**Ireland National Statement**

Director-General

Excellencies,

Colleagues,

*Ireland aligns with the statement delivered by Denmark on behalf of the European Union and its Member States.*

Ireland also recognises the disease burden caused by NCDs and mental health conditions and supports the work of WHO and Member States in the prevention and control of same.

Ireland congratulates the WHO on the Global oral health action plan.

The implementation of the plan will require each Member State to have oral health surveillance systems in place. Such surveillance will enable Member States to measure improvements in oral health. The WHO baseline measures of global oral health exemplify the differences in oral health status amongst Member States presently. However, 3-yearly reporting as recommended by WHO will support the development of surveillance systems in individual Member States to collate oral health data. These will enable early signalling of changing trends, prompt identification of vulnerable groups who may need additional resources and provide a rich evidence base to identify drivers of good oral health. All will help to develop effective national programmes and will be essential for the effective implementation of the action plan.

We have until 2030 to achieve WHO's ambitious targets and a more homogenous oral health status quo globally. The benefits of regular reporting at 3-year intervals

are such that it is requested by Ireland that this should be binding. Ireland further asks that an initial report in advance of the fourth UN high level meeting on NCDS, 2025 is also required from MS.

'Best buys' are strategies to overcome risk factors or to repair damage caused by oral diseases. The 'Best Buys' recommended by WHO are evidence-based, cost-effective interventions that have been shown to be effective in tackling poor oral health especially in low and middle-income countries. They are focussed on strategies that singularly impact on oral health and at this time WHO have highlighted 'best buys' for dental decay/caries which is the disease that is rising dramatically in low- and middle-income countries with the availability of sugar.

There are three best buys highlighted, are all based-on fluoride. Fluoride as a preventive and reparative agent has singularly changed the trajectory of dental caries in the last 70 years globally. It works topically after the eruption of teeth to harden enamel against dental caries and when early cavities occur can reverse that damage. It can be made available in water, milk, salt and most commonly in toothpaste. While fluoridated water is the most well-known dental effective public health measure common in USA and South America, it is less common in other countries. Over a period of some 50 years, Ireland has seen the benefits to oral health from water fluoridation but other strategies can also be used to increase availability to fluoride in a population where water fluoridation is not feasible.

1. Fluoride Toothpaste Campaign:

The first best buy is a fluoride toothpaste mass media campaign to encourage the public to use 1000- 1500 ppm fluoride toothpaste daily. In countries without water fluoridation this is an effective way to increase access to fluoride. The disadvantage is that it is dependent on the cost of fluoride toothpaste being reasonable for the

public. Ideally this should be accompanied by a country providing support to the most disadvantaged and vulnerable to access toothpaste either for free or at an exceptionally low cost. Fluoride toothpaste is on the list of WHO essential medicines which implies that Member States should enable it to be accessible for all.

2. Silver Diamine Fluoride

The second-best buy is based on the application of fluoride varnish. This varnish both prevents dental caries/decay before it starts at its early stages and has also been shown to 'stop' or 'arrest' the progression of dental decay/caries where cavities have already occurred.

This varnish has been shown to benefit particularly those at 'high risk' of dental decay/ caries. However, there is evidence that suggests that young children, below 5 years of age, will uniformly benefit from six a monthly- yearly application of varnish despite the background of fluoride in the water. High risk children, who need additional care to prevent poor oral health because of sensory, intellectual, or medical conditions, or who are from deprived backgrounds or have unhealthy diets high in sugar may benefit from more frequent applications.

However, this 'best buy' relies on dentists to apply this varnish. There is a considerable shortage of dentists especially in low and middle income countries and in rural and poorer areas in high income countries. With such a shortage, this means that this is not possible to implement this 'best buy' without reconsidering if another health or dental professional could take on this task from a dentist or support dentists in this role. In some countries this could be delegated to a nurse or hygienist or other health professional but, because it is such a simple technique, it could also

potentially be delegated to a trained lay community health worker in low/middle income countries since it is a quite simple application.

Without innovative approaches to ensure other workforce grades outside of dentists can be trained to provide this initiative, this' best buy' cannot be put in place by many countries.

3. Atraumatic Restoratives Technique (ART)

The repair of cavities in young children, older adults and those with behavioural challenges including other NCDS such as dementia, can benefit by having simple restorations using a cheap filling material, high in fluoride that is easy to put in place. No drills or anaesthetic are required, and the decay can be gently removed using a hand instrument and the filling placed. The fluoride within the filling material will arrest the decay while also restoring the tooth to full function. Evidence suggest that such simple restorations can last up to 4 years.

Again, this restorative technique relies on a dentist providing the intervention. However, where sufficient dentists are not available, again an innovative approach to work force training is required. As before, considering upskilling other dental and or healthcare workers, introducing a new auxiliary professional grade or training lay community workers are all possibilities to be considered by individual MS depending on their circumstances.

Finally, the classification of NOMA as a Neglected Tropical Disease is an important milestone to help mobilise resources to eradicate this disease for some of the world's most vulnerable children. MS must continue to provide support, including advocacy

to continue to highlight this issue and to support research to ensure that communities who suffer from NOMA will receive the benefit of this classification.

Thank you