

Smile your way to a healthy life

Working together for everyone



Why does oral health matter? Because oral conditions are the most

. (NCDs) in Europe Oral conditions, which include dental caries (tooth decay), severe gum diseases, extensive tooth loss and oral cancers, affect around

prevalent non-communicable diseases

half of the adult population in the WHO European Region. To put it into perspective, the number of people with oral conditions globally is higher by 1 billion compared to those living with any of the main NCDs (cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes). Recognising the significant global health burden of oral conditions, the World Health Organization (WHO) adopted

integrate oral health within the NCD agenda and include it in Universal Health Coverage. Oral cancers are the 8th most common cancer in Europe and have both high mortality rates and devastating consequences for those who survive. Although the main risk factors for oral cancer continue to be tobacco use and alcohol consumption, we are increasingly

in 2022 a landmark Strategy on Oral Health. It aims to

seeing a rise in oro-pharyngeal cancers (affecting the mouth and middle section of your throat) because of infections from the human papillomavirus (HPV). Policies against smoking, smokeless tobacco, alcohol consumption, and the implementation of gender-neutral HPV vaccinations are essential to reduce the burden of oral cancers.



gum diseases and extensive tooth loss, are linked with other NCDs including cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes.

with other NCDs

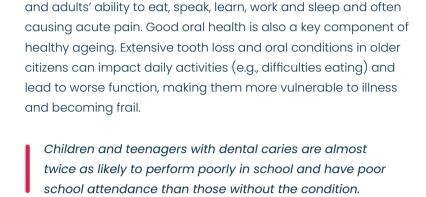
Because oral conditions are linked

Oral health is an essential component of general health and cannot be viewed in isolation. Oral conditions, such as severe

People with severe gum diseases are 3 times more likely to also suffer from another health condition such as a stroke or a heart attack.

Because oral conditions impact people throughout their lives Poor oral health negatively impacts individuals by causing pain,

infection, and a decreased quality of life. Untreated dental caries is the most common chronic condition worldwide, affecting children





barriers is the limited public coverage for oral healthcare costs across the EU – on average, people pay over 60% of treatment costs out-of-pocket.

Oral diseases particularly impact disadvantaged and marginalised populations in the EU. People from lower

People on low incomes are 3 times more likely to not have accessed oral healthcare compared to people on high incomes.

socioeconomic backgrounds are much more likely to suffer from oral conditions, further compounded by economic and other barriers to access oral healthcare services. One of the economic

#1 Did you know? risk factors include a high intake of sugars, as well as tobacco and alcohol consumption. The EU still has some way to go – the majority of EU citizens consume 5 times the amount of sugar daily than is recommended by



#2 Did you know?

other areas of healthcare, dental care in Europe is funded mostly by private patient payments. For example, in Spain and in Greece, practically all costs are covered by patients. Oral conditions are almost entirely preventable at an early stage with the right policies and incentives. Cost-effective interventions and public health initiatives to reduce the burden of oral conditions already exist. For example, a number of nursing homes in Belgium have implemented Gerodent, a preventive and curative oral healthcare programme which

upon evaluation, significantly reduced the dental treatment needs of the residents. In Scotland, the Childsmile programme successfully promotes good oral health in children, for instance via fluoride toothpaste programmes in nurseries. It has improved the oral health of children across

all socioeconomic groups, has reduced inequalities, and has lowered

treatment-related costs.

the WHO. Taking a common risk factor approach to improve population health will reduce the burden of oral conditions and other major NCDs (e.g., cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes)

Oral conditions rank third in costs behind cardiovascular diseases and

diabetes, with patients covering most of the bill. Annually, oral conditions cost countries in the WHO European Region an estimated €100 billion in healthcare expenditure and an estimated €95 billion in lost productivity. Compared to

for the population:

#3 Did you know?

What can EU policymakers do? We call for policy action by policymakers to promote and maintain good oral health and wellbeing for all people in the EU to reduce the strain on societies and healthcare systems. Here are 3 things you can do as an EU policymaker

> **Place** oral conditions at the heart of the EU's ambitions to tackle the rising burden of non-communicable diseases. We call for oral conditions to be recognised by the EU as one of the major NCDs, and to be given equal status and commitment as that given for cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. We ask for oral

Include preventive oral healthcare medicines within the

We call for the inclusion of essential oral healthcare medicines, as defined by the WHO, within the EU's ambition to tackle shortages of critical medicines. Ensuring EU-wide access to these medicines, such as fluoride toothpaste, fluoride varnishes, silver-diamine fluoride, and glass ionomer, will contribute to reducing the burden of oral conditions and addressing antimicrobial resistance through the avoidance of

Group on Public Health) so that the European Commission receives advice and guidance on public health aspects of oral health.

EU's Critical Medicines initiative.

excess antibiotic use in the EU population.

Dedicate funding from EU programmes such as EU4Health and Horizon Europe towards research in oral health. We call for dedicated EU resources to support research focusing on the public health aspects of oral health. This should include research to strengthen the evidence for interventions that effectively address the social and commercial determinants of oral (and overall) health. Research to support the public health needs of people

Here are 3 things you can do as an EU policymaker to drive impact at Member State level: **Promote** and encourage the adoption of best practices which have successfully improved oral health and have reduced risk factors shared with other non-communicable diseases.

of NCDs, and encourage more countries to take similar action.

on Oral Health, with a focus on including essential oral healthcare within Universal Health Coverage. We call for EU Member States to implement at national level the actions attributed to governments within the WHO's Oral Health Action Plan 2023-2030. Actions for government bodies include, among others, innovative strategies for workforce development and the extension of essential oral healthcare as part of Universal Health Coverage for all, ensuring access for the most vulnerable in society. Prevention and oral

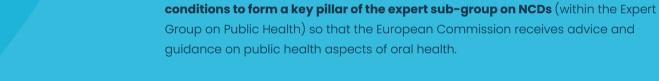
> Facilitate the implementation of integrated healthcare teams and a primary care workforce which can cater to

We call for the EU's support with regards to the transposition of minimum requirements for the education of future oral healthcare professionals. This will serve to provide students with training which reflects the current and future needs of an EU ageing population, a changing demographic, and much higher treatment needs. We also call on the EU to support Member States in implementing integrated healthcare teams who have strong public health training and can

Support the implementation of the WHO Action Plan

We call for the uptake of best practices to lower sugar, tobacco, and alcohol consumption across the EU. For instance, the EU could convene Member State representatives to consider the experiences of the 7 countries who have successfully adopted taxes on sugar-sweetened drinks as part of their strategy to reduce the burden

leverage this to improve the population's oral health.



in the EU should be complemented by the implementation of pan-European data collection infrastructures, such as the future European Health Data Space.

health promotion must be placed at the forefront of all oral healthcare, with a clear focus on primary care.

the needs of the population.

About the Platform The Platform for Better Oral Health in Europe is a joint initiative Follow us on X of the Association for Dental Education in Europe, the Council @EUOralHealth of European Chief Dental Officers, the European Association of **Email us** at Dental Public Health, the European Federation of Periodontology, secretariat@oralhealthplatform.eu



the Oral Health Foundation, and the Pan-European Region of the International Association for Dental Research. In addition to this

core group of organisations, the Platform collaborates with 20

European oral health and health associations, who advocate as part of the oral health community on a variety of issues. As the 'go to' umbrella representative of leading oral health organisations, our shared goal is to create a common European approach

towards improved oral health outcomes through policy, research,

education, promotion, and access to care.

Federation of Periodontology



Oral Health Foundation



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