## Oral Health Country Profile

### Oral Disease Burden

#### Prevalence of oral diseases (2019)

<table>
<thead>
<tr>
<th>Prevalence of</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>untreated caries of deciduous teeth in children 1-9 years (%)</td>
<td>51.2</td>
<td>51.2</td>
<td>51.2</td>
</tr>
<tr>
<td>untreated caries of permanent teeth 5+ years (%)</td>
<td>31.5</td>
<td>31.5</td>
<td>31.5</td>
</tr>
<tr>
<td>severe periodontal disease in people 15+ years (%)</td>
<td>14.8</td>
<td>14.8</td>
<td>14.8</td>
</tr>
<tr>
<td>edentulism in people 20+ years (%)</td>
<td>1.4</td>
<td>1.4</td>
<td>1.4</td>
</tr>
</tbody>
</table>

### Risk Factors for Oral Diseases

#### Risk factors (2019)

<table>
<thead>
<tr>
<th>Risk factor (2019)</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita availability of sugar (g/day)</td>
<td>…</td>
<td>…</td>
<td>18.5</td>
</tr>
<tr>
<td>Prevalence of current tobacco use, 15+ years (%)</td>
<td>13.8</td>
<td>49.1</td>
<td>31.5</td>
</tr>
<tr>
<td>Per capita alcohol consumption, 15+ years (litres of pure alcohol/year)</td>
<td>0.3</td>
<td>1.1</td>
<td>0.6</td>
</tr>
</tbody>
</table>

### Economic Impact

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

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditure on dental healthcare in million (US$)</td>
<td>89</td>
</tr>
<tr>
<td>Per capita expenditure on dental healthcare (US$)</td>
<td>3.1</td>
</tr>
<tr>
<td>Total productivity losses due to 5 oral diseases in million (US$)</td>
<td>54</td>
</tr>
<tr>
<td>Affordability of fluoride toothpaste</td>
<td>unaffordable</td>
</tr>
<tr>
<td>Number of labour days needed to buy annual supply of fluoride toothpaste per person</td>
<td>1.8</td>
</tr>
</tbody>
</table>

### National Health System Response

#### Policies, measures and resources (2021)

- Implementation of tax on sugar-sweetened beverages (SSB): no
- Existence of a national oral health policy/strategy/action plan (operational/drafting stage): yes
- Presence of dedicated staff for oral health working on NCDs at the MoH: yes
- Noma recognized as a national public health problem: no

#### Oral Health Workforce

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number</th>
<th>Per 10 000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>2 025</td>
<td>0.7</td>
</tr>
<tr>
<td>2018</td>
<td>90</td>
<td>0.0</td>
</tr>
</tbody>
</table>

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

- Oral health screening for early detection of oral diseases: unavailable
- Urgent treatment for providing emergency oral care & pain relief: unavailable
- Basic restorative dental procedures to treat existing dental decay: unavailable

#### Oral health interventions as part of health benefit packages (2021)

- Coverage of the largest government health financing scheme (% of the population): 12
- Routine and preventive oral health care: yes
- Essential curative oral health care: yes
- Advanced curative oral health care: yes
- Rehabilitation oral health care: no

---

*WHO/UCN/NCD/MND/NPL/2022.1 – © WHO 2022. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.*
ORAL HEALTH COUNTRY PROFILE

NOTES AND REFERENCES
1. Total population in thousands (2020)
   Population estimates as of 1 July 2020 presented in thousands. 
   (Data source: United Nations, Department of Economic and Social Affairs (DESA), 
   Population Division. World Population Prospects 2022, Online Edition; 2022.)
2. Per capita current health expenditure in PPP int (2019)
   Per capita current expenditures on health expressed in respective currency - international 
   Purchasing Power Parity (PPP) dollar. 
   (Data source: WHO Global Health Observatory; 2019.)

ORAL DISEASE BURDEN
   Estimated prevalence of untreated caries of deciduous teeth in children 1-9 years:
   Rate of children between 1-9 years who have untreated caries in one or more 
   deciduous teeth. Untreated caries is defined as a lesion in a pit or fissure, or on 
   a smooth tooth surface, that has an unmistakable cavity, undermined enamel, or a 
   detectably softened floor or wall (coronal caries), or feels soft or leathery to probing 
   (root caries).
   Estimated prevalence of untreated caries of permanent teeth in people 5+ years:
   Rate of persons older than 5 years with one more carious permanent teeth. Untreated 
   caries is defined as a lesion in a pit or fissure, or on a smooth tooth surface, that has 
   an unmistakable cavity, undermined enamel, or a detectably softened floor or wall 
   (coronal caries), or feels soft or leathery to probing (root caries).
   Estimated prevalence of severe periodontal disease in people 15+ years:
   Rate of persons aged 15 years and older affected by severe periodontal disease, a chronic 
   inflammation of the soft and hard tissues that support and anchor the teeth. 
   Severe periodontal disease is defined as a gingival pocket depth equal or more than 6 mm, 
   or Community Periodontal Index of Treatment Needs (CPITN) also referred to as 
   Community Periodontal Index (CPI) score of 4, or a clinical attachment loss (CAL) 
   more than 6 mm.
   Estimated prevalence of edentulism in people 20+ years:
   Estimated number of new cases lip and oral cavity cancer: 
   Estimated number of new cases of lip and oral cavity cancer in females, males and total population 
   all ages.
   Estimated incidence rate of lip and oral cavity cancer (per 100 000 population):
   Age-standardized incidence rate of lip and oral cavity cancer in females, males and total population 
   all ages.
   Estimated number of new cases of lip and oral cavity cancer: 
   Implementation of tax on sugar-sweetened beverages (SSB): Status of implementation 
   of taxes on sugar sweetened beverages (SSB). “Yes” responses refer to the application 
   of excise taxes and/or special VAT/sales tax rates.
   Existence of a national oral health policy/strategy/action plan (operational/drafting 
   stage): Status of implementation of a policy, strategy or action plan for oral health. “Yes” 
   refers to a policy, strategy, or action plan for oral health that is operational or under 
   development, and “no” refers to a policy, strategy, or action plan for oral health that is 
   not in effect or where no response was given.

RISK FACTORS FOR ORAL DISEASES
   Per capita availability of sugar (g/day): The availability of sugar is based on sugar (raw 
   equivalent) including i) raw cane or beet sugar, ii) cane sugar, centrifuged, iii) beet sugar, 
   iv) refined sugar and v) sugar confectionery for national consumption and then computed 
   as grams available per person and day.
   (Data source: United Nations Food and Agriculture Organization. Food Balance Sheets; 2019.)
   Prevalence of current tobacco use, 15+ years (%): The percentage of the population 
   aged 15 years and older who currently use any tobacco product (smoked and/or smokeless 
   tobacco) on a daily or non-daily basis (age-standardized rate).
   Per capita alcohol consumption, 15+ years (litres of pure alcohol/year): The total 
   alcohol per capita consumption comprises both, the recorded and the unrecorded alcohol 
   per capita consumption.
   (Data source: WHO Global Health Observatory; 2019.)

ECONOMIC IMPACT
5. Economic impact related to oral diseases, treatment and prevention (2019)
   Total expenditure on dental healthcare in million (US$): Estimate of total annual national 
   expenditure on dental healthcare in outpatient dental care (public and private) in 2019.
   Per capita expenditure on dental healthcare (US$): Estimate of the annual per 
   capita expenditure on dental healthcare for outpatient dental care (public and private) in 2019.
   Total productivity losses due to 5 oral diseases in million (US$): Estimate of total 
   productivity losses in 2019 resulting from combined impact of 5 untreated oral diseases 
   including caries in deciduous and permanent teeth, severe periodontal disease, edentulism, 
   and other oral conditions as defined by GBD.
   (Data source: Jevdjevic & List 2022.)
   Affordability of fluoride toothpaste (number of labour days needed to buy annual 
   supply of fluoride toothpaste per person): Number of labour days needed to buy 
   the recommended annual supply of fluoride toothpaste for one person based on the daily 
   wage of the lowest-skilled government worker. Fluoride toothpaste is categorized as affordable 
   if one day or less (≤ 1) of labour is needed and as unaffordable if more than one day (>1) 
   of labour is needed to buy the annual supply for one individual.
   (Data source: WHO; 2019.)

NATIONAL HEALTH SYSTEM RESPONSE
6. Policies, measures and resources (2021)
   Implementation of tax on sugar-sweetened beverages (SSB): Status of implementation 
   of taxes on sugar sweetened beverages (SSB). “Yes” responses refer to the application 
   of excise taxes and/or special VAT/sales tax rates.
   Existence of a national oral health policy/strategy/action plan (operational/drafting 
   stage): Status of implementation of a policy, strategy or action plan for oral health. “Yes” 
   refers to a policy, strategy, or action plan for oral health that is operational or under 
   development, and “no” refers to a policy, strategy, or action plan for oral health that is 
   not in effect or where no response was given.

Presence of dedicated staff for oral health working on NCDs at the MoH: Presence of 
   technical/professional staff in the unit/branch/department working on NCDs in the 
   Ministry of Health dedicating a significant portion of their time to oral health.
   (Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.)

Noma recognized as a national public health problem: Noma (cancrum oris) is a non-
   communicable necrotizing disease that starts as a lesion of the gums inside the mouth 
   and destroys the soft and hard tissues of the mouth and face. Countries are part of 
   the Regional Noma Control Programme in the WHO African Region and recognize noma 
   as a national public health problem.
   (Data source: Regional Noma Control Programme in WHO African Region; 2021.)

8. Oral health workforce
   Dental assistants and therapists: Dental assistants and therapists provide basic dental 
   care services for the prevention and treatment of diseases and disorders of the teeth 
   and mouth, according to care plans and procedures established by a dentist or other 
   oral health professionals. The category of dental assistants and therapists also includes 
   dental hygienist and dental nurses.

Dental prosthetic technicians: Dental prosthetic technicians design, fit, service and 
   repair dental devices and appliances following prescriptions or instructions established 
   by a health professional. They may serve a wide range of support instruments to correct 
   dental problems, such as dentures, and dental crowns and bridges.

Dentists: Dentists diagnose, treat and prevent diseases, injuries and abnormalities 
   of the teeth, mouth, jaws and associated tissues by applying the principles and procedures 
   of modern dentistry. They use a broad range of specialized diagnostic, surgical and other 
   techniques to promote and restore oral health.

Per 10 000 population (2014-2019): Describes the ratio of the respective oral health 
   professionals per 10 000 population (latest available data between 2014-2019).
   (Data source: The National Health Workforce Accounts (NHWA) data platform, WHO; 2020.)

9. Availability of procedures for detecting, managing and treating oral diseases in 
   primary care facilities of the public health sector (2021)
   “Generally available” refers to reaching 50% or more patients in need whereas “generally 
   not available” refers to reaching less than 50% of patients in need.
   • Availability of oral health screening for early detection of oral diseases.
   • Availability urgent treatment for providing emergency oral & oral pain relief.
   • Availability basic restorative dental procedures to treat existing dental decay.
   (Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.)

10. Oral health interventions as part of health benefit packages (2021)
   Inclusion of oral health interventions in public health Benefit Packages: The extent 
   to which oral health interventions are included in the largest government health financing 
   scheme. The term “largest” is defined as having the highest total population eligible 
   to receive services, while the term “government” is defined as including any public sector 
   scheme for health service provision, including coverage for groups such as the general 
   population, public sector employees and/or the military. Interventions comprise:
   • Routine and preventive oral health care.
   • Essential curative oral health care (including non- surgical extraction and drainage 
     of abscesses).
   • Advanced curative oral/dental care (including resin composite and dental amalgam 
     including x-rays, complex fillings, root canal treatment).
   • Rehabilitative oral health care (including crowns and bridges, dentures, orthodontics, 
     dental implants).
   (Data source: WHO Health Technology Assessment and Health Benefit Package Survey; 2021.)