

FDI World Dental Federation submission: WHO consultation on the draft Updated Appendix 3 of the WHO Global NCD action plan 2013–2030

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FDI World Dental Federation (FDI) — representing over one million dentists and close to 200 national dental associations, globally — thanks WHO for the opportunity to comment on the *Updated Appendix 3 of the WHO Global NCD action plan 2013–2030*.

We commend WHO for developing the *Implementation roadmap 2023–2030 for the global action plan (GAP) for the prevention and control of NCDs 2013–2030* and for updating Appendix 3, which supports this. FDI has consistently called for WHO to acknowledge oral health as a core element of the NCD agenda that the roadmap must also align with to make the NCD response more comprehensive, unified, and coherent, as it currently only focuses on the existing NCD targets and the “4 by 4 NCD agenda”.

We celebrated the adoption of the landmark resolution on oral health ([WHA74.5](#)) by Member States in May 2021, followed by approval of the [Global oral health strategy](#) — which is strongly aligned with our own [Vision 2030 – Delivering Optimal Oral Health for All](#) — at the 75th World Health Assembly (WHA75), in May 2022. This progress represents a unique opportunity to tackle oral diseases as part of the global NCD disease burden, to reduce oral and general health inequalities, and to ensure that oral health promotion and oral healthcare are fully embedded into strategies addressing NCDs and Universal Health Coverage (UHC).

Para. 49 of the oral health strategy recognizes that “By 2023, WHO will translate this strategy into an action plan for public oral health, including a monitoring framework for tracking progress with clear measurable targets to be achieved by 2030. By 2024, WHO will recommend cost-effective, evidence-based oral health interventions as part of the updated Appendix 3 to the NCD-GAP and the WHO UHC Compendium.”

FDI, therefore, appreciates that the draft updated Appendix 3 acknowledges this commitment in para. 6 of the *Background* section by highlighting “this updated version of the Appendix 3, will complement a number of technical products that WHO secretariat is developing along with the NCD Implementation Roadmap for the WHO Global NCD Action Plan 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.”

Oral health is recognized as a key indicator of overall health, well-being, and quality of life. [The Global Burden of Disease Study 2019](#) estimated that oral diseases affect close to 3.5 billion people worldwide with untreated dental caries (tooth decay) in permanent teeth being the most common health condition globally. Given that most oral diseases and conditions share modifiable risk factors with the leading NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes), and [there is a causal link between high consumption of sugars and diabetes, obesity, and dental caries](#) the interventions outlined under “**Objective 3: To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments**”, will also have a positive impact on the prevention and control of oral diseases. Specifically, interventions targeted at reducing tobacco and alcohol use, as well as the consumption of unhealthy diets high in free sugars.

However, the associations between oral health, NCDs, and general health go beyond sharing risk factors. Oral diseases often manifest together with other NCDs in the form of comorbidities. Evidence has shown a bidirectional relationship between diabetes and periodontal disease – where people with diabetes have an increased risk of periodontal disease, and treatment of periodontal disease improves blood glucose levels¹. Higher prevalence of hypertension, a risk factor for cardiovascular complications, has also been observed in people with poor periodontal health², and oral bacteria has been linked with the development of dementia, cardiovascular disease, and systemic infection.^{3,4} Maintaining good oral health is, therefore, key to reducing the risk for a whole range of NCDs.

Specific comments for consideration

Objective 3: To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments		
Tobacco use		
No.	Intervention	Comment
T5	Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke	<ul style="list-style-type: none"> Encourage the use of existing campaigns such as World Oral Health Day (20 March), World No Tobacco Day (31 May), World Cancer Day (4 February), World Heart Day (29 Sept) etc., where messaging on tobacco as a risk factor is already integrated across freely available material, which can be adapted and used at a country level. Tobacco use should encompass all forms of tobacco (including smoking and smokeless tobacco, such as betel quid and areca nut). Explicit mention of betel quid and areca nut may be helpful to those countries specifically in South Asia, where they are considered a major risk factor for oral cancer, for example. In addition, there is an urgent need to educate the public about the risks associated with electronic nicotine delivery systems (ENDS) such as e-cigarettes and vaping devices.
T6	Provision of cost-covered effective population-wide support (including brief advice, national toll-free quit line services and mCessation) for tobacco cessation to all tobacco users	<ul style="list-style-type: none"> Champion interprofessional collaboration and the use of existing resources to deliver 'brief' interventions within specific settings. For example, evidence suggests that behavioural counselling (typically brief) conducted by oral health professionals in conjunction with an oral examination in the dental office or community setting can increase tobacco abstinence rates by 70% at six months or longer⁵. FDI's Tobacco Cessation project was launched with this purpose in mind, to provide oral health professionals with smoking cessation and control resources that can be implemented in the dental setting in collaboration with other relevant health

		professionals. Resources and training on how to deliver three-to-five-minute, brief tobacco interventions to dental patients in primary care by using the 5As and 5Rs models are available.
Other considerations		
Unhealthy diet		
No.	Intervention	Comment
H4	Behaviour change communication and mass media campaign for healthy diets	<ul style="list-style-type: none"> Encourage the use of existing campaigns such as World Oral Health Day (20 March), World Cancer Day (4 February) and World Heart Day (29 Sept) etc., where messaging on the importance of eating healthy, low-sugar diets, as a way of managing disease risk is already integrated across freely available material, which can be adapted and used at a country level.
H6	Taxation on sugar-sweetened beverages as part of comprehensive fiscal policies to promote healthy diets	<ul style="list-style-type: none"> The consumption of free sugars is one of the biggest risk factors for the development of dental caries, the most prevalent NCD, globally, as well as diabetes and obesity. Fiscal policies are therefore important, not only for the promotion of healthy diets but for disease prevention. In line with the 2015 WHO Guidelines for sugars intake for adults and children, which had a particular focus on the prevention and control of unhealthy weight gain and dental caries. Adults and children should reduce their daily intake of free sugars to less than 10% of their total energy intake (strong recommendation). A further reduction to below 5% (conditional recommendation) or roughly 25 grams (6 teaspoons) per day would provide additional health benefits.
Other interventions		
H11	Nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to promote healthy diets.	<ul style="list-style-type: none"> In addition to education there should be improvement of the food environment in public institutions (i.e., schools, hospitals, public buildings, and workplaces), and increasing awareness and access to clean water. Water only and 'junk-food' free vending machines, for example should be promoted. Nutrition education of pregnant women should also be prioritized, especially the importance of breastfeeding. Lack of breastfeeding is a common NCD risk factor as

		it is linked, for example, with a higher risk of developing early childhood caries and obesity ⁶ .
Objective 4: To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people centred primary health care and universal health coverage		
Diabetes		
No.	Intervention	Comment
D1	Foot care to prevent amputation in people with diabetes (including educational programmes, access to appropriate footwear, multidisciplinary clinics)	<ul style="list-style-type: none"> There is strong evidence that for people living with diabetes, good periodontal health leads to improved blood glucose control, reduces the likelihood of hospitalization, and lowers the cost of treating diabetes. Good oral care and hygiene practices should therefore also be promoted.
Cancer		
CA1	Vaccination against human papillomavirus (1-2 doses) of 9-14 year old girls	<ul style="list-style-type: none"> Human papillomavirus (HPV) is a risk factor for oropharyngeal cancers. A vaccination strategy of girls and boys will reduce oropharyngeal cancers and also compliment the global strategy to accelerate the elimination of cervical cancer.

Summary

As highlighted in the updated Appendix 3, FDI looks forward to inputting into all consultations related specifically to the WHO menu of cost-effective interventions for oral health (in response to paragraph 3.5 of resolution [WHA74.5](#)), being developed as part of the process to advance the action plan for public oral health, including a framework for tracking progress with clear measurable targets to be achieved by 2030.

As the oral health specific interventions are being developed, we encourage WHO to remind Member States of the new section on dental preparations that was included in the 2021 WHO's [Model List of Essential Medicines \(EML\)](#) and [Model List of Essential Medicines for Children \(EMLc\)](#), which can already be integrated into their own national medicines lists, if they are not currently included.

Finally, FDI believes that there should be a mechanism for Appendix 3 to be reviewed and updated on a regular basis as new data, research, and evidence becomes available, demonstrating the proven efficacy, safety, and cost-effectiveness of additional interventions. As such a timeline outlining such a process should be added to the draft.

FDI also supports the submission from the International Association for Dental Research on this first draft discussion paper for the updated Appendix 3.

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