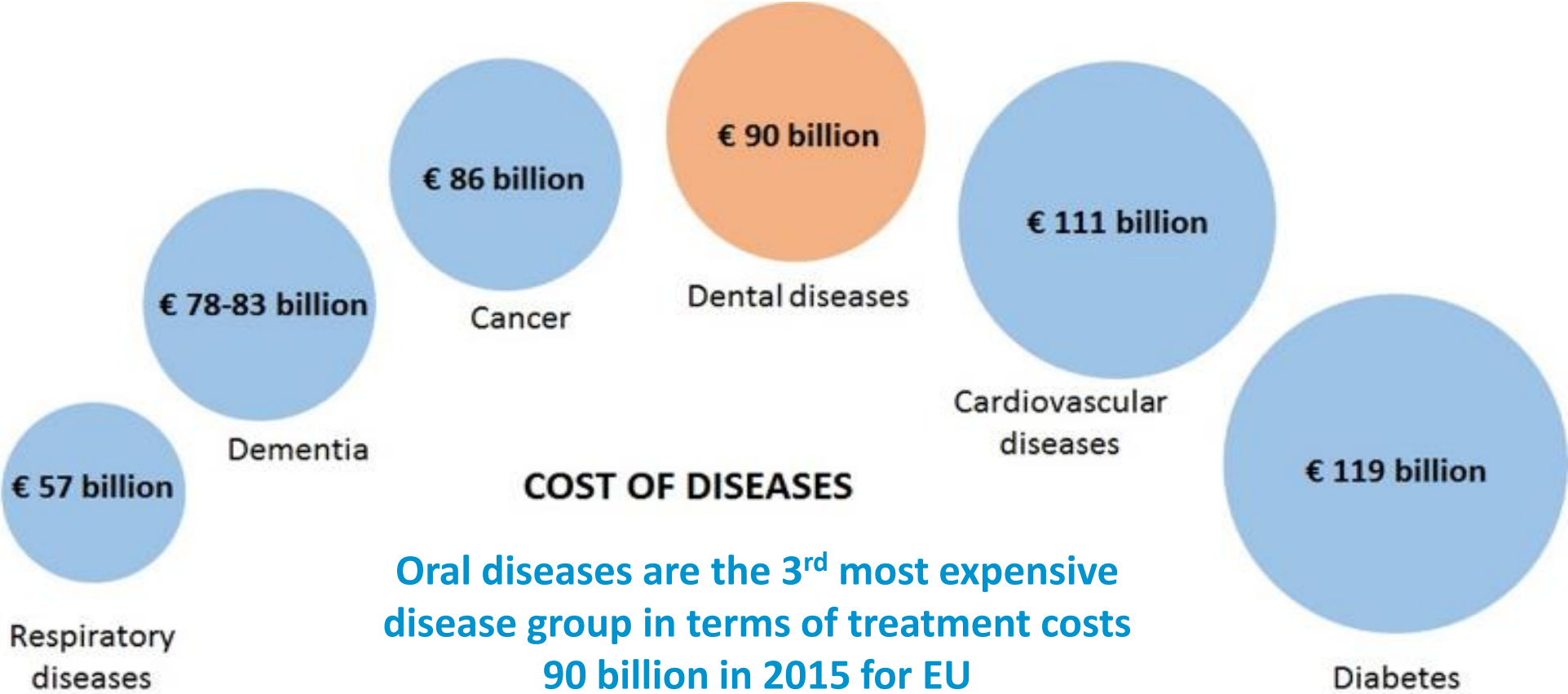
<https://www.youtube.com/c/who>

The burden of oral diseases compared with other NCDs



Number of Cases of Oral Diseases compared with other NCDs, GBD 2019

Treatment for oral health conditions is expensive and usually not part of UHC

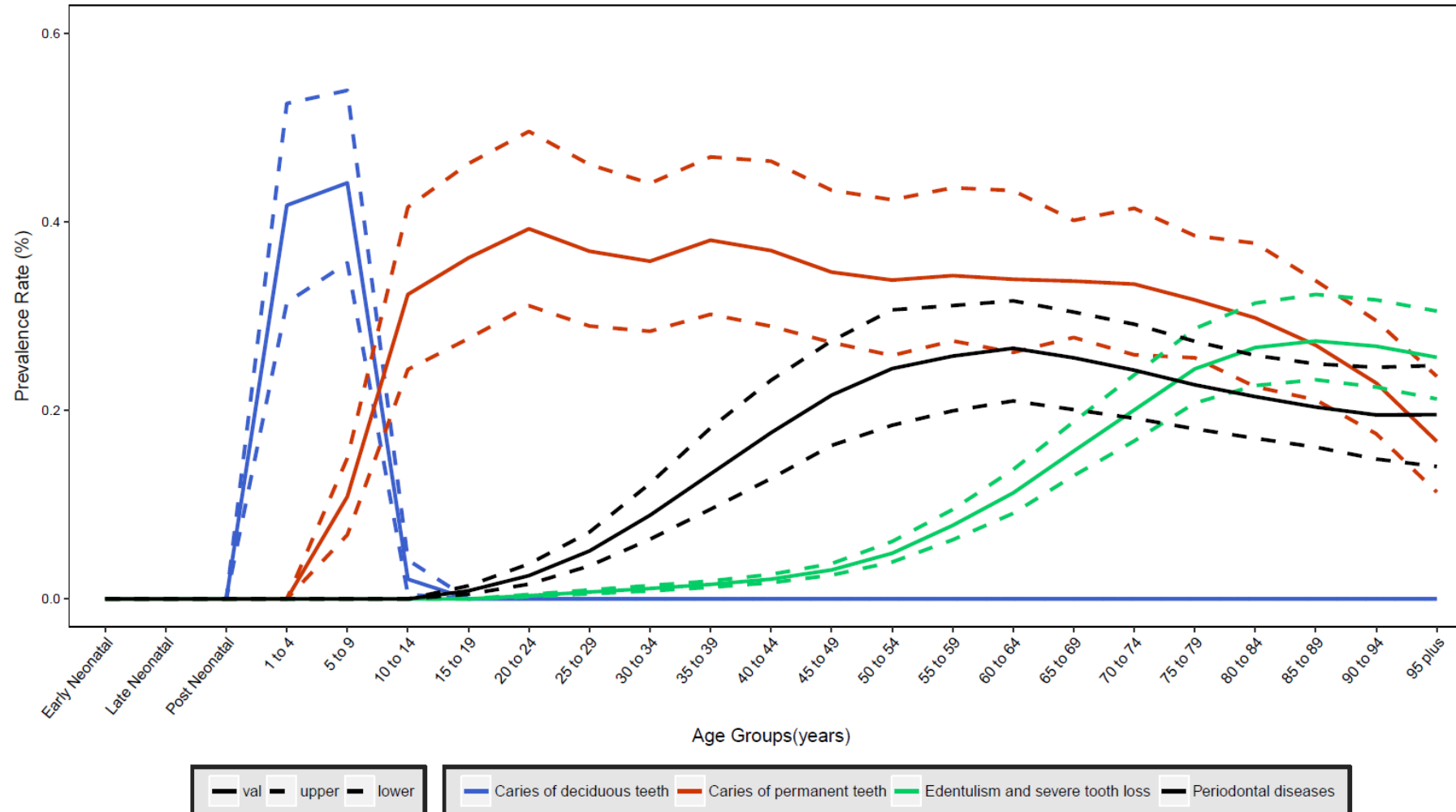


COST OF DISEASES

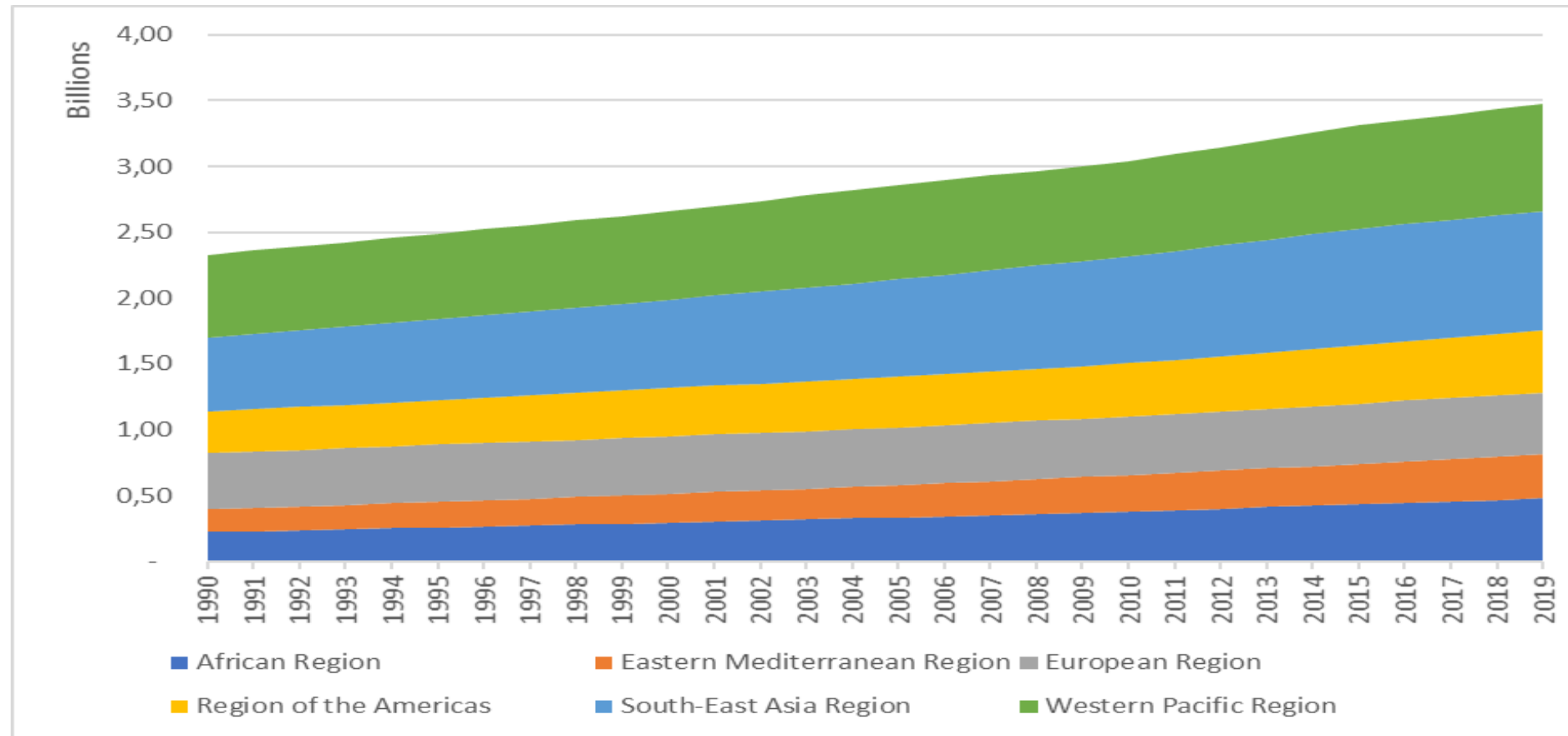
Oral diseases are the 3rd most expensive disease group in terms of treatment costs 90 billion in 2015 for EU

Oral care treatment is costly, averaging 20% of out-of-pocket health expenditure in most high-income countries (OECD, 2017)

People are affected over their life course, from early childhood to adolescence, adulthood and later life

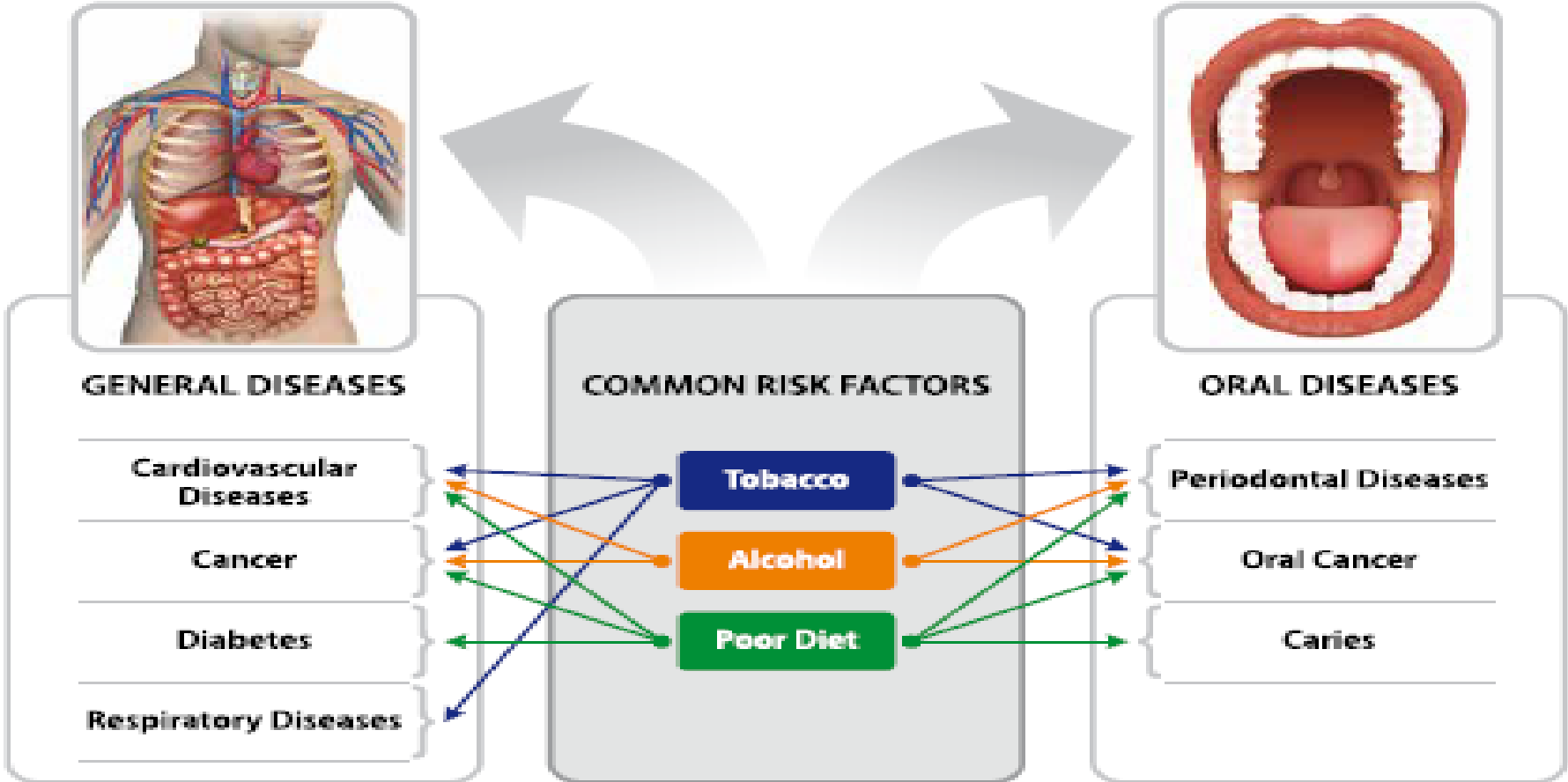


The number of cases of oral diseases continues to increase



Number of Cases of Oral Diseases from 1990 to 2019 by WHO region, GBD 2019

Oral diseases share modifiable risk factors common to the 4 leading NCDs

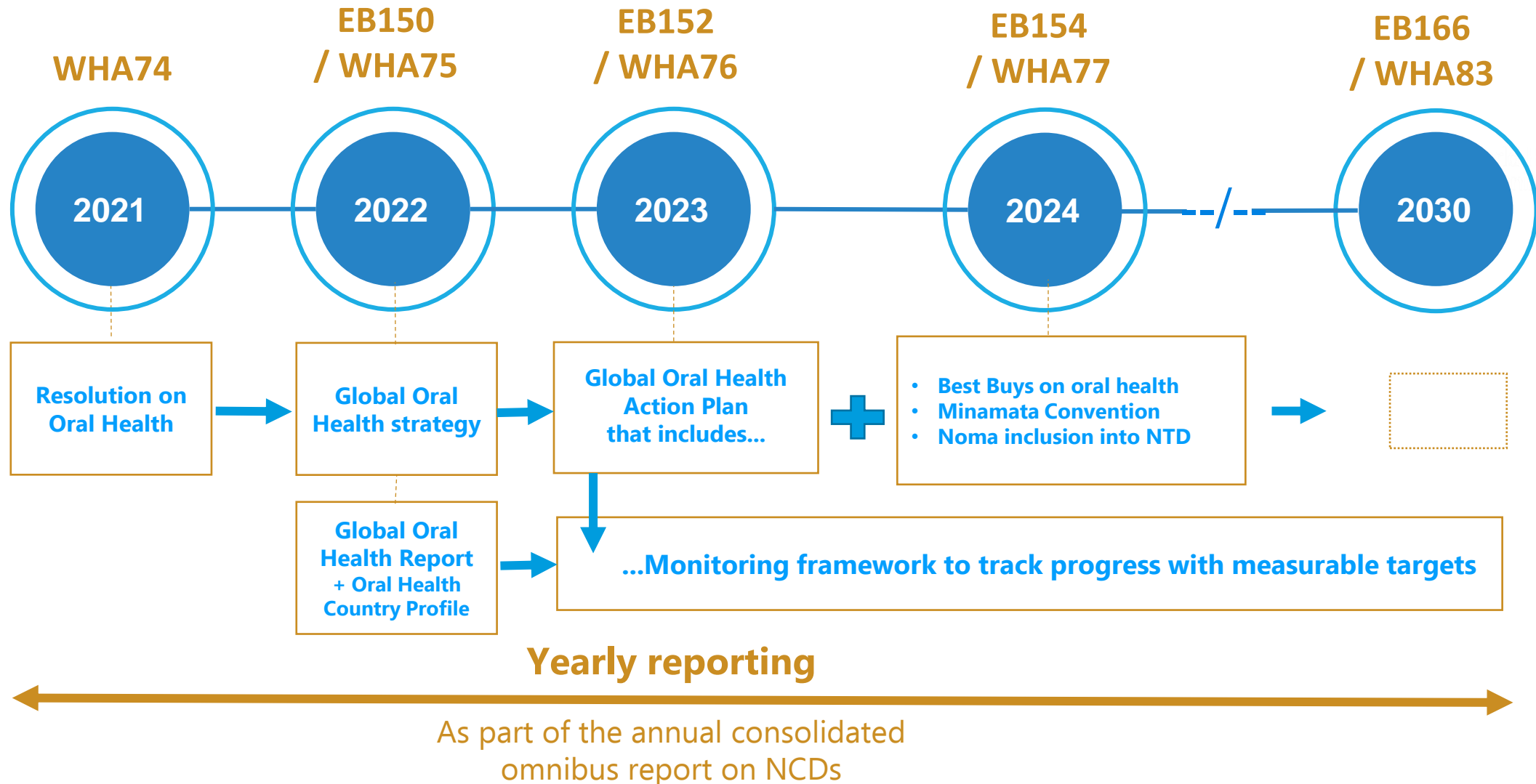


Outline

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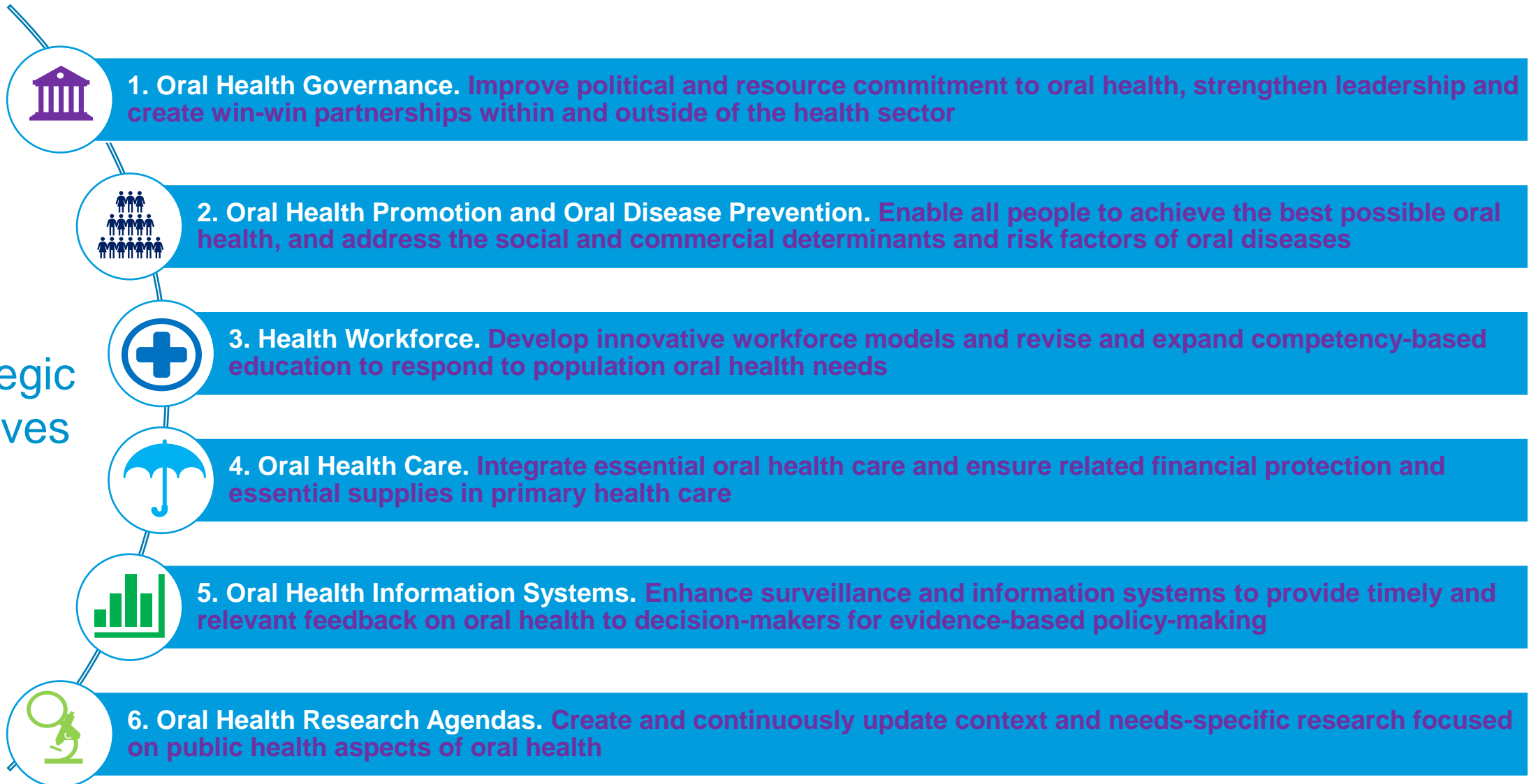


Mandate & timeline of the implementation



The draft global strategy on oral health

6 Strategic Objectives



Outline & key elements of the draft global strategy on oral health



BACKGROUND

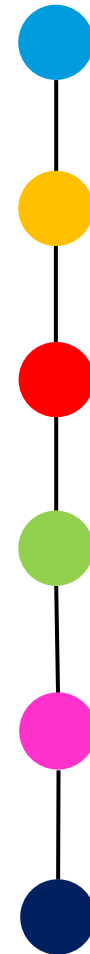
GLOBAL OVERVIEW OF ORAL HEALTH

VISION and GOAL

GUIDING PRINCIPLES

STRATEGIC OBJECTIVES

ROLE OF WHO, MEMBER STATES, AND PARTNERS



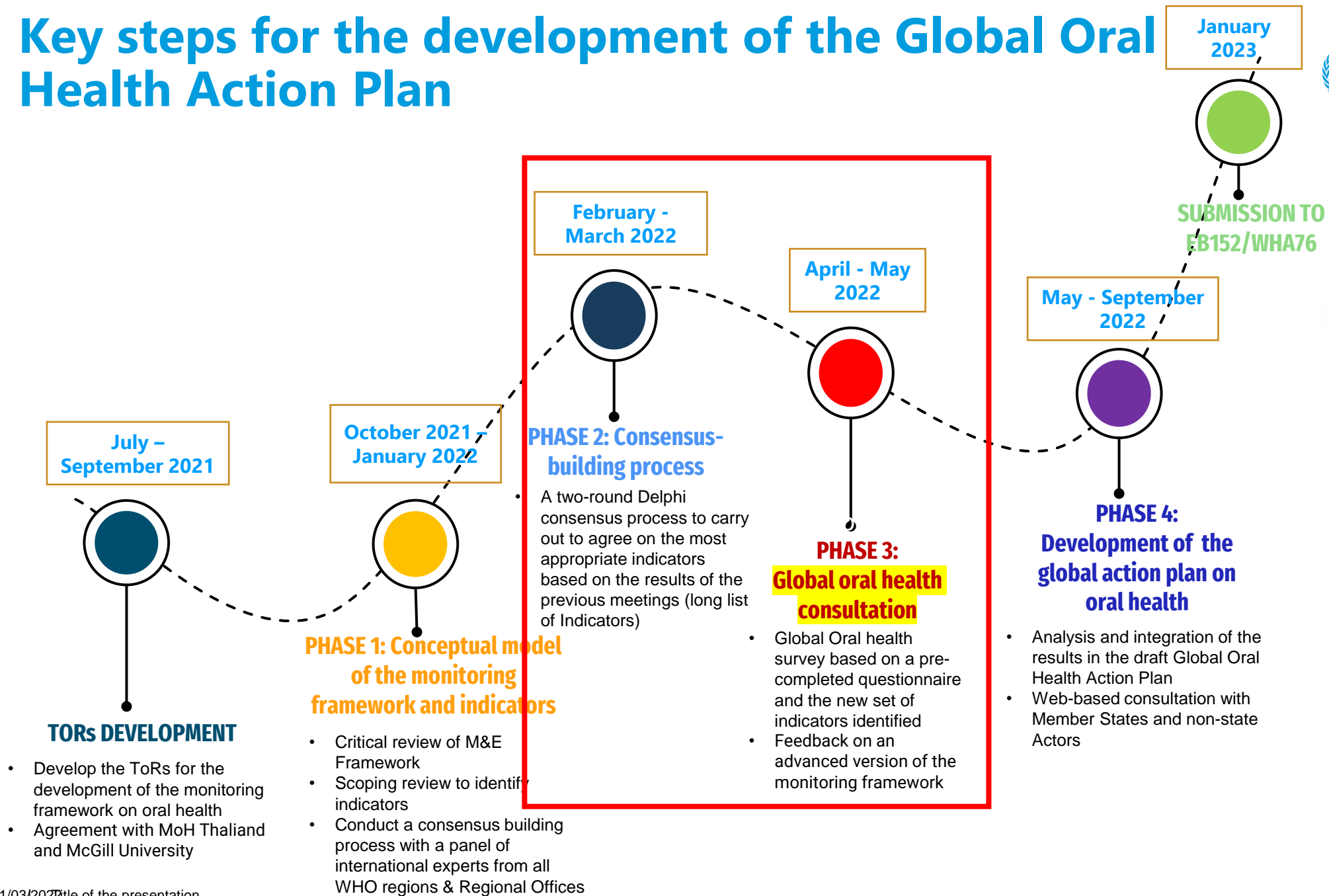
Vision

The vision of this strategy is **universal health coverage for oral health for all individuals and communities by 2030**, enabling them to enjoy the highest attainable state of oral health and contributing to healthy and productive lives.

Goal

The goal of the strategy is to guide Member States to (a) develop ambitious national responses to promote oral health; (b) reduce oral diseases, other oral conditions and oral health inequalities; (c) strengthen efforts to address oral diseases and conditions as part of universal health coverage; and (d) consider the development of targets and indicators, based on national and subnational contexts, building on the guidance to be provided by the WHO global action plan on oral health, to prioritize efforts and assess the progress made by 2030.

Key steps for the development of the Global Oral Health Action Plan



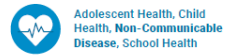
Oral health cost-effective interventions in the Appendix 3 of the WHO GAP-NCD and the UHC Compendium

Intervention Name

Management of dental caries

Atraumatic Restorative Treatment (ART) is an intervention to treat existing dental decay and prevent further decay. The first step is to treat decayed tooth cavities by removing the decay using hand instruments. This is followed by filling the cavity and any adjacent pits and fissures on biting surfaces of the teeth with an adhesive material containing fluoride, usually glass ionomer. Pain is rare during ART treatment, virtually eliminating the need for an anaesthetic. Although ART is ideally delivered by an oral health professional, an auxiliary, trained primary health personnel will also be able to deliver ART effectively with the appropriate instruments and consumables.

Health programme



Target population

All

Service type

Curative, Preventative

Name of procedures

Oral health examination, Atraumatic restorative treatment (ART)

Delivery platform

Periodic schedulable delivery of services by skilled health worker in home, schools, workplace, or public/communal space; General outpatient services

Health workforce needs



Dental Assistants and Therapists

Number of contacts: 1
Total contact time: 10 minutes



Nursing Professionals

Number of contacts: 1
Total contact time: 10 minutes



Dentists

Number of contacts: 1
Total contact time: 10 minutes

Average number of contacts

(days per year/per event)

Outpatient visits: 1

Examples of health products

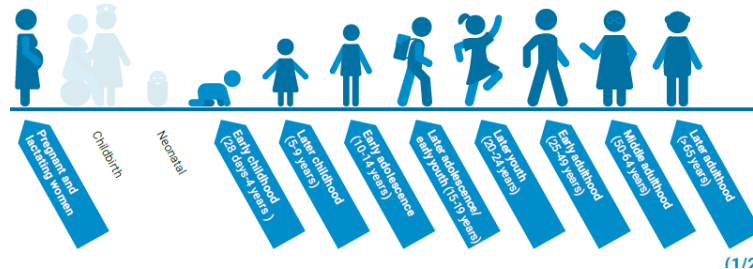
Medicines:
None

Medical devices
Glass ionomer cement & ART Kit: Dentine spoon excavators, forceps, dental hatchets, cement applicators or spatulas, dental chair, light and autoclave



Age/Life course stage

Relevant stages are marked in blue



October 2021 - Expert Committee of the [@WHO #Essentialmedicines](#) recommends establishment new section in both EMLs for [#dentalpreparations](#). A great step forward for improving awareness & affordability of effective prod & non-invasive prevent & treat for the most common disease in human beings

The process of integration of noma into the NTD list

Member State(s) should submit request of any inclusion of additional NTDs into WHO's list to their Department of Control of NTDs through relevant WHO Country and Regional Office(s).



The request should be accompanied by a dossier that contains a compendium of evidence to demonstrate how the disease(s) meet the following criteria :

1. Disproportionately affect populations living **in poverty**; and cause important morbidity and mortality – including stigma and discrimination - in such populations, justifying a global response
 2. Primarily affects populations living in **tropical and sub-tropical areas**
 3. Amenable to **broad control, elimination or eradication by applying one or more of the five public health strategies** adopted by the Department for Control of NTDs
 4. **Neglected by research** – i.e., resource allocation is not commensurate with the magnitude of the problem - when it comes to developing new diagnostics, medicines and other control tools
- **Save-The-Date**: Friday 9 May 2022, Stakeholders Meeting on noma

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WHO Oral Health Programme work plan (2022-2023)



01



WHO Global Oral Health Status Report

02



Best Buys & UHC Oral Health Benefit Package - EMLs

03



Global Oral Health Strategy 2022 & Global Oral Health Action Plan 2023

04

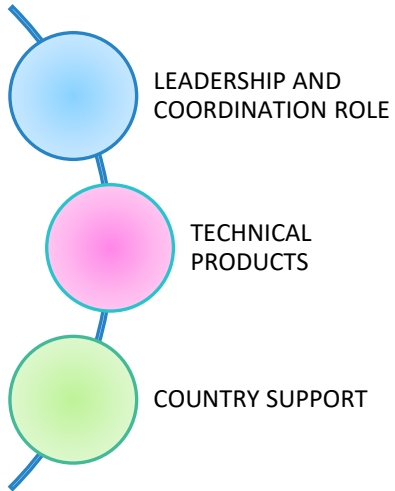


Inclusion of noma in the list of NTDs and way forward

05



Technical Advisory Group (TAG) on Oral Health



06



Minamata Convention-Alternatives to Dental Amalgam

07



BeHe@lthy-BeMobile mOralHealth Programme

08



Capacity Building Programme in Public Health for Chief Dental Officers

09



Global Meeting of Chief Dental Officers – Commitment for the implementation of the GAP-OH

10



Multi-stakeholder coalition on oral health



NCD Department - Strategic Technical Advisory Group Architecture



STAG on the prevention and control of NCDs

TAG on NCD research and innovation

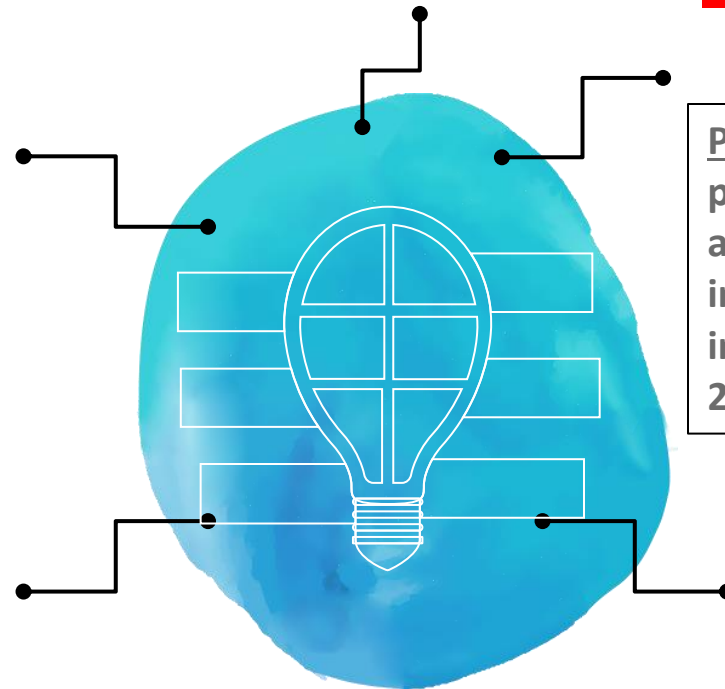
TAG on Oral Health

12 Members
(December 2022)

Purpose: Advise the WHO Secretariat on strategic, programmatic and technical issues (leadership, TPs and county support) that will strengthen the implementation of the Global Oral Health Action Plan in countries as part of NCD and UHC agendas towards 2030.

TAG on Diabetes

STAG on Disability





Minamata Convention on Mercury - Alternatives to Dental Amalgam



<https://apps.who.int/iris/handle/10665/352480>



<https://apps.who.int/iris/handle/10665/348985>





Advocacy for a digital oral health that leaves no one behind - mOralHealth Programme

1

The mOralHealth literacy module aims to improve the oral health literacy of individuals and communities as well as raise awareness of and advocacy for oral health priorities among policy-makers, decision-makers, the media and civil society organizations (CSOs).

2

The mOralHealth training module encourages using mobile technologies for e-learning approaches to enhance the knowledge and skills of general health professionals as well as expand awareness of priority oral health interventions for oral health professionals.

3

The mOralHealth early detection module provides information on the potential of early detection by using remote diagnostics tools to improve timely treatment and facilitate access to and improve quality of health care services.

4

The mOralHealth surveillance module informs about the use of mobile technologies in the context of oral health surveillance and collection of epidemiological data as well as monitoring of quality patient care and service delivery.





WHO Global Leadership Course for Chief Dental Officer and Public Oral Health Professionals

The overall objective

- ❑ To build the capacity and capability of CDOs and public oral health professionals to contribute to the implementation of the global oral health strategy and its action plan.

The specific objective

- ❑ To develop the hybrid leadership training course, online and in-person, at the WHO Academy by the combination of public health know-how, practical exercises to consolidate new skills, networking opportunities, and experience sharing between countries.

Expected outcomes:

- ❑ Establish virtual community of practice among CDOs and public oral health professionals
- ❑ Strengthen capacity of CDOs and public oral health professionals to develop ambitious national responses to reduce oral health inequalities and to address oral diseases and conditions as part of UHC





Multi-stakeholder coalition on oral health for WHO to provide support to countries towards 2030

- 
- ❑ Starting point for new political commitment towards the implementation and monitoring of the Global Oral Health Action Plan
 - ❑ Global Meeting of Chief Dental Officers
 - ❑ Effective operationalization of the global oral health action at a country level will require strong technical support from WHO and other stakeholders
 - ❑ This can only be achieved with the support of Member States and other partners through collaboration:
 - WHO Collaborating Centres
 - UN Agencies
 - Non-state actors
 - Philanthropic Foundations.
 - ❑ Deliberative, strategic and coordinated effort as a united coalition

Information session on oral health for Member States



Thank You!

Promote **Health** | Keep the World **Safe** | Serve the **Vulnerable**

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