

WHO DISCUSSION PAPER DRAFT GLOBAL ORAL HEALTH ACTION PLAN (2023–2030)

The Platform for Better Oral Health in Europe (“the Platform”) is a joint initiative of the key European organisations involved in oral health, including the Association for Dental Education in Europe (ADEE), the Council of European Chief Dental Officers (CECDO), the European Association of Dental Public Health (EADPH), the Oral Health Foundation and the Pan-European Region of the International Association for Dental Research (PER-IADR) as well as [20 Associate Members](#). Through our advocacy efforts at a European level, we aim to achieve improvements in oral health across Europe.

On 28 May 2022, the Platform warmly welcomed the adoption of the Global Strategy on Oral Health at the 75th World Health Assembly, which recognised the significant burden of oral health on health systems across the world and represented a crucial first step in the implementation of the [WHA74.5 resolution](#) on oral health. Focusing on the next step in this process, the **Platform** is pleased to provide the perspective of a European non-state actor to the WHO’s “**Draft Global Action Plan on Oral Health**” (hereinafter referred to as the “Action Plan”).

We applaud the draft Action Plan which outlines comprehensive actions to provide essential oral health care services as part of Universal Health Coverage as well as reduce the burden of oral diseases over the life course. The plan aligns overall with the Platform’s goals to integrate oral health into general health as well as reduce the burden of oral diseases and take action to address health inequalities in Europe. The importance of a strong public health focus is essential in that respect and the Action Plan recognises this. However, public health actions to improve oral health may not necessarily lead to a reduction in the inequalities in oral health. Therefore, the **Platform calls for the inclusion in the Action Plan of specific actions to address these unacceptable, unfair and avoidable oral health inequalities.**

Many of the proposed actions can be seen as aspirational for the public health community, we would also like to highlight that some of **the global targets are highly ambitious, particularly considering the very tight timeframe for their achievement by 2030.** Given the different levels of oral health needs, priorities, and capabilities between and within regions and between countries, as well as the large number of actions included in the Action Plan, some countries will face great challenges in implementing key proposed actions.

We would therefore **recommend that these are prioritised according to the specific context** of the different countries so that countries can use them effectively to facilitate progress in terms of improving the oral health and reducing

inequalities in their population. The WHO Secretariat and Regional Offices need to be supported so that they have the capacity to provide crucial guidance to countries in that respect. Moreover, we suggest that the **European Region serves as a driving force to assist in a more ambitious implementation of the Action Plan** as a number of EU Member States have a strong national oral health policy agenda in place and can share best practices to aid in the achievement of these targets.

In addition, we would like to underline that the **core indicators** within the Action Plan are often **overly clinical in nature, based primarily on current availability of data globally**. As such, they do not focus sufficiently on measuring the impact of poor oral health on the quality of life and therefore do not comprehensively address the oral health needs of the population. As one of the strategic objectives is around oral health information systems, this presents a unique opportunity to determine the necessary information for a needs-based oral health planning and incorporate relevant indicators in routinely collected data. Therefore, we would recommend that **the European Region develops complementary, specific indicators** (e.g., also including subjective indicators of oral health) which would be recognised as particularly relevant by decision-makers in Europe.

In view of the above, we suggest that the **European Region takes on a leadership role and provide mentoring and support in the implementation of the Action Plan**. This should be complemented by **a strong cooperation between the WHO Regional Office for Europe and the European Union** to ensure that a central coordination body drives the implementation of the Global Strategy on Oral Health in Europe. Given its unique presence at the European level, the **Platform stands ready to support the implementation of the proposed actions** of the Global Strategy on Oral Health in Europe and looks forward to collaborating with the WHO and European decision-makers to ensure this.



Professor Georgios Tsakos
Chair of the Platform for Better Oral Health in Europe

Global targets and indicators

Overall, we believe that **some key global targets and proposed actions should be seen more as aspirational rather than strictly as measurable and achievable goals** by 2030, given Member States and regions across the world will have different oral health needs, priorities, and capabilities. For instance, within the European Region, countries have diverse oral health infrastructures, workforce models and national regulatory approaches, resulting in different capabilities to implement the actions and measure progress. Therefore, the draft Action Plan should acknowledge that only a few Member States will be able to assess all of the baseline indicators. From this perspective, we would suggest **reframing the targets to be more attainable as well as identifying context-specific priority and essential targets** to help dedicate direct resources into more influential areas within oral health with a strong public health and health promotion focus.

We would also add that the overarching **global targets would, from a feasibility viewpoint, be very challenging to achieve by 2030** due to a lack of resources and national policies on oral health as well as differing national health authority capacity levels. For example, the overarching global target I (UHC for oral health) refers to 75% of the global population to be covered by essential oral health services. It is important to determine what exactly constitutes essential oral health care services, understanding that this needs to be context specific. Similarly, a 10% relative reduction in oral disease burden (Overarching global target II) may prove particularly challenging taking into account the demographic transition towards ageing societies and the epidemiological pattern of higher retention of natural teeth and increased oral health needs among current and future cohorts of older adults.

Linked to this, there is **lack of clarity as to how target percentages were decided** and would be helpful to provide the reasoning and evidence of how the target percentages were identified. More importantly, we would suggest that a third overarching global target that focuses on addressing oral health inequalities would be a meaningful addition to the Action Plan.

We very welcome the provision of a monitoring framework as this will facilitate the implementation of the Action Plan. However, the monitoring framework's **core indicators are overly clinical in nature**, as such they do not focus sufficiently on measuring the impact of poor oral health on overall health nor quality of life. Therefore, they do not comprehensively address the oral health needs of the population. From this perspective, we call on **completing them with indicators measuring functioning of oral health and quality of life**. These additional indicators would provide a good base for evaluating population oral health needs

as well as for evidence-based policy making. For instance, **the European Region could develop complementary, specific indicators** (e.g., subjective indicators of oral health) which would be recognised as particularly relevant by decision-makers in Europe.

Furthermore, **many indicators focus more on the operational impact of the targeted actions without assessing the implementation or management of direct actions.** This will make it more challenging to assess the success of the objectives and indicators. Instead, core indicator 1.1.1 refers to the existence of operational national oral health policy, strategy or action plans and 1.1.2. aims to measure the presence of dedicated staff for oral diseases in the NCD Department or other Department of the Ministry of Health. These can be drivers for positive change only if the national oral health policy is well routed in the principles of the Action Plan, i.e., have a clear public health focus on improving oral health and reducing inequalities.

Strategic objective 1: Oral health governance – Improve political and resource commitment to oral health, strengthen leadership and create win-win partnerships within and outside the health sector.

We welcome the proposed actions to **improve political and resource commitments to oral health through recognition and integration of oral health in all relevant policies and programmes across multiple areas** while shifting more attention on the importance of environmentally-sound practices in accordance with the Minamata Convention on Mercury.

However, we believe that **more specific actions should be determined to promote sustainability within oral health in alignment with the UN Sustainable Development Goals**, besides reduction in the use of dental amalgam (Action 7.), such as **creation and implementation of environmentally friendly protocols in both public and private practices.** The reduction of dental clinic's ecological footprint can be set as a best practice for other medical areas.

The clear proposed actions that relate to the civil society organisations in term of advocating for a whole government approach to oral health and ensuring government accountability to global oral health targets are very welcome.

Strategic objective 2: Oral health promotion and oral disease prevention – Enable all people to achieve the best possible oral health and address the social and commercial determinants and risk factors of oral diseases and conditions.

We particularly welcome the **focus on oral health promotion and oral disease prevention** which are integrated and mutually reinforced with other relevant NCD prevention strategies and regulatory policies.

The global targets 2.1 and 2.2 are relevant and the specific emphasis on sugar tax is a good example of a fiscal strategy that uses synergies across NCDs to promote both general and oral health. At the same time, we recognise that this is an important, but not the only, public health action to achieve the target of reduction in sugar consumption. In general, we feel that the supporting actions **do not emphasise enough the importance of increasing access to healthy diet, behavioural and lifestyle changes in the whole life course**, including children, the elderly, vulnerable groups and people with disabilities. We therefore suggest inclusion of more targeted actions, for instance, ensuring equal access to and promoting healthy diet in schools and long-term care facilities.

The role of international partners is well described with actions using key public health aspects such as common risk factors and determinants of health. We welcome **the inclusion of oral health in policy impact assessment** and would suggest that this **includes also oral health inequalities impact assessments**.

We also note positively the enhanced role of the civil society organisations towards oral health promotion, as well as the proposed actions for the private sector to improve affordability of fluoride products for oral health and reduce marketing, advertising and sale of harmful products. However, the repeated mentioning of voluntary codes of practice somewhat dilutes that action, and its implementation would be better facilitated through relevant legislations and compulsory codes of practice.

Strategic objective 3: Health workforce – Develop innovative workforce models and revise and expand competency-based education to respond to population oral health needs.

The Platform is encouraged to see the emphasis placed on the need for innovative workforce models to ensure the availability of skilled professionals who can provide essential oral healthcare services and address the population oral health needs.

Oral health promotion training is also a major priority for the reform of the training programmes. This could be taken a step further by leveraging the key role **community health and social workers play in reaching underserved and vulnerable populations to promote good oral health**. This can ensure that people are more confidently able to manage and identify changes in their oral health.

Taking a common risk factor approach means that all healthcare professionals and care workers need to have a good understanding of the links between NCDs and oral health. This can be addressed via the **inclusion of oral health prevention and promotion as core competency for key healthcare professionals**.

The importance of **public health education in the core curriculum of undergraduate and post-graduate courses** should not be understated as this is essential to ensure that oral healthcare professionals can appreciate, understand, and participate in public health strategies.

Strategic objective 4: Oral health care – Integrate essential oral health care and ensure related financial protection and essential supplies in primary health care.

The Platform greatly welcomes **the integration of oral and primary health care** as a means in which to **streamline knowledge-sharing and care processes**, as well as to support early intervention and improve overall health outcomes. We also commend the WHO for the setting up of measurable, even if sometimes challenging, global targets that relate to oral health in primary care and the inclusion of essential dental medicines in the relevant national lists.

We are also pleased to see that the Action Plan recognises the opportunities which digital technologies present for promoting oral health and improving access to oral healthcare services. In particular, **digital interventions targeting common risk factors for NCDs, such as those aimed at smoking cessation and a healthy diet, should be leveraged** to promote a holistic approach to health promotion.

However, to ensure that **current inequalities in access to oral care are not exacerbated as a result of varying levels of digital health literacy and connectivity** in vulnerable and/or hard-to-reach populations, these particular issues need to be assessed prior to the implementation of digital technologies. This can also be addressed through the support of other healthcare professionals such as primary care physicians, nurses, and pharmacists who can connect these populations with oral health professionals. On a wider level, organisations such as local authorities, national health systems, non-governmental organisations and insurance funds can also play a role in this.

Strategic objective 5: Oral health information systems – Enhance surveillance and health information systems to provide timely and relevant feedback on oral health to decision-makers for evidence-based policymaking.

The Platform applauds the **recognition of enhanced surveillance and health information systems' contribution to an evidence-informed oral health policy making**. Health information systems play a critical role in collecting data on oral health status, social determinants, risk factors and workforce as well as tracking oral health inequalities.

The emphasis on innovative methodologies to data collection is an important step forward, but this should expand beyond the use of digital technologies into innovative epidemiological tools and approaches. Furthermore, it would be welcome to refer to the **appropriate use of the wider range of study design methodologies** that can critically contribute to the modelling and evaluation of policy and health promotion interventions, as they can contribute to evidence-informed decision-making.

To have an **inclusive integrated health information system**, it is essential to ensure citizens having access to their electronic health records, which allow for a comprehensive overview of a person's health status, including their oral health. In addition to citizens having full control over their health data, the ability to securely, and with full privacy, **sharing this data with healthcare professionals within their country and across borders is key for professional integration and breaking down silos**, for patient empowerment, as well as for ensuring the continuity of their care and avoiding unnecessary duplications in consultations and tests.

Strategic objective 6: Oral health research agendas – Create and continuously update context and needs-specific research that is focused on the public health aspects of oral health.

The Platform fully supports the Action Plan's enhanced focus on public health in oral health research agendas, and its explicit mention of the need for this research to be translated into practice with evidence-based, country-specific clinical practice guidelines. Nevertheless, **re-orienting the research agenda should not imply that other research areas are neglected as a consequence**. Rather than choosing between basic and public health research, the action plan should encourage states/partners to **promote a broad oral health research agenda**. Examples of key research priorities which are not specifically mentioned under this strategic objective, should cover research oral health inequalities, primary care, and integration of care systems.

However, we believe the **Action Plan does not sufficiently reflect the essential connection between policy and research.** To ensure alignment between national oral health priorities and research, continuous conversations between policymakers, researchers, but also oral health professionals and the general public, should be facilitated at the earliest stages of policy and research development in order to ensure research and policy have the greatest possible positive impact on national oral health.