Report of the Informal Regional WHO Consultation on Oral Health

Mandalay, Myanmar, 24 October 2019
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Furthermore, WHO would like to thank La Trobe University and The Borrow Foundation for their financial support, which made possible the participation of oral health leaders from 22 countries in the WHO South-East Asia and Western Pacific regions.
1. Introduction

The informal Regional WHO consultation on oral health was held on 24 October 2019 in Mandalay, Myanmar, as a WHO side event and informal regional consultation on the sidelines of the 11th Asian Chief Dental Officers Meeting (ACDOM 2019).

The Global Conference on Primary Health Care (1) in Astana, Kazakhstan in October 2018 endorsed a new declaration emphasizing the critical role of primary health care in achieving universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs) of the United Nations 2030 Agenda.

UHC encompasses the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care. For oral diseases, this means ensuring integrated essential oral health services, oral health workforces geared towards population health needs and financial protection and expansion of fiscal space for oral healthcare (2).

The Global Burden of Disease Study 2016 (3) (GBD2016) estimated that oral diseases affected more than 3.5 billion people, half the world’s population. A research from The Lancet’s Oral Health Series shows that tooth decay is one of the most common and neglected noncommunicable diseases (4), a disease of inequity disproportionately affecting some of the world’s poorest people.

In WHO’s South-East Asia and Western Pacific regions, dental caries is the most prevalent oral disease, affecting up to 95% of school-aged children and most adults. In some countries, the incidence of oral cancer (cancer of the lip and oral cavity) is within the top three of all cancers, due to factors related to tobacco use, use of carcinogenic substances, alcohol consumption and dietary factors.

Oral health is important for overall health, well-being and quality of life. In the Political Declaration on NCDs (5) endorsed during the first ever United Nations High-Level Meeting on Prevention and Control of NCDs in 2011 (6), oral health was recognised as a major public health problem that could benefit from common responses to NCDs.

Like many other health services, basic oral healthcare remains out of reach for millions of people. In many low- and middle-income countries (LMICs), coverage, availability and access to oral health care—including early diagnosis, prevention and basic treatment—are grossly inadequate or completely lacking. To improve oral health outcomes and reduce inequalities in access, it is necessary to integrate essential oral healthcare into UHC. This would help frame a policy dialogue to address weak and fragmented primary oral health services and substantial out-of-pocket expenses associated with them in many countries which, in turn, would help to achieve UHC.

Within such a context, the WHO headquarters Oral Health Programme has started to develop a new Global Oral Health Report (GOHR), a robust advocacy document needed to reinforce the commitment to oral health at the global and regional levels. The GOHR aims to serve as a reference for policymakers and guide the advocacy process towards better prioritization of oral health in global, regional and national contexts as part of the NCD and UHC agendas.
The objectives of this side event, organized by the WHO regional offices for South-East Asia and Western Pacific in collaboration with the WHO headquarters Oral Health Programme, were to highlight and review the current situation of oral health in South-East Asia and Western Pacific and strengthen the collaboration among chief dental officers (CDOs) of ministries of health, directors of WHO Collaborating Centres (WHO CCs) and WHO officers.

The meeting also included a discussion about making commitments towards oral health strategic priorities as part of the NCD agenda and UHC initiatives in the context of the SDGs and, in addition, presented and discussed countries contributions on the draft GOHR, including its oral health countries profiles.

The expected outcomes of the meeting were a sharing of priorities, experiences and lessons learnt within the South-East Asia and Western Pacific regions; an updated draft GOHR; and a set of recommendations to strengthen collaboration among CDOs, WHO CCs and WHO.

### 1.1 Opening ceremony

Dr Myint Htain, General Secretary of the Myanmar Dental Association, welcomed the participants to the side event and meeting, giving an outline of the meeting’s agenda, its objectives and expected outcomes.

Dr Thar Tun Kyaw, Permanent Secretary at the Myanmar Ministry of Health and Sports, gave the opening remarks. He described the recent transition of the healthcare system in Myanmar, which now combines health and sports under the leadership of Dr Myint Htwe, the Minister responsible. The Ministry of Health and Sports is coordinating and steering the delivery of all health services. He identified untreated tooth decay as the most prevalent disease in the region, followed by oral cancer and severe periodontal disease.

Dr Thar Tun Kyaw welcomed all participants, in particular the Chief Dental Officers and countries representatives from the WHO South-East Asia and Western Pacific regions, for attending the meeting and providing an overview of the oral health situation in the two regions. He wished all participants fruitful exchanges and declared the meeting officially open.

The meeting’s official opening was followed by allocutions by Dr Aye Yee Maw of the ACDOM Organizing Committee; Dr Aung Naing Cho, WHO Myanmar; Professor Thein Kyu, president of the Myanmar Dental Association; and by representatives of the two institutions that provided financial support for the meeting: Mr Nigel Borrow from the Borrow Foundation, who outlined the support that the Foundation gave to WHO and countries worldwide, and Dr Bradley Christian, La Trobe University, who spoke of their work and challenged all to become advocates for oral health.

CDOs and country nominee from 22 countries participated in the meeting: Australia, Bangladesh, Brunei Darussalam, Cambodia, China (including Hong Kong Special Administrative Region (SAR)), Fiji, India, Indonesia, Japan, Malaysia, Myanmar, Nepal, Papua New Guinea, Philippines, Republic of Korea, Singapore, Sri Lanka, Thailand, Tonga, Vanuatu and Viet Nam (a full list of participants is in Annex 2).

In their self-introductions, participants outlined common issues and expectations, including the need for improved connection with local WHO offices, the neglect of oral health in general government health policies, and the need for a better connection to global issues to advance national agendas and develop an oral health UHC roadmap.
2. **WHO Oral Health Programme.**

The three-year roadmap: Where are we right now?

Dr Benoît Varenne, Oral Health Programme, WHO headquarters, outlined the five main projects of the 2019–2021 Oral Health Programme:

1. Develop the WHO GOHR for launch at the World Health Assembly in May 2020 and use it as a steppingstone to a Global Oral Health Action Plan 2021–2030.
2. Accelerate the phase down of dental amalgam use, as called for by the Minamata Convention on Mercury;
3. Develop a repository of ’Best-buys’ and other recommended interventions and build countries capacity for health promotion through the life-course and UHC interventions;
4. Use digital technologies to improve oral health worldwide through the mOralHealth programme;
5. Reinforce oral health information systems, upgrade oral health indicators used for monitoring and decision-making, support national oral health surveys and the use of existing NCD survey tools.

Dr Varenne saw in this meeting an opportunity to release a call to accelerate action towards achieving oral health for all through UHC in the WHO South-East Asia and Western Pacific regions (see Annex A).

3. **Innovative and effective approaches on Oral Health in WHO’s South-East Asia and Western Pacific regions**

CDOs from eight countries of the WHO South-East Asia and Western Pacific regions made brief presentations on their national oral health priorities, experiences and lessons learnt aligned with current NCD and UHC agendas. They were:

3.1 **Myanmar – Oral Health in Myanmar: Situation and perspectives**

Dr Aye Aye Maw, representing the CDO of Myanmar, gave an overview of the oral health situation in Myanmar.

Oral health services are hospital-centred, with institution-based community services that include a school dental health care programme, early childhood caries prevention programme, and preventive oral hygiene care for pregnant mothers.

There are two schools of dentistry in public universities in Myanmar: The University of Dental Medicine, Mandalay and the University of Dental Medicine, Yangon. A limited number of army dentist are trained under the Defence Services Medical Academy. There are no private dental institutions in Myanmar.

The Myanmar Dental Council plays an important role in the maintenance and upgrade of the qualifications and standard of the health care services. The Myanmar Dental Association organizes an annual conference where scientific papers are presented by local and international dental participants.

There are 4539 registered dentist (for a ratio of 1:16 000 population) and 357 dental nurses (as of 2014). Twenty-five per cent of registered dentists work in the public sector, with the others in cooperatives or in private practice. There are no dental therapists or hygienists.

The Oral Health Unit of the Department of Health under the Ministry of Health and Sports takes the main responsibility for delivering routine oral health care services.
Regular oral examinations (at age 12) cover 73% of the population, emergency care was provided for 35% of adults. They have had a School Health Programme since 1977 and established school health services in 1996. A primary oral health care project is included in the Community Health Care Programme that started in 1991 with support from WHO. A campaign to brush teeth after lunch has been introduced in selected township. Maternal oral health education programmes are complemented by oral health services for pregnant women. They initiated an “Oral Cancer Awareness Programme”.

Their latest oral health survey in 2016 indicates a 50% prevalence and 85% of untreated decay in deciduous teeth. There is a high rate of tobacco use, according to the Global Youth Tobacco Survey (GYTS), and severe periodontitis in adults.

Challenges include the poor involvement of dental professionals, poor implementation of efficient oral health promotion programmes, absence of surveillance of oral health status and poor access to oral health services in remote and rural areas.

Their needs include better policies, a basic oral health package and integration of services in the general health system. They also need to empower the dental workforce to participate in national level oral health policy formulation and implementation.

### 3.2 Development of a new Oral health policy 2019–2023 – Experience from Vanuatu

Dr Jenny Stephen, Consultant, Dental Public Health, Vanuatu gave the presentation.

A 2017 oral health survey reveals high level of dental caries, especially in urban areas. Periodontal disease was also high, with very high gum bleeding due to poor oral hygiene observed in survey participants. These have a significant impact on the quality of life in all age groups, and a social impact related to poor self-esteem. The low dental personnel/population ratio of 1:38,000 limits the capacity to deliver oral health care services, even in primary care, to address pain and infection.

This survey led to recommendations to ensure that equitable access to affordable and sustainable oral health care through fair distribution of facilities and resources, reduce the prevalence of the two most common oral disease, promote healthy lifestyle – eat well, brush well and drink well – and build oral health management capacity and systems to ensure effective and efficient delivery of quality services. There are five areas of focus: (1) establish national leadership for oral health; (2) oral health promotion; (3) increase accessibility of oral health; (4) improve safety and quality; and (5) strengthen research and evaluation.

Recent oral health achievements in Vanuatu include the release of the National Oral Health Survey Report 2017 (NOHS 2017) mentioned above, the National Oral Health Policy 2019–2023 (based on the survey) and the establishment of the Integrated Oral Health, Eye Care and Ear, Nose and Throat (ENT) Unit under Public Health Directorate.

The country’s challenges are under-resourced facilities, human resource, oral health being given a low priority, lack of coordination mechanisms for civil societies, lack of oral health focal officer and the country’s geographical location.
3.3 Oral Health in Universal Health Coverage – Experience from Thailand

Dr Piyada Prasertsom, Director, Bureau of Dental Health, Ministry of Public Health, Thailand gave the presentation.

The government health facility was established in 1945 and had a user fee. Before 2001, health care was a mixed public-private system.

A number of targeting approaches were tried over time but resulted in inefficiency and inequity: by 2001, 30% of the population was still uninsured. During a political ‘window of opportunity’ for UHC in April 2001, the government-piloted the implementation of a UHC scheme in six provinces. The scheme was rolled out nationwide by April 2002. General taxation was used to finance UHC without relying on contributions from members.

There are three schemes: UHC, which covers 77.2% of the population; a combination of Social Security Scheme (SSS) and private insurance which covers 12.7%; and the Civil Servant Medical Benefit Scheme (CSMBS) for a further 8.4%. Lacking access are 1.7% of the population, usually people living in remote areas, without an identification or non-eligible. There are different benefit packages for different ages. Oral health was part of UHC from the beginnings, being fully integrated in 2001. Thailand uses a life course approach through a services network, which has resulted in improved access to services and improved oral health status.

Thailand has a very high sugar consumption, at about 30 kg per person per year. To lower consumption, they introduced a tax on sugar-sweetened beverages (SSB) based on the tobacco taxation model on 1 October 20109. The full tax of 10% will apply if sugar contents is higher than 5%. This came after a two-year transition period to create awareness and sensitize the population. In a next step, they will introduce a similar tax on products high in salt.

3.4 Innovative models of oral health service delivery in Australia

Dr Chris Handbury, Clinical Director, Oral Health Services Tasmania, Australia spoke of innovative models of oral health service delivery in Australian states.

There is no CDO in Australia, as oral health is a State responsibility. Australia’s National Health & Medical Research Council found that water fluoridation reduces tooth decay by 26% to 44% in children and adolescents, and by 27% in adults. Recent Australian research states that access to fluoridated water from an early stage is associated with less tooth decay in adults. However, recent events include the withdrawal of many cities in Queensland (East Coast of Australia) from mass water fluoridation, resulting in an increase in the rate of caries.

The states of Tasmania, Victoria and New South Wales are all embarking on expenditure on mobile oral health units. The State of Victoria has invested AUD 350 million on mobile units to provide free dental care at all public primary and secondary schools. They use an examination van, a smaller van that houses mobile equipment. With this equipment, examinations can take place in a room within a school building, with more than one student being seen at a time. This approach also shortens the length of time the service may be required on site.
Oral Health Services Tasmania has rolled out a Fissure Sealant and Fluoride Varnish Programme to selected Tasmanian public schools. This preventive programme, available to children in kindergarten and those aged between six and 12, offers a safe, easy and painless way of protecting teeth from decay. The programme went from three schools in 2013 to 82 schools in 2019.

Currently fluoride varnish can only be applied by registered dental practitioners (dentists, dental therapists, dental hygienists and oral health therapists). Several states are now allowing trained Aboriginal Health Practitioners, health care workers in Aboriginal Medical Services and dental assistants to perform the procedure. The change has allowed the development of a cost-effective and low-cost workforce to provide targeted fluoride varnish in both a community setting and in community health clinics.

There is a need to reduce the rate of general anaesthetic (GA) in dental procedures. The introduction of silver diamine fluoride (SDF) as an alternative treatment to drilling and filling has met wide acceptance by parents.

There is a new model and redefinition of the scope of practice of the Oral Health Therapists (OHT). They will do much of the work now done by general dentists, including general restorative work within their scope, working closely with a dentist; periodontal debridement; and provide care in residential aged care facilities.

### 3.5 Effective use of fluorides in Cambodia

Dr Tepirou Chher, Chief of Oral Health Bureau, Preventive Medicine Department, Ministry of Health, Cambodia, spoke on the effective use of fluorides in Cambodia.

Systematic fluoridation has not yet been implemented in Cambodia. Topical fluoride (toothpaste, varnish, SDF) has been introduced as part of school-based and community-based programmes. In her presentation Dr Chher described three such programmes:

- **The programme 'Fit for School'** started in 2012 as a pilot in ten schools. By 2017–2018, 1411 schools had daily supervised tooth brushing sessions, which prevented about 20% of new caries.

- **The concept of Healthy Kids Cambodia** is that dental caries happens in the context of a physical and social environment. Dental interventions are delivered at three levels: Level 1 involves daily handwashing and tooth brushing and application of SDF by school nurses. Level 2 is atraumatic restorative treatment (ART) sealants and restorations. Level 3 is conventional dentistry. The objectives of the project are to deliver a cost-effective and high-quality model of care for primary school children and to provide the opportunity for dental students to practice prevention-focused dentistry. The conclusion from this pilot was that the school nurse was achieving an acceptable arrest rate in an uncontrolled environment.

- **The Cambodia Smile Project** integrates oral health education (OHE) and fluoride varnish (FV) application into the maternal–child health program at community health centres. Its premise is that early and frequent exposure to oral health education during the first two years of life will increase the chance or positive oral health behaviour.

### 3.6 Education and workforce in Fiji

Dr Jone Waqalevu, Divisional Dental Officer based at Suva, Fiji, spoke on the subject.

Training of most dental personnel in the Pacific Islands region is done at the School of Dentistry and Oral Health of the Fiji School of Medicine, established in 1885 and now part of the College of Medicine, Nursing & Health Sciences. As the only training institution in that region, it provides undergraduate courses (Bachelor Dental Surgery, Bachelor Oral Health, dual qualification for Dental hygienist/therapist, and Diploma of Dental Technician) and postgraduate courses (Post graduate Diploma in Oral Surgery, Masters in Oral Surgery). Several new programmes are under development, including a Certificate in Dental Assistance and a Postgraduate Diploma in Dental Public Health.
There are 298 positions for dental practitioners in Fiji for a 892,000 population. Active practitioners include 81 dentists, 50 dental therapists, 36 dental hygienists and 11 dental technicians in 28 dental clinics and three provincial hospitals. There are no longer positions of dental nurses.

School programmes (which cover about 90% of schools) and mother and child health programmes are mainly provided by therapists and hygienists. Therapists are allowed to do extractions and also managed one chair clinics in few rural areas in Fiji. There is currently no CDO, but they hope the position will be maintained. Their main challenge is geographic isolation.

3.7 War on diabetes in Singapore

Adjunct Professor Chng Chai Kiat, CDO, Ministry of Health Singapore, described the efforts of the Government of Singapore to lower the consumption of sugar.

The Ministry of Health Singapore declared ‘War on Diabetes’ in April 2016. In late 2017, seven major soft drink companies in Singapore pledged to reduce the sugar content in their drinks to 12% and below by 2020. Subsequently, freshly brewed coffee and tea served at all government offices and some premises such as parks, sports facilities and community centres, were served sugar-free from May 2018. In Oct 2019, following an eight-week consultation, the Ministry announced the advertising ban and mandatory nutrition labelling for pre-packaged drinks that were high in sugar content. The labelling would also include fat and especially trans-fat content, in addition to sugar. The consultation also recommended a sugar tax and total ban on sale of products with higher sugar content; these recommendations will be reviewed by the government. They are also working with the industry to reformulate the contents of drinks.

3.8 mOralHealth development in India

Professor OP Kharbanda, Director, WHO CC on Oral Health, All India Institute of Medical Sciences, New Delhi, India, outlined recent mOralHealth developments in India.

There are currently more than 650 million mobile phone users in India. Professor Kharbanda presented an overview of mOralHealth development in India, including e-Dant Seva, the Indian national portal for oral health, an e-Primary Health Care (e-PHC) Training platform, the m-cessation programme to quit smoking, with more than two million users and the Massive Open Online Course (MOOC) on oral cancer.
4. **Overview of the Lancet series on oral health**

Professor Habib Benzian, WHO CC New York University, New York, United States of America, gave an overview of the contents of a Series on Oral Health (7) published by the Lancet in July 2019, the result of a collaborative process with 13 co-authors from 9 countries over a period of 18 months.

The series calls for radical reform of dental care systems, whose focus on treatment has failed to combat the global challenge of oral diseases. It also calls for greater prominence of oral health on the global health agendas campaigning for NCDs and UHC.

Oral diseases prevalence is unchanged, despite modern dentistry and significant health system investments. They are socially patterned: Those most at risk are people in low socioeconomic position, ethnic minorities, elderly people and poor children. Most dental diseases remain untreated in low and middle-income countries.

Global production of sugar has more than doubled between 1980-and 2016. The revenue, power and influence of the largest companies operating in the field are difficult to apprehend. In the United States of America alone, US$ 866 million was spent in 2013 on advertising alone, and US$ 114 million between 2009 and 2015 on lobbying against a soda tax. Their involvement in financing dental research also creates conflict of interests.

Dentistry is trapped in an outdated technique- and disease-centred approach. It uses drills to fight sugar, poverty and inequality. To ensure progress, the series recommends:

1. Better data for decision-making;
2. Stronger policies to address the determinants of oral diseases & NCDs;
3. Tackling inequalities through inclusive universal access;
4. Modernising its workforce, appropriately trained health workers at all levels of PHC;
5. Global advocacy.

5. **WHO Collaborating Centres presentations**

In this session, representatives of four WHO CCs gave an overview of their mandate, activities and interactions with Member States.

5.1 **WHO CC for Quality-Improvement, Evidence-Based Dentistry, United States of America**

Professor Habib Benzian gave an overview of the WHO CC for Quality-Improvement, Evidence-Based Dentistry, established in 2016 at the Department of Epidemiology and Health Promotion, New York University, College of Dentistry. It is the only WHO CC in the WHO Region of the Americas. Their terms of reference are:

1. Designing innovative & effective oral health surveillance methods;
2. Develop innovative protocols for prevention & control of oral diseases across the lifespan;
3. Provide training and technical assistance.

The activities comprise technical support to countries related to oral health surveillance, evidence-generation and advocacy with a focus on Universal (Oral) Health Coverage. Two side-events related to oral health were organized in the context of United Nations High-level Meetings on NCDs (in 2018) and UHC (in 2019).
The WHO CC offers its services in support of WHO activities, but also interacts directly with countries in the areas of

- Evidence generation & translation;
- Technical support for surveys, epidemiology, surveillance & policy development/evaluation;
- Capacity development and training course;
- Global Think Tank - pushing the current dental public health boundaries towards oral health integration & UHC.

5.2 WHO CC for Translation of Oral Health Science, Japan

Dr Kaung Myat Thwin introduced the WHO CC for Translation of Oral Health Science, established in 2007 at the Department of Oral Health Science, Division of Preventive Dentistry, Niigata University Graduate School of Medical and Dental Sciences.

Terms of Reference:
1. To assist WHO in strengthening oral health information systems;
2. To provide support to assist WHO in integrating oral health component in the WHO Healthy Ageing policy documents;
3. To assist WHO in dissemination of oral health through primary prevention;
4. To assist WHO in supporting implementation in Member States of the phase down use of dental amalgam in the framework of the Minamata Convention on Mercury.

It has made contributions in a number of focal areas in oral epidemiology with a global perspective in the field. It is actively involved in upgrading oral health aspects of the Integrated Care for Old People (ICOPE) and advocates the importance of oral health for an ageing population based on the scientific outcomes and evidences through Niigata Elderly Cohort Study. It contributes to the development of the WHO toolkit on tobacco cessation and oral health integration and its dissemination through the workshops in countries. The WHO-CC also assists the countries such as Palau, Myanmar to develop oral health strategic plan. The Centre also advocates for the phasing down of dental amalgam use in countries, based on the Minamata Convention on Mercury.

5.3 WHO CC for Research and Training in Preventive Dentistry, China

Professor Shuguo Zheng introduced the WHO CC for Research and Training in Preventive Dentistry, established in 1981 at the Research Institute of Stomatology, Peking University, China.

The terms of reference of the Centre are:
1. To support WHO to strengthen oral health surveillance schemes in China and the Asia Pacific Region;
2. To support WHO to train human resources for capacity development on oral health service systems in China;
3. To support WHO to develop best practices for oral diseases prevention, in particular among children and adolescents;
4. To support WHO to provide basic oral health services for disadvantaged population in China.

Professor Shugo Zheng described the oral health activities of the Centre in relation to its terms of reference:

They organized for the 31st year the ‘National Love Teeth Day’ on 20 September, an event to promote oral health education nationwide that has taken place every year since 1989. For the last eleven years, they have conducted comprehensive interventions to improve children’s oral health, which included oral examination for ten million children all over China, 5.2 million children receiving pit and fissure sealants, 2.2 million children receiving topical fluoride application, and 12 000 older people in low income families receiving free prosthodontics treatment.

They also led four national oral health surveys over the last 40 years. In 2015, the national caries prevalence for 12 years old was 38.5%, the mean Decayed-Missing-Filled Teeth (DMFT) index being 0.86. The remaining number of teeth for the 65–74 years old population was 22.5. The rate of oral healthcare knowledge was 60.1%.
The Centre also successfully participated in epidemiology research and policy development to shape the national oral health prevention strategy. For example, ‘Healthy China 2030’, issued by the state council and reviewed by the central committee of the Communist Party of China, is a national healthcare strategy that will transform the current healthcare from treatment-orientated to preventive, and integrate oral health into the overall healthcare plan, with the clear goal of controlling and reducing caries prevalence of 12 years old to 25% in 2030.

The “Thirteenth Five-Year National Health Plan” published in 2017 included the regular oral health examination of children, adults and pre-pregnant women into the regular health check. The mid- and long-term work plans for chronic diseases prevention in China 2017–2025 also have oral health contents. The targets ‘3 Reduction, 3 Healthy’ include 'Reduce salt, oil, sugar intake; Promote healthy oral health, healthy weight, healthy bones'. This plan also designated community health centres to provide oral health check, to promote appropriate preventive technique in children and oral disease management for the elderly and the high-risk populations.

The Centre also participated in shaping the national oral health action plan 2019–2025 with four actions: to carry out oral health promotion; to provide lifelong oral health preventive management; to improve oral health provider’s capabilities; and to provide guidance to the oral healthcare industry.

5.4 WHO CC for Oral Health Promotion, India

Professor OP Kharbanda described the activities of the WHO CC for Oral Health Promotion, established in 2014 at the Centre for Dental Education and Research, All India Institute of Medical Sciences in New Delhi, India.

The terms of reference of the Centre are:

1. As requested by WHO, to advance oral health in the region through mobile technology and e-learning;
2. To assist WHO in Early Detection of Potentially Malignant Oral Lesions and Prevention of Oral Cancer as a component of the PEN;
3. To assist WHO in developing a system for mapping clefts and other birth defects;
4. To assist WHO in implementing the Minamata Convention and support phase down of dental amalgam.

5.5 Open plenary

In the plenary that followed, the WHO CCs provided information on how they interacted with Member States, and on how to apply for technical support through WHO. If a WHO Country Office lacks the capacity to assist, they will send a request for assistance to the regional office who in turn will ask WHO CCs, consultants or forward the request to WHO headquarters. The application process to become a WCC was also explained.

In answer to a query on the amalgam phase out by 2020, Dr Varenne explained that his was a phase down (with no fixed schedule) and not a ban or phase out. WHO in collaboration with the United Nations Environment Programme (UNEP) are developing a proposal for a project with selected countries, to support the implementation of two or three of the nine measures outlined in the convention. As part of the project, WHO guidance documents on the phase down are also being updated.

An upcoming Conference of Parties (COP) in November 2019 will discuss proposals for an amendment that asks for an earlier phase out. WHO will develop a report on this amendment. A questionnaire on the subject circulated by WHO should be returned by everyone at the earliest. Ministries of health should be more involved in the process, which is now led by ministries of the environment.

Dr Benoit Varenne, WHO headquarters and Professor Habib Benzian, WHO CC-NYU led the presentation on the draft Global Oral Health Report.

The aims of the report are to highlight the public health importance and impact of oral diseases through the life course and to better prioritize oral health in the global health context (SDGs, UHC, Minamata Convention and NCDs) and the WHO 13th General Programme of Work (GPW 13). The report also intends to outline potential contributions of the oral health community to the achievement of the SDGs based on a new global vision for oral health and promote increased and continued commitments to address the burden of oral diseases.

The development of the report is being overseen and guided by a steering committee that includes WHO staff and external experts. The publication, drafted by an editorial committee who is responsible for the overall content, includes contributions by a group of experts and stakeholders reflecting a diversity of geographical locations, backgrounds and genders.

The project started in April 2018 when scope, style and contents were agreed. Conceptual work and contents planning were done in 2018 and in the first quarter of 2019. Phase I of the drafting process is still ongoing and is expected to be completed in the first quarter of 2020.

Online and print editions are expected for the second quarter of 2020 for launch by mid-2020.

The report’s key contents areas include:

1. Disease burden, risk factors, determinants and dimensions of impact;
2. Health system responses & pathway towards Universal Health Coverage
3. Role and approach of WHO;
4. Key policy, surveillance and research recommendations;

There were additional research and data collection:

- A Global Oral Health Workforce Survey conducted by WHO in collaboration with King’s College London;
- An Affordability of fluoride toothpaste Study conducted by WHO in collaboration with University of York in the United Kingdom and Radboud University in Nijmegen, the Netherlands;
- A Global Oral Health Information Survey conducted by the WHO CC for Community Oral Health Programmes and Research at the University of Copenhagen.

The report is to be complemented with oral health country profiles developed by WHO. The profiles are an aggregation of a multidimensional country snapshot using several data sources. They will contain a quick overview of key country NCDs, health systems and oral health information and include the indicators used in the Global Burden of Disease data surveys such as tables of prevalence, incidence, and years lived with disability (YLD) rates for major oral diseases. Their development is an interactive process with countries.

6.1 Discussion on the comments and inputs from Member States and CDOs

The issues raised by participants focused primarily on the contents of the country profiles.

- Add under-five children to the age groups in the profiles;
- Simplify the Community Periodontal Index of Treatment Needs (CPITN);
- The most important component of DMFT is D. It would be important to focus on the experience of untreated teeth and develop long-term comparability;
• Plastic toothbrushes contribute to plastic environment impact. Green/sustainable dentistry, waste management should be promoted; dentist could offer recycle bins for toothbrushes in their offices;
• Should there be attempts to integrate culturally accepted traditional practices, use them in health promotion approaches, for example. Should research to establish/strengthen evidence for such practices be promoted;
• Concerning the role of private practitioners, WHO, through its Framework of Engagement with Non-State Actors (FENSA) is considering new ways of collaborating with the private sector in the NCD context. WHO has regular informal meetings with industry representatives on several initiatives. Digital technologies are mainly run by the private, so collaboration is necessary.

The text of a “Call to Action to Accelerating Action Towards Achieving Oral Health for All through Universal Health Coverage in the WHO South-East Asia and Western Pacific Regions” was discussed and agreed for integration in the report of the meeting to be used for advocacy at all levels of government.

7. Closing remarks, next steps and commitments

Dr Varenne, in his closing remarks, suggested that the challenges outlined in the meeting’s discussions should be addressed creatively.

The WHO Oral Health Programme hopes that the GOHR will create a momentum in the global oral health community and beyond. Once the report is released, it will become the responsibility of Member States to request WHO to further this agenda. In this context, participants of the meeting formalized the text of a “Call to Action to Accelerating Action Towards Achieving Oral Health for All through Universal Health Coverage in the WHO South-East Asia and Western Pacific Regions” that will be integrated in the report of the meeting. This Call to Action can be used for advocacy at all levels of government. A window of opportunity for strong global actions on oral health exists now.

Dr Varenne thanked the Borrow Foundation and La Trobe University for their sponsorship, ACDOM for welcoming them, and Myanmar for hosting the meeting.

8. Endnotes

### ANNEX 1. LIST OF PARTICIPANTS

#### WHO HEADQUARTERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
<th>Location</th>
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<tbody>
<tr>
<td>Dr Benoît Varenne</td>
<td>Global Oral Health Programme</td>
<td>SWITZERLAND</td>
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</tbody>
</table>

#### PARTICIPANTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
<th>Location</th>
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<tbody>
<tr>
<td>Dr Umme Salma Abdullah</td>
<td>Representing the Chief Dental Officer</td>
<td>BANGLADESH</td>
</tr>
<tr>
<td>Dr Rose Andrew</td>
<td>Technical Officer, Oral Health, Ministry of Health</td>
<td>PAPUA NEW GUINEA</td>
</tr>
<tr>
<td>Professor Habib Benzian</td>
<td>WHO Collaborating Centre for Quality-Improvement, Evidence-Based Dentistry</td>
<td>UNITED STATES OF AMERICA</td>
</tr>
<tr>
<td>Dr Indra Rachman Dharmawan</td>
<td>Representing the Chief Dental Officer</td>
<td>INDONESIA</td>
</tr>
<tr>
<td>Dr Yuki Eto</td>
<td>Dental Officer</td>
<td>JAPAN</td>
</tr>
<tr>
<td>Dr Chris Handbury</td>
<td>Director, Oral Health Services Tasmania</td>
<td>AUSTRALIA</td>
</tr>
<tr>
<td>Dr Doreyat Jemun</td>
<td>Chief Dental Officer, Ministry of Health</td>
<td>INDONESIA</td>
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<tr>
<td>Prof Bo Hyoung Jin</td>
<td>Represent the Chief Dental Officer</td>
<td>REPUBLIC OF KOREA</td>
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<tr>
<td>Professor OP Kharbanda</td>
<td>Director, WHO Collaborating Centre for Oral Health Promotion, All India Institute of Medical Sciences, New Delhi</td>
<td>INDIA</td>
</tr>
<tr>
<td>Dr Chng Chai Kiat</td>
<td>Chief Dental Officer</td>
<td>SINGAPORE</td>
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<tr>
<td>Professor Thein Kyu</td>
<td>president of the Myanmar Dental Association</td>
<td>MYANMAR</td>
</tr>
<tr>
<td>Dr Wiley LAM</td>
<td>Chief Dental Officer, Ministry of Health</td>
<td>CHINA, HONG KONG SAR</td>
</tr>
<tr>
<td>Dr Aye Aye Maw</td>
<td>Chairwoman LOC</td>
<td>MYANMAR</td>
</tr>
<tr>
<td>Dr Nguyen Thi Hong Minh</td>
<td>Director, National Hospital of Odonto-Stomatology, Hanoi</td>
<td>VIETNAM</td>
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<tr>
<td>Dr Awang Hj Mohin Bin Hj Momin</td>
<td>Chief Dental officer, Ministry of Health</td>
<td>BRUNEI DARUSSALAM</td>
</tr>
<tr>
<td>Dr Myo Paing</td>
<td>WHO CO – Myanmar Representative</td>
<td>MYANMAR</td>
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<tr>
<td>Prof Dr Prathip Phantumvanit</td>
<td>Thammasat University (Co-chairperson)</td>
<td>THAILAND</td>
</tr>
<tr>
<td>Dr Susitina Piukala</td>
<td>Principal Dental Officer, Ministry of Health</td>
<td>TONGA</td>
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<tr>
<td>Prof Dr Shaili Pradhan</td>
<td>Chief Dental Officer</td>
<td>NEPAL</td>
</tr>
<tr>
<td>Dr Piyada Prasertsom</td>
<td>Chief Dental Officer</td>
<td>THAILAND</td>
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<tr>
<td>Dr Nilantha Ratnayake</td>
<td>Representing the Chief Dental Officer</td>
<td>SRI LANKA</td>
</tr>
<tr>
<td>Dr Blesida D. Sanchez</td>
<td>Chief Dental Officer, Department of Health</td>
<td>PHILIPPINES</td>
</tr>
<tr>
<td>Dr Jenny Stephens</td>
<td>Interim Head unit for Integrated Oral Health, Eye Care and ENT, Ministry of Health</td>
<td>VANUATU</td>
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</tbody>
</table>
Prof Dato ' Dr Norain Abu Talib  
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Divisional Dental Officer, Suva  
FIJI

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Peking University, Beijing  
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AUSTRALIA

Mr Nigel Borrow  
The Borrow Foundation  
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

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Dr Thu Aung  
MYANMAR

Dr So Pyae Hlaing  
MYANMAR

Dr Tan Ee Hong  
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Dr Myint Htain  
MYANMAR

Dr Khin Maung  
MYANMAR

Dr Tay Chong Meng  
SINGAPORE

Professor Mg Mg Myint  
MYANMAR

Dr Kyaw Thu Oo  
MYANMAR

Dr Saw Ler Say  
MYANMAR

Dr Thein Than Tun  
MYANMAR

Dr Warangkana Vejvithee  
THAILAND

Professor Swe Swe Win  
MYANMAR

Dr Win Zaw  
MYANMAR

Dr Khin Zaw  
MYANMAR
 ANNEX 2. AGENDA

WHO Side Event / Informal Regional Consultation on Oral Health
On the sidelines of the 11th Asian Chief Dental Officers Meeting (ACDOM 2019)

Date and Time: 24 October 2019, 8:30am to 05:00pm

Venue: Mercure Mandalay Hill Resort, Mandalay, Myanmar

Objectives:
1. To discuss the oral health situation, challenges and lessons learnt from countries in the WHO Western Pacific and South-East Asia regions.
2. To review and provide input into the draft Global Oral Health Report including oral health country profile.
3. To foster effective collaboration among CDOs, WHO Collaborative Centers and WHO at regional and global levels to promote oral health as part of NCD and UHC agendas.

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>8:30-9:00am</td>
<td>REGISTRATION CHECK-IN</td>
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<tr>
<td>9:00-9:10am</td>
<td>Opening ceremony - Welcome Remarks</td>
<td>Guest of honour: Ministry of Health &amp; Sport</td>
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<td>ACDOM President</td>
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<td>WHO Myanmar</td>
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<tr>
<td>9:10-9:15am</td>
<td>Welcome Remarks</td>
<td>Nigel Borrow, The Borrow</td>
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<td>Bradley Christian, La Trobe University</td>
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<tr>
<td>9:15-9:25am</td>
<td>Meeting objectives and expected outcomes</td>
<td>WHO Myanmar / HQ</td>
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<td></td>
<td>Introduction of each participant including</td>
<td>Chief Dental Officers &amp; Heads of</td>
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<td>expectations for this meeting</td>
<td>WHO Collaborating Centers</td>
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<tr>
<td>9:25-9:35am</td>
<td>WHO HQ Presentation - The 3-year roadmap of the WHO Oral</td>
<td>Benoît Varenne, WHO HQ</td>
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<td></td>
<td>Health Programme - Where are we right now?</td>
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<tr>
<td>9:35-9:45am</td>
<td>5’ Q&amp;A</td>
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<tr>
<td>09:45-10:00am</td>
<td>GROUP PHOTO &amp; COFFEE BREAK</td>
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<tr>
<td>10:00-10:10am</td>
<td>Innovative and Effective approaches on Oral Health in</td>
<td>Dr Aye Aye Maw, CDO, Myanmar</td>
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<td></td>
<td>SEAR and WPR</td>
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<tr>
<td>10:15-10:25am</td>
<td>Oral Health in Myanmar: Situation and perspectives</td>
<td>Dr Jenny Stephen, Consultant-Dental Public</td>
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<td></td>
<td>5’ Q&amp;A</td>
<td>Health</td>
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<tr>
<td>10:30-10:40am</td>
<td>Development of a new Oral health policy 2019-2023:</td>
<td>Dr Piyada Prasertsom, CDO Thailand</td>
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<td></td>
<td>Experience from Vanuatu 5’ Q&amp;A</td>
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<tr>
<td>10:30-10:40am</td>
<td>Oral Health in Universal Health Coverage: Experience</td>
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<td>from Thailand 5’ Q&amp;A</td>
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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>10:45-10:55am</td>
<td>Innovative models of oral health service delivery in Australia</td>
<td>Dr Chris Handbury, Clinical Director, Oral Health Services Tasmania, Australia</td>
</tr>
<tr>
<td>11:00-11:10am</td>
<td>Effective use of fluorides in Cambodia</td>
<td>Dr Chher Tepirou, CDO, Cambodia</td>
</tr>
<tr>
<td>11:15-11:25am</td>
<td>Fit-For-School initiative in Lao People’s Democratic Republic</td>
<td>Dr. Bounnhong Sidaphone, CDO, Lao People’s Democratic Republic</td>
</tr>
<tr>
<td>11:30-11:40am</td>
<td>Education &amp; workforce model – Experience of Fiji</td>
<td>Dr Jone Waqalevu, Divisional Dental Officer based at Suva, Fiji</td>
</tr>
<tr>
<td>11:45-11:55am</td>
<td>eDantSeva and ePHC Training platform: mOralHealth development in India</td>
<td>Prof. O P Kharbanda, Director, WHO-CC on Oral Health, All India Institute of Medical Sciences, New Delhi, India</td>
</tr>
<tr>
<td>12:00-12:20</td>
<td>Roles of WHO Collaborating Centers – How it works? Practical examples of support to countries</td>
<td>Prof Habib Benzian, Prof Kaung Myat Thwin, Prof Shuguo Zheng, Prof O P Kharbanda</td>
</tr>
<tr>
<td>12:35-1:00pm</td>
<td>Open Plenary</td>
<td>Moderators: Benoit Varenne &amp; Habib Benzian</td>
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1:00-2:30pm LUNCH

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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>2:30-3:30pm</td>
<td>Presentation of the draft Global Oral Health Report and the Oral Health Country Profile</td>
<td>Benoit Varenne, WHO HQ &amp; Habib Benzian WHO CC New York</td>
</tr>
<tr>
<td>3:30-4:30pm</td>
<td>Discussion on the comments and inputs from countries / CDOs</td>
<td>Moderators: Dr Kaung Myat Thwin &amp; Prof Shuguo Zheng</td>
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<tr>
<td>4:30-5:00pm</td>
<td>Closing remarks, next steps and commitments</td>
<td>Benoit Varenne</td>
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ANNEX 3. CALL TO ACTION

Call to Action to Accelerating Action Towards Achieving Oral Health for All through Universal Health Coverage in the WHO South-East Asia and Western Pacific Regions

Informal Regional WHO Consultation on oral health
24 October 2019, Mandalay, Myanmar

Chief Dental Officers of Ministries of Health of the WHO South-East Asia and Western Pacific Regions, representatives of WHO Collaborating Centres (WHO CCs) on oral health, other experts and supporting partners from The Borrow Foundation & La Trobe University, gathered for an informal regional WHO consultation on 24 October 2019 as a side-event of the 11th Asian Chief Dental Officers Meeting in Mandalay, Myanmar.

We, the participants of this meeting from 22 countries, appreciate with excitement the renewed global interest for oral health. The Lancet Series on Oral Health (July 2019) put oral health in the spotlight of international public health audiences and evidenced the challenges to all world regions related to oral diseases (such as untreated tooth decay, severe periodontitis, tooth loss and oral cancer, as well as other disabling oral conditions). The burden has remained mostly unchanged over the last decades; therefore, there is an urgent need for reform of oral health systems to achieve substantial reductions in disease burden.

We gratefully noted the recognition of oral diseases in the first-ever Political Declaration on Universal Health Coverage (UHC) that was adopted on 23 September 2019 by the UN General Assembly's 1st High-level Meeting on UHC in New York. Paragraph 34 states that UN Member States will step up efforts to strengthen UHC with full inclusion of oral diseases. Together with the inclusion of oral diseases in the 1st High-level Political Declaration on noncommunicable diseases (NCD) in 2011, this will guide advocacy and programming towards achieving the 2030 development agenda.

The upcoming WHO Global Oral Health Report will be another milestone in this context, and we look forward to this timely publication. We expect the publication to detail the persisting challenge that oral diseases pose to our two WHO regions, particularly to the Pacific Small Island Developing States, while also presenting perspectives for moving towards universal oral health coverage.

We also note with appreciation the Call to Action developed by Chief Dental Officers, WHO CCs and other stakeholders of 20 Member States of the WHO African region during a regional meeting held in Brazzaville, Republic of Congo, in February 2019. The meeting was reviewing the implementation progress of the Regional Strategy on Oral health 2016-2025 (AFR/66/5). The Call to Action outlines important policy measures and recommendations for achieving Universal Oral Health Coverage relevant for all regions.

While these global and regional developments are much-needed major political advocacy achievements, there is a responsibility for us to accelerate the implementation of effective population-based preventive interventions and patient-centred care as part of inclusive NCD and UHC agendas. Many high- and middle-income countries in the two regions have already made significant progress, several are addressing common NCD risk factors through fiscal, and other policy regulations; innovative workforce models including mid-level and other health care providers are pioneered to address critical shortages; and health insurance schemes are being introduced to increase access to care without financial hardship for patients.

However, progress is not universal. We are acutely aware of a number of bottlenecks that may impact effective health systems responses to oral diseases, such as a general shortage of resources (financing & workforce), a mismatch between workforce training and population needs, inadequate infrastructure and supplies, lack of equitable access, high costs of care and significant out-of-pocket patient payments, high and increasing exposure to risk factors such as high sugar consumption, tobacco use and harmful use of alcohol, but also challenges such as growing and ageing populations, just to name a few. Many countries are also challenged by weak surveillance systems resulting in a lack of reliable oral health data.

We renew our commitment to oral health as part of the human right to general health and reaffirm that we will strive towards equitable, affordable universal access to essential oral health services, including prevention through fluorides and reduction of risks to oral health.
In alignment with the priority action areas of the Strategy for oral health in South-East Asia 2013-2020 (SEA/NCD/90) and joining the Call to Action of our African colleagues, we, therefore, commit to prioritizing the following actions:

**Action area 1: Prioritizing reduction of common NCD risk factors & improving adequate utilization of fluorides for the prevention**
- Use fiscal measures through increased taxation and other statutory regulations of products with a high content of sugars, alcohol and tobacco; and reserve the tax revenues for actions to promote health
- Reduce or eliminate taxes and levies on preventive oral hygiene products such as fluoride toothpaste to increase access and affordability
- Advocate for the recognition of quality fluoridated toothpaste as an essential health product that qualifies for reduced or removed taxation

**Action area 2: Strengthening of integrated health system capacity towards Universal Oral Health Coverage**
- Full integration of essential oral care in primary health care as an essential element of UHC
- Ensure availability of functional health facilities, adequate water, sanitation and hygiene (WASH) services, as well as availability and affordability of essential medicines and supplies through increased and effective investments
- Accelerate the phase-down of using dental amalgam, including measures to improve the affordability of safe and environment-friendly alternatives in the context of the Minamata Convention on Mercury
- Develop, test and implement competency-based workforce models based on population needs and inter-professional collaboration; and develop supportive policy frameworks to allow for flexible and effective delivery of quality services, including by non-dental health professionals

**Action area 3: Improve integrated disease surveillance, service monitoring and evaluation**
- Encourage and promote the inclusion of the optional Oral Health module in ongoing and future national STEPS surveys; and use all existing information sources to monitor and evaluate service coverage quality, outcomes and costs
- Encourage the application of oral health indicators comparable with other disease indicators that are understandable and usable by non-oral health professionals in addition to traditional oral disease-specific indicators
- Improve national capacities for surveillance and service monitoring, led by a competent and functional Chief Dental Officer as part of NCD surveillance

**Action area 4: Accelerating advocacy, leadership and partnership**
- Facilitate effective collaboration among stakeholders from different sectors and disciplines based on clear roles, responsibilities and agreements
- Foster political leadership for UHC with essential interventions for oral diseases and NCDs as key components, including alignment of national oral health policies with regional and global health agendas
- Establish or increase domestic oral health budget allocations based on intervention costing and investment cases to allow for improved population coverage

All participants commend the WHO for its leadership and initiative and commit to supporting WHO’s actions to improve integrated prevention and control of oral diseases. We call on WHO and its partners, including the network of WHO CCs, to:

- Consider follow-up and updating of Oral health: an action plan for promotion and integrated disease prevention. (World Health Assembly Resolution WHA60/R172007) in the light of recent developments and renewed momentum towards NCD and UHC agendas
- Accelerate the development of essential oral care packages with evidence-based and cost-effective interventions, addressing the most common population needs
- Ensure adequate technical support to the Member States through the appointment of WHO regional advisers on oral health to both SEARO and WPRO as well as WHO country focal point officers for oral health
- Support and facilitate regional networks, including WHO CCs on oral health for information sharing among stakeholders and to foster the integration of oral health within NCDs and UHC.

24 October 2019, Mandalay, Myanmar.
The informal Regional WHO consultation on oral health was held on 24 October 2019 in Mandalay, Myanmar, as a WHO side event and informal regional consultation on the sidelines of the 11th Asian Chief Dental Officers Meeting (ACDOM 2019).

The objectives of this side event, organized by the WHO regional offices for South-East Asia and Western Pacific in collaboration with the WHO headquarters Oral Health Programme, were to highlight and review the current situation of oral health in South-East Asia and Western Pacific and strengthen the collaboration among chief dental officers of ministries of health, directors of WHO Collaborating Centres and WHO officers. The meeting included a discussion about making commitments towards oral health strategic priorities as part of the noncommunicable diseases agenda and universal health coverage initiatives in the context of the Sustainable Development Goals. A draft of the Global Oral Health Report and the Oral Health Country Profiles were presented and reviewed, and the meeting participants issued a call to accelerate action towards achieving oral health for all through universal health coverage in the WHO South-East Asia and Western Pacific regions.