

**Dr Benedikt Huttner**  
**Secretary of the Expert Committee on the Selection and Use of Essential Medicines**  
**World Health Organization, Geneva, Switzerland**  
Via email to [emlsecretariat@who.int](mailto:emlsecretariat@who.int)

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**EML Application A.28 - Joint comment of all ten WHO Collaborating Centers related to Oral Health**

Dear Dr Huttner

We are pleased to jointly submit our comments related to the application

**A.28 Silver Diamine Fluoride – Dental Caries - EML and EMLc**

As WHO Collaborating Centers for oral health (WHO CCs), we are dedicated to supporting WHO in its efforts to improve oral health globally. The initiative to expand the WHO List of Essential Medicines (EML) for adults and children (EMLc) by including several dental preparations is very pertinent and timely. The addition of glass ionomer cement (A.16), fluoride toothpaste (A.14) and silver diamine fluoride (A.28) to the EML would represent a significant milestone in addressing the significant burden of dental caries worldwide.

*Application A.28* highlights in detail both the public health needs of populations suffering from untreated dental caries, as well as the role of silver diamine fluoride (SDF) for both the prevention of dental caries and for arresting untreated dental caries.

The very high efficiency of SDF in reducing the incidence of dental caries, the low cost per application and the ease of administering SDF on tooth surfaces are at the core of the public health relevance of SDF. The material is particularly suitable for use in low-resource settings with simple infrastructure and clinical conditions. The American Dental Association's *Evidence-based clinical practice guideline on nonrestorative caries treatment*<sup>1</sup> recognizes that "SDF could be used for a broad range of situations, including, but not limited to, when local or general anesthesia is not preferred, when a patient is not able to cooperate with treatment, or when it is necessary to offer a less costly or less invasive alternative" are underscoring the relevance of SDF for caries treatment even in well-resourced clinical settings.

Primary oral healthcare in low-resource settings is oftentimes limited by a lack of essential supplies such as filling materials or caries preventive agents. This leads to an unnecessary focus of treatment on tooth extraction even in situations where caries arrest with SDF would be an option. Including SDF in the EML and EMLc as requested in *Application A.28* would strengthen the availability of SDF in the context of essential oral healthcare interventions. Governments and regulatory and policy-making bodies such as national agencies for food and drug control, would be encouraged to step up their efforts to ensure availability, quality and affordability of SDF as an essential material for oral healthcare. The inclusion of SDF in the EML/EMLc also provides governments with an expanded range of policy options to strengthen public health and positively impact oral health of their populations.

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<sup>1</sup> Slayton RL, Urquhart O, Araujo MWB et al. Evidence-based clinical practice guideline on nonrestorative treatments for carious lesions: A report from the American Dental Association. J Am Dent Assoc. 2018;149(10):837-849.e19.

An recent expert consultation convened by the World Federation of Public Health Association's Oral Health Working Group confirmed that "the use of SDF in clinical and community settings offers a safe, effective, practical, equitable, and acceptable option for the treatment of carious lesions [...] Incorporating SDF into community dentistry programs could attract patients who do not traditionally see the dentist, which could reduce the prevalence of caries globally and make health care more accessible."<sup>2</sup>

In view of the necessary expansion of coverage with essential oral healthcare services to strengthen UHC, the resolution of the WHO Executive Board adopted in January 2021 (Resolution EB148/1) requests WHO "to develop "best buy" interventions on oral health, as part of an updated Appendix 3 of the WHO Global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Intervention Compendium". We believe that the high efficiency and low cost make SDF a priority intervention for consideration and analysis as part of the WHO Best Buys. We therefore encourage the Expert Committee on the Selection and Use of Essential Medicines during its 23<sup>rd</sup> meeting in June 2021 to consider the *Application A.28* favourably for the betterment of oral health worldwide.

The WHO CCs related to oral health remain at the Committee's and WHO's disposal for additional information, data and other support.

Signed by the directors of all WHO CCs listed below (in alphabetical country order)

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<sup>2</sup> Bridge G, Martel AS, Lomazzi M (2021) Silver Diamine Fluoride: Transforming community dental caries program. Int Dent J  
<https://doi.org/10.1016/j.identj.2020.12.017>