

August 28, 2022

Tedros Adhanom Ghebreyesus, PhD.
Director-General,
World Health Organization
20, Avenue Appia, CH-1211
Geneva 27

Re: Second Draft - Updated Appendix 3 of the WHO Global NCD Action Plan 2013 – 2030.

via email: NCDappendix3@who.int

The International Association for Dental Research (IADR), which represents over 10,000 researchers around the world with a mission to drive dental, oral and craniofacial research for health and well-being worldwide, appreciates the opportunity to share our thoughts on the Second Draft of the Updated Appendix 3 of the World Health Organization (WHO) Global Non-Communicable Disease (NCD) Action Plan 2013 – 2030. IADR also thanks the WHO for the consideration of our previously submitted comments relative to the first draft of the updated appendix.

IADR applauds the WHO for the inclusion of Background point 6 *“This updated version of the Appendix 3, will complement existing global strategies and action plans and a number of new technical products that WHO secretariat is developing along with the NCD Implementation Roadmap for the WHO Global NCD Action Plan 5 including the WHO menu of cost-effectiveness intervention for mental health, the recommended interventions to address the health impact of air pollution and the menu of cost-effective interventions for oral health that are being developed.”* As oral health is a key indicator of overall health, well-being, and quality of life¹, the complementarity of the global NCD Action Plan with the development of cost-effective interventions for oral health is crucial for the promotion of good oral health and by extension a reduction in the prevalence of several leading NCDs.

Furthermore, and as stated in the [WHO adopted Global Strategy on Oral Health](#), “Oral diseases and conditions share risk factors common to the leading NCDs, that is, cardiovascular disease, cancer, chronic respiratory disease, diabetes and mental health conditions. These risk factors include both smoking and smokeless tobacco, harmful alcohol use, high sugars intake and lack of breastfeeding, as well as the human papillomavirus for oropharyngeal cancers.” Consequently, IADR continues to support the consideration of the following additions in further iterations of Appendix 3: i). limiting free sugars to less than 10% of total energy intake, ii). emphasis of interventions geared towards oral health care for people with diabetes, iii). gender neutral vaccination campaigns for comprehensive protection against human papillomavirus, and iv). preventative interventions and screening for oral cancers in high-risk groups.

IADR stands ready to work with the WHO, the Division of UHC/Communicable and Noncommunicable Diseases, and other stakeholders to further include oral diseases within the action plan. If you have any further questions, please contact Dr. Makyba Charles-Ayinde, Director of Science Policy, at mcayinde@iadr.org.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Chris H Fox', written in a cursive style.

Christopher H. Fox, DMD, DMSc
Chief Executive Officer

¹World Health Organization. (2021). Oral Health. Retrieved from: https://www.who.int/health-topics/oral-health#tab=tab_1. Accessed on [08/24/2022].