

Australia's Feedback on the Draft Global Oral Health Action Plan 2023-2030

General comments:

- The Australian Government commends the WHO on the development of a comprehensive, ambitious, and integrated approach to global oral health in the draft Global Oral Health Action Plan (the Draft Plan). The Australian Government views the draft action plan as a roadmap for guiding national and sub-national actions for the advancement of better oral health across Australia.
- We note the Draft Plan sets out the burden of oral disease across the world and the urgency for a coordinated and measured approach to address the global economic, social, and environmental impacts of oral disease. Although Australia is a wealthy and developed country, we also have inequity in access and poor oral health outcomes in particular vulnerable cohorts, such as those from low socio-economic backgrounds, older Australians, and Indigenous communities. It is generally accepted that 80% of the oral disease in Australia is experienced by 20% of the population, lending weight to a risk-based approach to public dental services.

Comments on SCOPE, GOAL AND OVERARCHING TARGETS OF THE GLOBAL ORAL HEALTH ACTION PLAN (2023-2030)

Global Health Target 1: Universal Health Coverage (UHC) for Oral Health

By 2030, 75% of the global population will be covered by essential oral health care services to ensure progress towards UHC for oral health

- Australia supports the aspirational target.

Comments on ACTION AREA FOR STRATEGIC OBJECTIVE 1: ORAL HEALTH GOVERNANCE

Global Target 1.1: National leadership on oral health

By 2030, 80% of countries will have an operational national oral health policy, strategy or action plan, and dedicated staff for oral health at the Ministry of Health

- Australia has a national oral health plan: [Australia's National Oral Health Plan 2015–2024](#). The plan has 2 national goals. Firstly, to improve the oral health status of Australians by reducing the incidence, prevalence, and effects of oral disease. And secondly to reduce inequalities in oral health status across the Australian population.
- The Australian Department of Health and Aged Care has a dedicated unit that oversees national policy and program development and delivery. The team has strong ties with sub-national governments who are responsible for the delivery of public oral health services, as well as peak bodies representing the dental profession across both the public and private sectors.

Global Target 1.2: Environmentally sound practices

By 2030, 90% of countries will have implemented two or more of the recommended measures to phase down dental amalgam in line with the Minamata Convention on Mercury or will have it phased out.

- Australia is a party to the Minamata Convention on Mercury and is in the process of taking action to implement these measures.

Comments on ACTION AREA FOR STRATEGIC OBJECTIVE 2: ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION

Global target 2.1: Reduction of sugar consumption: *By 2030, 70% of countries will have implemented a tax on sugar-sweetened beverages*

- It is important to recognise Member States' sovereignty in implementing taxation policy. decisions on taxation policy require consideration and action from outside the Health portfolio.
- In Australia, many foods high in sugar such as ice-creams, biscuits and other confectionary are subject to Goods and Services Tax, whilst foods such as fresh fruit and vegetables are not.
- While the [National Preventive Health Strategy 2021-2030](#) includes policy achievements relating to reduced sugar content, including consideration of tax reform, any decision to introduce a sugar tax would need to be considered alongside other policy measures and would need to balance the benefits with the costs for Australian families.

Action 22: Support policies and regulations to limit free sugars intake

- Australia has several policies that contribute to limiting free sugar intake including a review of nutrition labelling for added sugars.
- Healthy Food Partnership (the Partnership) is a collaborative forum bringing together government, the food industry, and the public health sector to encourage healthy eating among Australians and empower food manufacturers to provide healthier choices.
- Activities under the Partnership aim to improve the nutrition of all Australians by making healthier food choices easier and more accessible, and by raising awareness of better choices and portion sizes.
 - The Partnership Reformulation Program involves working with food companies to reduce the amount of sodium, sugar, and saturated fat through voluntary targets across a range of food and beverage categories.
- Industry Guide to Voluntary Serving Size Reduction (the Guide):
 - The Guide contains maximum serving size recommendations for 11 discretionary food and beverage categories sold in retail and out of home settings. Some of the food categories that are typically high in sugar content includes chilled beverages, sweet biscuits, and cakes, muffins, and slices. These voluntary recommendations are intended to be adopted by food companies. The Guide is expected to be published late 2022.

Comments on ACTION AREA FOR STRATEGIC OBJECTIVE 3: HEALTH WORKFORCE

Global target 3: Innovative workforce model for oral health: *By 2030, at least 50% of countries will have an operational national health workforce strategy that includes workforce trained to respond to population oral health needs.*

- Australia supports this target in principle but is yet to develop a national health workforce strategy that covers the dental workforce.

Comment on ACTION AREA FOR STRATEGIC OBJECTIVE 4: ORAL HEALTH CARE

Global target 4.2: Essential dental medicines: *By 2030, at least 50% of countries will have included the WHO essential dental medicines in the national essential medicines list.*

- Australia supports this target in principle. Australia does not have an essential medicines list, but these products are available, safety is regulated, and products are affordable to the general population and for those on lower incomes through Government supported programs.

Comments on ACTION AREA FOR STRATEGIC OBJECTIVE 5: ORAL HEALTH INFORMATION SYSTEMS

Global target 5: Integrated oral health indicators: *By 2030, 75% of countries will have included oral health indicators in their national health information systems in line with the monitoring framework of the global oral health action plan.*

- Australia is committed to presenting the most up-to-date data available on the oral health status of Australians and their use of dental care services for use by decision-makers for evidence-based policy making.
- Due to Australia's federal health system, there is no comprehensive national data sources available. National population surveys of oral health are conducted infrequently, around every 10 years.
- Public dental services are operated by sub-national governments, and the data presented are submitted by the sub-national governments sourced from their own public dental data systems. Because eligibility for services and the organisation of services varies across the jurisdictions, the data are not considered to be comparable across jurisdictions and data have not been aggregated to the national level
- A set of 26 core Key Performance Indicators (KPIs) were developed to measure progress on the implementation of the National Oral Health Plan 2015-2024.
- The Australian Institute of Health and Welfare has published the [National Oral Health Plan 2015–2024: performance monitoring report](#) which presents data available for the 26 core indicators. The data were collected from several sources including national population surveys of oral health and sub-national public dental service data collections.
- Australia is working towards expanding its national population-level oral health data collection systems. The Australian Government will work with sub-national governments to develop more comprehensive patient outcome data sets.

Comments on ACTION AREA FOR STRATEGIC OBJECTIVE 6: ORAL HEALTH RESEARCH AGENDAS

Global target 6: Research in the public interest: *By 2030, at least 20% of countries will have a national oral health research agenda focused on public health and population-based interventions.*

Action 83. Reorient the oral health research agenda: *Define national oral health research priorities to focus on public health and population-based interventions.*

- Australia's National Oral Health Plan includes a goal to develop and implement a national oral health research strategy to identify priorities and coordinate activities. However, Australia is yet to develop this strategy.

[EXT] Canada Comments on WHO Discussion Paper - Draft Global Oral Health Action Plan 2023-2030

Parent, Adrienne (PHAC/ASPC) <Adrienne.Parent@phac-aspc.gc.ca>

Tue 9/20/2022 3:23 PM

To: oralhealth <oralhealth@who.int>

Cc: Kate Trotter <kate.trotter@phac-aspc.gc.ca>

Hello,

We apologize for the delay in providing these comments to the WHO. Please see Canada's input regarding the WHO Discussion Paper – Draft Global Oral Health Action Plan 2023-2030 for the WHO's consideration.

Comments:

We would first like to thank you for the opportunity to review and provide feedback on this discussion paper. Canada recognizes the importance of a global oral health action plan to implement the resolution on oral health and the global strategy on oral health. As you may know, the Government of Canada committed \$5.3 billion over five years, starting in 2022-23, and \$1.7 billion ongoing, to Health Canada to provide dental care for Canadians. Canada has some comments to offer regarding the WHO Discussion Paper for Global Health Action Plan on Oral Health:

- 1) It is critical to recognize that the targets and actions identified in this action plan that require national strategies, units, services, policies, etc. must reflect the reality of the different jurisdictional authorities that may exist in different Member States, recognizing that not all countries will establish and/or provide these services at a national level. The indicators are centered on a national plan and do not consider the role that sub-national governments (e.g. provinces/territories) may play in managing health services. References to 'national **and sub-national** [plans/strategies/etc.], **as appropriate**' can help to ensure that Member States can report on progress accurately, in line with their circumstances.
- 2) With regards to the indicators, we recommend that an explicit list of all core indicators be included in the discussion paper (or as an annex). We note that the paper notes 11 indicators while there appears to be 12. A full list would clarify this point.

Sincerely,

Adrienne Parent

(she | elle)

Policy Analyst | Analyste de politiques

Multilateral Relations Division | Division des relations multilatérales

Office of International Affairs for the Health Portfolio | Bureau des affaires internationales du portefeuille de la santé

Government of Canada | Gouvernement du Canada

adrienne.parent@phac-aspc.gc.ca | 343-573-9200

[EXT] Transmission du plan d'action du programme national de santé bucco-dentaire

GAMI Jean-Pierre <jeanpierregami@gmail.com>

Fri 9/16/2022 5:23 PM

To: oralhealth <oralhealth@who.int>

Cc: Milamem Mbaidedji (fcinedany@yahoo.fr) <fcinedany@yahoo.fr>; Dr I. Barh Bachar (barhb@yahoo.com) <barhb@yahoo.com>; MSPSN/SGA Dr Mahamat Hamit Ahmat <mht_hamit@yahoo.fr>; DAOUD Saada (saadamht@gmail.com) <saadamht@gmail.com>; Faly Janserbe <falyjanserbe@yahoo.fr>; Abakar Idriss <abakaridrissdc@gmail.com>; Nadjitgardji Mahamat Ali <nadjitfils@gmail.com>; Oulech Taha <oulech.taha@gmail.com>

Bonjour,

Pour faire suite au processus de recueil des observations pays sur le projet de plan d'action mondial pour la santé bucco-dentaire, je vous transmets en pièce jointe, de la par du Secrétaire Général du Ministère de la Santé du Tchad, le plan d'action du programme national de la santé bucco-dentaire pour toutes fins utiles.

En vous souhaitant bonne réception.

Bien cordialement

Jean-Pierre

Conseiller du SG du Ministère de la Santé.

Le ven. 2 sept. 2022 à 08:20, oralhealth <oralhealth@who.int> a écrit :

Cher Jean-Pierre,

Nous vous remercions pour votre courriel. Malheureusement, il n'existe pas de version française du projet de plan d'action mondial pour la santé bucco-dentaire. Cependant, une traduction sera disponible pour 6 langues des Nations Unies avant la réunion du Conseil d'administration l'année prochaine.

Veuillez noter que le document que vous avez partagé n'est pas le projet de plan d'action mondial pour la santé bucco-dentaire. Nous joignons ici le projet de plan d'action mondial pour la santé bucco-dentaire pour votre référence.

Merci beaucoup pour votre compréhension.

Avec nos meilleures salutations,
Programme de santé bucco-dentaire de l'OMS

From: GAMI Jean-Pierre <jeanpierregami@gmail.com>

Sent: Wednesday, August 31, 2022 5:03 PM

To: oralhealth <oralhealth@who.int>

Subject: [EXT] Besoin de la version française du document de plan d'action Oral Health.

Bonjour,

S'il vous plaît, est ce possible d'avoir la version en français de ce document attaché?

Nous sommes invités à faire part de nos commentaires sur le premier projet de document de travail de l'OMS, disponible sur la page Web suivante : <https://www.who.int/newsroom/events/detail/2022/08/11/defaultcalendar/consultation-on-the-global-oral-health-action-plan> avant le 16 septembre 2022. Les commentaires peuvent être transmis par courriel à l'adresse suivante : oralhealth@who.int.

Merci d'avance

Jean-Pierre du Ministère de la Santé du Tchad.

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Jean-Pierre GAMI

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Jean-Pierre GAMI

RÉPUBLIQUE DU TCHAD

CONSEIL MILITAIRE DE TRANSITION

PRÉSIDENTIE DU CONSEIL

PRIMATURE

MINISTÈRE DE LA SANTÉ PUBLIQUE ET
DE LA SOLIDARITÉ NATIONALE

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PROGRAMME NATIONAL DE SANTE BUCCO-
DENTAIRE

N° ___/PCMT/PMT/MSPSN/SE/SG/ PNSBD/22

UNITE-TRAVAIL-PROGRES

وحدة-عمل-تقدم



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المجلس العسكري الانتقالي

رئاسة المجلس

رئاسة الوزراء

وزارة الصحة العامة

والتضامن الوطني

أمانة الدولة

الأمانة العامة

البرنامج الوطني لصحة الفم والأسنان

07 SEPT 2022

PLAN D'ACTION OPERATIONNEL 2022 :

Programmation d'activité :

Rubriques	Numéro	Résultats	Indicateurs	Activités	Responsables	Budget	Délais
	1.			Supervision de produits de soigne et de matériels pour stérilisations au niveau national	PNSBD		Immédiat
Approvisionnement	2.			Formé les points focaux pour sensibiliser les patients avant l'extraction faire l'examen : lav, NFS, Glycémie, dernière tension	PNSBD		Quatrième trimestre 2022
Approvisionnement	3.						
Approvisionnement	4.						
Approvisionnement	5.						
Approvisionnement	6.			Distribuer des Fauteuils dentaires, des Produits de soin et de désinfection au niveau national.	MSPSN/ PNSBD		D'ici décembre 2022
Approvisionnement	7.			10 Dispositifs de fauteuil portable pour la caravane dentaire	PNSBD		D'ici décembre 2022
Prestation de service	8.						
Approvisionnement	9.			Superviser les Boîtes chirurgicales dentaires et de l'obturation au niveau national	PNSBD		Immédiat
Approvisionnement	10.						

Suivi-Evaluation	11.	Rapport de mission	Données disponibles	1-Mener une mission d'état de lieu	PNSBD		Premier trimestre 2022
Suivi-Evaluation	12.	Rapport de formation	Quatre (04) agents formés	stage de deux agents de l'unité centrale sur la gestion de programme	PNSBD		Deuxième trimestre
Suivi-Evaluation	13.	Compte rendu de réunion	Rapport de réunion	Organiser chaque trimestre une réunion de staff	PNSBD		Jusqu'en décembre 2022
Suivi-Evaluation	14.			Formation de personnel ressources	PNSBD		Deuxième trimestre
Suivi-Evaluation	15.			Un atelier de formation des formateurs sur la prise en charge des soins buccodentaires et le cancer de bouche	PNSBD		Troisième trimestre
Suivi-Evaluation	16.	Rapport d'activités		Caravane de sensibilisation et soins au niveau des écoles « santé scolaire » et au centre de santé « femme et personne handicapée »	PNSBD/OMS/Unicef		Troisième trimestre 2022
Suivi-Evaluation	17.	Caravane dentaires	Rapport de caravane	Organiser une caravane dentaire au niveau national	PNSBD		Premier trimestre
Suivi-Evaluation	18.						
	19.			Organiser une semaine nationale de santé bucco-dentaire	OMS/MSPSN		Premier trimestre
	20.	Compte rendu de la sensibilisation	Rapport d'activités	Campagne de sensibilisation audio et audio-visuelle	PNSBD		Immédiat
	Total						

Le coordonnateur du programme national de santé Bucco-dentaire

منسق البرنامج الوطني لصحة الفم والاسنان

MAHAMAT ALI NADJIT GARDJI

محمد علي ناجط قرجي



[EXT] OBSERVACIONES SOLICITADAS: SALUD BUCAL/MISPAS

Dirección General Salud Bucal <dgsb@ministeriodesalud.gob.do>

Thu 9/15/2022 5:26 PM

To: oralhealth <oralhealth@who.int>

Cc: Oficina de Cooperación Internacional del Ministerio de Salud <cooperacioninternacional@ministeriodesalud.gob.do>; Despacho del Ministro <despacho@ministeriodesalud.gob.do>; Elsa Maria Camilo de Amarante <elsa.camilo@ministeriodesalud.gob.do>

Buenas,

Luego de un cordial saludo, agradecemos la remisión del primer borrador del **Proyecto de Acción Mundial sobre Salud Bucal**.

Estamos de acuerdo con la importancia de fortalecer las alianzas entre la Coordinación Mundial, los Organismos de las Naciones Unidas y demás Organizaciones Internacionales, para apoyar a todos los países que lo soliciten; a fin de fortalecer la respuesta de sus sistemas de salud, y en particular trabajar con temas de prevención y promoción de salud bucal.

La masiva y correcta concientización a la población, entendemos lograría una disminución de enfermedades bucales, al mismo tiempo que permite a las personas acudir de manera oportuna a la consulta, ante cualquier situación de alerta.

Debido a las dificultades que enfrentan los países de bajo y mediano ingreso con respecto al acceso o cobertura de tratamientos con calidad, es oportuna la mejora en los presupuestos de las instancias correspondientes para desarrollar programas que realmente ejerzan un cambio significativo en la salud bucal de la población.

Finalmente damos a conocer que estamos de acuerdo con las propuestas y principios presentados.

Atentamente,

Salud Bucal, VMSC, Ministerio de Salud Pública, República Dominicana.

DGSB@ministeriodesalud.gob.do

809-541-3121. Ext. 9255

Buenas tardes Dra. Garcia,

Luego de un cordial saludo, por vía de la presente le remito en adjunto la comunicación relativa al primer borrador del **Proyecto de Acción Mundial sobre Salud Bucal**. Este borrador constituye un documento de debate, por lo que se invita a los Estados miembros a formular observaciones al mismo.

Es oportuno destacar que las las observaciones se deberán realizar a más tardar el 16 de septiembre del presente año, a través del enlace: oralhealth@who.int.

Sin más que agregar, quedo atento a cualquier solicitud de su parte.

Respetuosamente,

Juan Esmerlin Tejeda,

Analista

Departamento de Cooperación Internacional (DCI)

Dirección Planificación y Desarrollo (DPD)

Ministerio de Salud Pública

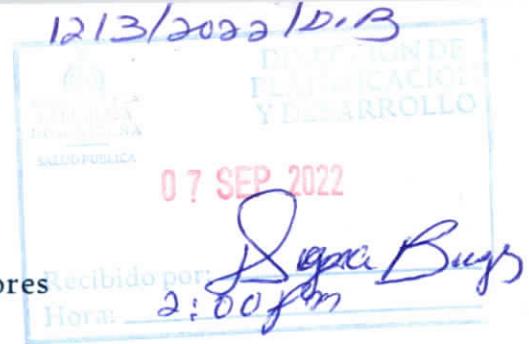
Teléfono: 809.541.3121 Ext. 8314

Flota del departamento: 809.860.6909





Ministerio de Relaciones Exteriores
República Dominicana



VPEM/DOI 3 1 1 6 8

Santo Domingo, D.N.

06 SEP. 2022

Al: Doctor
Daniel Rivera,
Ministro
Ministerio de Salud Pública y Asistencia Social
Su despacho.

Asunto: Primer borrador del Proyecto de Plan de Acción Mundial sobre Salud Bucal.

Anexo: Oficio No. MPRD-ONU-GI-1147-2022, de fecha 30 de agosto de 2022.

Cortésmente, tenemos a bien dirigirnos a usted, en ocasión de remitirle para su conocimiento y fines de lugar, el oficio No. MPRD-ONU-GI-1147-2022, de la Misión Permanente de República Dominicana ante los Organismos de las Naciones Unidas con sede en Ginebra, Suiza, mediante el cual se informa que la Secretaría de la Organización Mundial de la Salud (OMS), ha preparado el primer borrador del Proyecto de Plan de Acción Mundial sobre Salud Bucal, en respuesta a la resolución en la que se solicita al director general de la OMS, traducir la estrategia mundial de la salud bucal en un plan de acción para la salud pública, para el 2023, que incluya un marco de seguimiento de los progresos y los objetivos que debían alcanzarse para el 2030.

En ese sentido, se invita a los Estados miembros a formular observaciones a dicha resolución a más tardar el 16 de septiembre de 2022 a través del enlace: oralhealth@who.int.

Atentamente,

ROBERTO ÁLVAREZ
Ministro de Relaciones Exteriores

RA/RSV/MFO/nr
ORE-2704/2022
30-08-2022





Misión Permanente de la República Dominicana ante la Oficina de las Naciones Unidas
y otras Organizaciones Internacionales en Ginebra, Suiza

MPRD-ONU-GI-1147-2022

30 de agosto de 2022

Al : Señor
Roberto Álvarez
Ministro de Relaciones Exteriores

Atención : **Rubén Silié Valdez**
Viceministro de Política Exterior Multilateral

Asunto : **OMS:** Primer borrador del Proyecto de Plan de Acción Mundial
sobre Salud Bucal.

Distinguido Señor Ministro:

Me dirijo a usted muy cortésmente, a los fines de informarle que la Secretaría de la OMS ha preparado el primer borrador del **Proyecto de Plan de Acción Mundial sobre Salud Bucal**, en respuesta a la Resolución WHA74.5 En dicha Resolución se pedía al director general de la OMS que tradujera la estrategia mundial sobre salud bucal en un plan de acción para la salud bucal pública, para 2023, que incluyera un marco de seguimiento de los progresos con objetivos claros y mensurables que debían alcanzarse para el 2030.

Este primer borrador constituye un documento para el debate y en ese sentido se invita a los Estados miembros a formular observaciones al mismo a más tardar el **16 de septiembre de 2022**.

El documento está disponible en el siguiente enlace: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan>.

Asimismo, los comentarios se pueden proporcionar directamente por correo electrónico a la siguiente dirección: oralhealth@who.int.





Misión Permanente de la República Dominicana ante la Oficina de las Naciones Unidas
y otras Organizaciones Internacionales en Ginebra, Suiza

En vista de que la OMS organizará consultas al respecto con los delegados en Ginebra, los comentarios y/o observaciones pueden remitirse a esta Misión Permanente, para la debida participación en las reuniones de consulta que se organizarán a partir del 1 de septiembre de 2022.

Salvo su mejor parecer, solicitamos que copia de este Oficio y su anexo sean remitidos al **Ministerio de Salud Pública**, para los fines de lugar.

Sin otro particular, hago propicia la ocasión para reiterarle las seguridades de mi más alta consideración y estima.

Muy atentamente,



Renso Herrera Franco

Ministro Consejero, Representante Permanente Adjunto
Encargado de Negocios a.i.

RHF/ipr



[EXT] WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Osborne, Claire <claire.osborne@dhsc.gov.uk>

Thu 9/15/2022 9:19 PM

To: oralhealth <oralhealth@who.int>

Cc: Egan, Sharon <Sharon.Egan@dhsc.gov.uk>; Maxwell-Hyde, Helena <Helena.Maxwell-Hyde@dhsc.gov.uk>; Makhani, Semina <Semina.Makhani@dhsc.gov.uk>; Mr A. Stylianou (Alex.Stylianou@dhsc.gov.uk) <Alex.Stylianou@dhsc.gov.uk>; United Kingdom <esther.lawrence@fcdo.gov.uk>

📎 1 attachments (104 KB)

England consultation response on draft WHO global oral health action plan Sept 2022 final.pdf;

Dear WHO Secretariat

Please find attached comments on the global oral health action plan from England.

Best wishes,

Claire Osborne



Claire Osborne
Senior Policy Manager, Dentistry and Eye Care
Department of Health and Social Care
39 Victoria Street, Westminster, London, SW1H 0EU
E: claire.osborne@dhsc.gov.uk T: 0207 210 5273

From: VERCAMMEN, Laurence <VercammenL@who.int>

Sent: 18 August 2022 15:49

Cc: ARMSTRONG, Timothy Peter <armstrongt@who.int>; DURAND STIMPSON, Patricia <stimpsonp@who.int>; MAYU, Clorinda <mayuc@who.int>; GRAF, Diana Nkirote <munorud@who.int>; OSEI, Jude <oseij@who.int>; VEA, Gina Rene <veag@who.int>; SAVELLI, Carmen <savellic@who.int>; VARENNE, Benoit <varenneb@who.int>; FONES, Guy <fonesg@who.int>; SLAMA, Slim <slamas@who.int>

Subject: WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Dear WHO Member States,

Resolution [WHA74.5](#) requested WHO Director-General to translate the global strategy on oral health [A75/10 Add.1](#) into an action plan for public oral health, by 2023, including a framework for tracking progress with clear measurable targets of oral health to be achieved by 2030.

In response to resolution [WHA74.5](#), the Secretariat has prepared a first draft WHO Discussion Paper containing a proposed draft global oral health action plan that includes a monitoring framework.

You are invited to provide comments on the first draft WHO Discussion Paper, available on the following webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan> by **16 September 2022**. Comments can be provided by email to the following email address: oralhealth@who.int.

The consultative process to arrive at a final document will be as follows:

From 12 August to 16 September 2022: The Secretariat will convene a global web-based consultation for Member States, UN organizations, and non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions) on the WHO discussion paper of the draft global oral health action plan.

1 September 2022, 16:00-17:30 CEST: The Secretariat will convene a technical consultation with Member States and UN organizations. Connection details as follows:

- Join Zoom Meeting
<https://who.zoom.us/j/97546441707>
- Meeting ID: 975 4644 1707
Passcode: MS#2Cons
- Join by SIP
97546441707@zoomcrc.com
Passcode: 59779433

2 September 2022, 11:00-12:30 CEST: The Secretariat will convene a technical consultation with [non-State actors in official relations with WHO](#).

Any enquiry can be addressed to Dr Benoit Varenne, Dental Officer, NCD Department, varenneb@who.int and Dr Slim Slama, Unit Head, NCD Management-Screening, Diagnosis and Treatment (MND), NCD Department, slamas@who.int.

All inputs received through the consultation process will be made available on the following dedicated webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan>

Best regards,

WHO Secretariat

Follow us online: www.gov.uk/fcdo

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England consultation response to draft WHO global oral health action plan

1. The oral health action plan is welcomed as being helpful in stimulating countries to formulate oral health strategies which have specific and measurable objectives, against which progress can be evaluated.
2. The 6 strategic objectives we would agree cover key areas of importance:
 - Oral health governance
 - Oral health promotion and oral disease prevention determinants and risk factors of oral diseases and conditions
 - Health workforce
 - Oral health care
 - Oral health information systems
3. Point 21: re *Overarching global target I: UHC for oral health*
By 2030, 75% of the global population will be covered by essential oral health care services to ensure progress towards UHC for oral health

We gather that WHO have currently put the global position of this global population target as currently at 25%.

It is difficult to see how this (25%) figure could be seen as being reliable, given the complexities of the oral health systems which exist. For example in England there is a mixed NHS/Private economy of services. Data is collected on the provision of NHS dental services although limited data is collected on the provision of dental services in the private sector. We do not have sufficient data on a population basis for the % of the population who are not able to obtain what is categorised as essential dental care.

4. Overarching global target II – Reduce oral disease burden

Clarification needed whether target is 10% reduction from young age to old age in individuals. Data is collected on 5 year old children every 2 years and on adults every 10 years and would not be cost effective use of resources to collect more frequently.

5. *Global target 1.1: National leadership for oral health*
By 2030, 80% of countries will have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the Ministry of Health.
 - It would be helpful if the nature of the national strategy or action plan was more specifically stated. It would be easy for countries to produce a document which involved very little problem analysis, no strategic objectives and without any engagement of key stakeholders. It might be helpful to state that public health expertise would be important in supporting setting up such a plan.
 - The structure of decision makers and policy makers in different countries may mean that the Ministry of Health may only have part of the expertise/remit needed in drawing up a plan – even if there were to be dedicated staff for oral health supporting this. In the case of England, staff working in the Department of Health are those with a role to advise on population aspects (more upstream approaches such as sugar reduction or mid-level e.g. supervised toothbrushing schemes) whereas the strategy relating to the strategic, financial and operational

planning of UHC and dental services sits within NHS England – and both the Department of Health (ie the Ministry of Health) needs to work across the organisational boundaries on the service side. It would be better to qualify the ‘Ministry of Health’ with ‘Ministry of Health or appropriate bodies setting oral health strategy’.

6. Action 28: *Include oral health in broader health communication, health education and literacy campaigns to raise awareness and empower people for prevention through self-care and oral hygiene, as well as early detection of oral disease. Draw on the WHO mobile technologies for oral health implementation guide to promote oral health literacy among individuals, communities, policy makers, the media and civil society using digital health technologies.*

Care will need to be taken to acknowledge that there is a potential that campaigns to raise ‘health literacy’ emphasise a deficit model of health in terms of health inequalities. It suggests that people from deprived backgrounds are somehow lacking the knowledge to act, whereas in practice, people living in deprived communities may be very interested and motivated to adopt healthy behaviours but live in an environment where it is difficult to do so (access to time, too much stress, lack of money for toothpaste etc). Educational approaches often expand inequalities because they appeal to people with more comfortable means.

Likewise digital technologies can expand health inequalities – in communities with limited wifi or where people do not have the money to have ‘data’ on their phone. The elderly and disabled would be left behind if too much emphasis is based on digital technology.

7. Strategic objective 4, action 30, page 16; and action 62 etc *Digital health technology should be examined for its potential role in the delivery of accessible and effective essential oral health care. This might include the development of policy, legislation and infrastructure to expand the use of digital health technologies as well as remote access and consultation for early detection and referral to services for the management of oral diseases and conditions.*

It is wise to position this as to ‘examine the potential’. These innovations may be beneficial and present new and creative solutions in some environments. In others, such as in England, where there are current issues with a lack of workforce in the public service to service the demand and need of the population, expanding digital technology into early detection and screening programmes may risk generating even more demand for care which cannot be met. Its role in promoting accessibility will need to be monitored with care to ensure that this did not expand health inequalities and come with opportunity costs.

8. Global Target 4.2 – It would be helpful to have a definition of the essential medicines list is or provide a link.
9. Global Target 5 can a link to the indicators be provided.
10. Page 17 Action 55 *Establish an essential oral health care package*
This would be really helpful. Has any thought been given to considering UHC as a cube? In the cube there are different dimensions – and this action only represents

one face of the cube (range of interventions) – whereas there is a parallel set of prioritisation as to deciding what population groups should be prioritised to have these services – so the picture is more of an interacting spectrum of the different dimensions? ie if the financial envelope is fixed, then there may be a decision on what is 'essential' for different groups of people such as children? It would depend on their capacity to benefit. Any guidance which could be included about such trade offs would really help countries in formulating their strategic plans.

11. The following comments are provided on the Complementary Indicators (Appendix 2):

I12 We would suggest a numerator and denominator is included in the definition.

I13 We would suggest a numerator and denominator is included in the definition.

I14 need to clarify at what level caries is being measured e.g. enamel or visually obvious caries and we would also suggest a numerator and denominator is included in the definition.

I15 need to clarify at what level caries is being measured e.g. enamel or visually obvious caries we would also suggest a numerator and denominator is included in the definition.

I16 we would not classify severe periodontal disease as being pockets 6mm or more, grateful if this definition could be reconsidered. We would also suggest a numerator and denominator be included in the definition.

I17 please clarify what is to be reported as at the moment this just explains what missing teeth are, and what is 'normally reported. Clarity is needed showing what data is needed for example is it the number of teeth, the number of missing teeth, the proportion with 9 or fewer missing teeth. A numerator and denominator in definition would be helpful. Also need to clarify age group interested in as definition of adult varies greatly in England and could be over 16, over 18 or over 24 years of age.

I18 please include ICD 10 codes to be included as oral cancer in the definition. Please state numerator and denominator in definition.

I19 Please state numerator and denominator in definition.

1110 The indicator needs to be clearly defined so that countries can ask the same question to ensure international comparability. Please also state numerator and denominator in definition.

STRATEGIC OBJECTIVE 1. ORAL HEALTH GOVERNANCE COMPLEMENTARY INDICATORS

1.3 and 1.4 – These indicators appear to be the same. It is unclear whether these indicators are looking at primary, secondary care or both. Private expenditure may not be available for all countries.

STRATEGIC OBJECTIVE 2. ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION COMPLEMENTARY INDICATOR

2.3 we would suggest information on fluoride concentration not needed in indicator definition, be good to include numerator and denominator

2.4 clarity appreciated on whether indicator is looking for availability, purchase or consumption of sugar and sugar products?

2.5 we would suggest the inclusion of a numerator and denominator.

2.6 Clarity appreciated, indicator definition is not clear.

STRATEGIC OBJECTIVE 3. HEALTH WORKFORCE COMPLEMENTARY INDICATORS

3.2 The list of dental care professionals is not complete, in England we also have orthodontic therapists which are not included in this list. For clarity please provide numerator and denominator.

3.3 Please define who would be classed as a primary healthcare worker.

STRATEGIC OBJECTIVE 4. ORAL HEALTH CARE COMPLEMENTARY INDICATORS

4.3 Define the relevant time period to facilitate international comparison. Explain what is meant by an oral health care worker.

4.4 Please explain what is meant by technical guidance.

[EXT] oral health action plan

Lahtinen Eero (UE) <Eero.Lahtinen@formin.fi>

Thu 9/1/2022 5:00 PM

To: oralhealth <oralhealth@who.int>

Cc: Auero Merja-Liisa (STM) <Merja-Liisa.Auero@gov.fi>; Lähdepuro Kaisa (STM) <Kaisa.Lahdepuro@gov.fi>

Dear colleagues,

Thank you very much for the consultation.

As said in the meeting a moment ago, Finland proposes data collection every three years (instead of biannually)

Best

Eero Lahtinen

Dr Eero Lahtinen

MD, PhD, Minister Counsellor for Health

Permanent Mission of Finland in Geneva

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[EXT] Commentaires France - projet de plan d'action santé bucco-dentaire

MOSALO Marion <marion.briquet-mosalo@diplomatie.gouv.fr>

Mon 9/19/2022 11:31 AM

To: oralhealth <oralhealth@who.int>; VARENNE, Benoit <varenneb@who.int>

Cc: France 4 <amelie.schmitt@diplomatie.gouv.fr>

Bonjour,

En nous excusant pour la délai, vous trouverez ci-dessous et ci-joint les commentaires de la France sur le projet de plan d'action sur la santé bucco-dentaire (2023-2030).

Commentaire général : la France accueille favorablement le projet de plan d'action sur la santé bucco-dentaire 2023-2030 de l'OMS et salue en particulier la centralité de l'approche préventive (promotion et mesures de prévention des maladies bucco-dentaires), et les efforts accrus dans le domaine de la recherche.

Propositions d'amendements sur les projets d'actions (en gras dans le texte):

- Objectif stratégique 1, action 5 (engagement de la société civile): « consolider des partenariats stratégiques pour la santé bucco-dentaire : **Identifier les organismes régulateurs nationaux chargés de mission de service public afin de garantir au public le professionnalisme de l'équipe dentaire.** Identifier les possibilités de partenariats stratégiques pour mettre en œuvre des politiques, mobiliser des ressources, cibler les déterminants sociaux et induire les réformes nécessaires. » (rationnel : soutien pour l'engagement auprès des gouvernements au cours des « processus décisionnels » de la société civile en général et des organismes de réglementation dentaire et des chambres professionnelles afin d'encourager des réponses nationales ambitieuses en matière de santé bucco-dentaire à cette proposition de plan d'action) ;
- Objectif stratégique 3, action 43 (mercure): « Encourager les organisations professionnelles et les centres d'enseignement dentaire à éduquer et former les professionnels de la santé bucco-dentaire et les étudiants à l'utilisation d'alternatives de restauration dentaire sans mercure **qui sont validées comme cliniquement conformes aux données acquises de la science**, et à la promotion des meilleures pratiques de gestion des déchets des matériaux utilisés dans les établissements de soins bucco-dentaires » ;
- Objectif stratégique 3 (formation) : le projet de paragraphe 28 devrait être modifié comme suit « L'enseignement professionnel de la santé bucco-dentaire doit aller au-delà du développement d'un ensemble de compétences cliniques - **compétence de base et fondamentale qui doit être assurée à tous les étudiants en chirurgie-dentaire compte-tenu de leur rôle de futur chef d'équipe dentaire**— et intégrer également des compétences en santé publique et en recherche » (rationnel : une réforme des programmes de formation ne devrait pas minimiser la formation clinique, qui est au cœur de la formation d'un chirurgien-dentiste pleinement compétent, particulièrement dans un contexte où cette formation clinique n'est actuellement pas garantie de façon adéquate pour tous les étudiants en médecine dentaire. Toute réforme de la formation dentaire devrait donc s'accompagner expressément d'une formation renforcée en clinique) ;
- Objectif stratégique 3, action 46 (équipe dentaire) : « (...) En collaboration avec les partenaires, diffuser les meilleures pratiques en matière d'évaluation des besoins du système de santé, de réforme éventuelle des politiques d'éducation, d'analyse du marché du travail dans le domaine de la santé et d'évaluation des coûts des stratégies nationales en matière de ressources humaines dans le domaine de la santé, **en tenant compte de l'organisation nationale de l'équipe dentaire** et des ressources nationales existantes pour le financement des soins bucco-dentaires » ;
- Objectif stratégique 3, action 42 (accréditation) : « Créer et permettre aux conseils et associations professionnels de se développer **au niveau national ou supranational si nécessaire**, réviser régulièrement et adapter les mécanismes d'accréditation et la réglementation, y compris les normes de pratiques et de comportement professionnel, sous la supervision du ministère de la santé » ;
- Objectif stratégique 3, action 50 (accréditation) : « Promouvoir la reconnaissance mutuelle des diplômes et des qualifications professionnelles par les entités d'accréditation régionales et nationales pour

permettre la libre circulation et la pratique des professionnels de la santé bucco-dentaire entre les pays et les zones géographiques qui en ont besoin, conformément au Code de pratique mondial de l'OMS sur le recrutement international des personnels de santé. ***Cette reconnaissance mutuelle doit s'appuyer sur une confiance mutuelle permise par une accréditation renforcée des enseignements concernant la formation initiale délivrée par les facultés et les centres d'enseignement dentaire*** » (rationnel : un système efficace de « reconnaissance mutuelle des diplômes et des qualifications professionnelles par des entités d'accréditation régionales et nationales » ne peut réussir qu'à condition qu'une confiance mutuelle entre pays soit nourrie par un système solide d'accréditation des enseignements) ;

- Objectif stratégique 5, action 78 (systèmes d'information) : « ***Renforcer la confiance du public, et des professionnels de santé dans*** la capacité des systèmes d'information et de surveillance intégrés de la santé bucco-dentaire » (rationnel : aucune collecte efficace de données sur la santé bucco-dentaire ne pourra avoir lieu si une confiance préalable du public en général, des patients et des professionnels de santé en particulier, n'a pas été préparée en amont) ;
- Objectif stratégique 5, action 81 (systèmes d'information) : " Conformément aux réglementations nationales, plaider pour la protection des informations relatives ***à la fois aux professionnels de la santé bucco-dentaire et*** aux patients » (rationnel : recommandation d'élargir le champ d'application du projet d'action 81 et d'assurer une « protection des données et des règles de confidentialité » pour les patients et les professionnels).

Propositions d'amendements sur les indicateurs : directement dans le document Word joint.

Restant à votre disposition pour toute demande de clarifications sur ces commentaires,

Bien à vous,

Marion Briquet Mosalo

Attachée santé

**Représentation permanente de la France auprès de l'ONU à Genève
et des Organisations Internationales en Suisse**

Route de Prégny 36 – 1292 Chambésy – Genève

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**FRANCE - CONTRIBUTIONS AU PROJET DE PLAN D'ACTION DE L'OMS SUR LA SANTE
BUCCO-DENTAIRE (2023-2030)**

INDICATEURS

Objectif global primordial I : Couverture universelle de la santé bucco-dentaire

Indicateur de base	I.1. Proportion détaillée de la population couverte par des interventions de santé bucco-dentaire essentielles dans le cadre d'un ensemble de prestations de santé publique.
Définition de l'indicateur	<p>Proportion de la population couverte par des interventions bucco-dentaires essentielles dans le cadre d'un ensemble de prestations de santé du plus grand régime public de financement de la santé. Le terme "le plus grand" est défini comme ayant la plus grande population totale éligible pour recevoir des services, tandis que le terme "gouvernemental" est défini comme incluant tout système du secteur public pour la fourniture de services de santé, y compris la couverture de groupes tels que la population générale, les employés du secteur public et/ou les militaires.</p> <p>Cet indicateur pourrait être précisé à deux niveaux :</p> <p>1) Par <u>tranche d'âge</u> :</p> <ul style="list-style-type: none"> -les moins de 3 ans (MIH « maladie du biberon » en augmentation-cohérence avec les mesures prônées de réduction de l'usage du sucres) ; -les moins de 18 ans ; -les +65 ans (question de l'accès des EPHAD aux soins bucco-dentaires) <p>2) Par la prise en compte <u>d'autres classes de la population</u> : les femmes enceintes (répercussions sur le fœtus) et les personnes vulnérables (porteuses de handicap par exemple).</p> <p>Justification : i1) la définition de la CSU couvre ces groupes d'âge et ces segments de patients. 2) Ce détail de l'indicateur permet de donner une image réelle de la situation nationale.</p>
Type de données	Pourcentage

Objectif global 1.2 : Pratiques respectueuses de l'environnement : [rappel du besoin d'un plan national](#)

Indicateur de base	<p>1.2. Mesures mises en œuvre et plans nationaux adoptés pour réduire progressivement l'utilisation des amalgames dentaires</p> <p><i>Justification : l'efficacité des mesures repose sur les orientations données par un plan national. L'article 20 de la Convention de Minamata invite à l'élaboration d'un tel plan.</i></p>
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Objectif global 3 : Modèle innovant de personnel de santé bucco-dentaire : [prendre en compte les praticiens spécialistes](#)

Indicateur de base	3.1. Existence d'une stratégie nationale opérationnelle pour le personnel de santé qui comprend un personnel formé pour répondre aux besoins de la population en matière de santé bucco-dentaire.
Définition de l'indicateur	<p>Existence d'une stratégie opérationnelle nationale du personnel de santé et inclusion ou non dans cette stratégie d'un personnel formé pour répondre aux besoins de la population en matière de santé bucco-dentaire.</p> <p>Le personnel formé pour répondre aux besoins de la population en matière de santé bucco-dentaire peut inclure :</p> <ul style="list-style-type: none"> - Des professionnels de la santé bucco-dentaire (chirurgiens-dentistes, chirurgiens-dentistes spécialistes, assistants dentaires, prothésistes dentaires). <p><i>Justification :</i></p> <ol style="list-style-type: none"> 1) la définition de la CSU (voir le para.14 du projet) inclut des interventions opérées dans certains pays par des spécialistes; 2) la présence de spécialistes dans l'indicateur permet de donner une image complète de l'équipe dentaire nationale répondant aux besoins du public: elle permet de compléter l'image de la situation nationale de la CSU.
Type de données	Catégorique (Oui/Non)

Indicateur complémentaire	3.2. Personnel de santé bucco-dentaire actif (pour 10 000 habitants)
Définition de l'indicateur	<p>Densité totale du personnel de santé bucco-dentaire actif, pour 10.000 habitants : 1) chirurgiens-dentistes ; 2) chirurgiens-dentistes spécialistes ; 3) assistants dentaires et 4) prothésistes dentaires.</p> <p>Justification :</p> <p>1) la définition de la CSU (voir le para.14 du projet) inclut des interventions opérées dans certains pays par des spécialistes;</p> <p>2) la présence de spécialistes dans l'indicateur permet de donner une image complète de l'équipe dentaire nationale répondant aux besoins du public: elle permet de compléter l'image de la situation nationale de la CSU.</p> <p>Attention : dans certains pays de l'UE la profession de prothésiste dentaire n'est pas une profession de santé. En France, ce sont des artisans enregistrés au registre du commerce.</p> <p>Le personnel de santé bucco-dentaire "actif" est défini comme celui qui fournit des services aux patients et aux communautés (personnel de santé en exercice) ou dont l'éducation à la santé bucco-dentaire est une condition préalable à l'exécution du travail (par exemple, enseignement, recherche, administration publique) même si le personnel de santé bucco-dentaire ne fournit pas directement des services (personnel de santé professionnellement actif). Si les données ne sont pas disponibles pour les professionnels de santé en exercice ou professionnellement actifs, des données avec la définition la plus proche peuvent être utilisés, telles que "professionnel de santé autorisé à exercer ».</p> <p>Type de données : Taux (densité)</p>

Objectif global 3 : Modèle innovant de personnel de santé bucco-dentaire : notion d'actes rentables.

<p>Définition de l'indicateur</p>	<p>Les agents de santé primaires formés (y compris les agents de santé communautaires) peuvent-ils effectuer des interventions rentables en matière de santé bucco-dentaire dans votre pays ?". <u>Précision</u> : ce qui est nommé dans le plan stratégique de l'OMS, « les agents de santé primaires » exclut le personnel de santé bucco-dentaire (chirurgiens-dentistes, assistants et thérapeutes dentaires, etc.....). Aussi, si cette donnée doit être étudiée, il faudrait apporter des précisions telles :</p> <p>Justifications :</p> <ol style="list-style-type: none"> 1) la notion de « rentable » (« cost-effective ») n'a pas de sens sans appréhension globale du financement du système national de soins, la notion d'intervention « utile » est plus souple au niveau international 2) en outre en l'absence d'un indicateur unique qui donnerait une vision complète de l'efficacité d'un système de santé national, plus de détail est nécessaire (How to make sense of health system efficiency comparisons?, Policy Brief 27, European Observatory on Health Systems & Policies, 2017); 3) enfin le fait d'exclure les professions dentaires de la prestation des soins de santé bucco-dentaires est impossible dans de nombreux pays. 4) aussi, compte-tenu de l'objectif poursuivi ici, il faudrait préciser que l'indicateur recherche l'efficacité en matière de « prévention ». <p>N.B : La formation de l'équipe dentaire peut inclure à la fois l'enseignement préalable (avant et comme condition préalable à l'emploi dans un cadre de service ; par exemple, pendant la formation de premier cycle) ou l'enseignement en cours d'activité (pour les personnes déjà exerçantes par exemple, dans le cadre du développement professionnel continu).</p> <p>Type de données : Catégorique (Oui/Non)</p>
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[EXT] WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

ΔΝΣΗ ΔΙΕΘΝΩΝ ΣΧΕΣΕΩΝ <intrel@moh.gov.gr>

Fri 9/16/2022 1:39 PM

To: oralhealth <oralhealth@who.int>

Cc: Mr V. Kikilias (minister@moh.gov.gr) <minister@moh.gov.gr>;alternate.minister@moh.gov.gr <alternate.minister@moh.gov.gr>;'_7.ΓΡΑΦΕΙΟ ΓΕΝ. ΓΡΑΜΜΑΤΕΑ ΠΦΥ - ΓΡΑΜΜΑΤΕΙΑ' <secretary.gen.pfy.sec@moh.gov.gr>;'_Γ1γ. ΤΜΗΜΑ ΑΝΑΠΤΥΞΗΣ ΠΡΟΓΡΑΜΜΑΤΩΝ ΑΓΩΓΗΣ ΥΓΕΙΑΣ ΚΑΙ ΠΡΟΛΗΨΗΣ' <pfy3@moh.gov.gr>;'_Γ1δ. ΤΜΗΜΑ ΣΤΟΜΑΤΙΚΗΣ ΥΓΕΙΑΣ ΚΑΙ ΟΔΟΝΤΙΑΤΡΙΚΗΣ ΠΕΡΙΘΑΛΨΗΣ' <pfy4@moh.gov.gr>;'Σωτήρχου Αθανασία' <nsotirchou@moh.gov.gr>;mpantazopoulou@moh.gov.gr <mpantazopoulou@moh.gov.gr>;'Koutsouris Vassilis' <koutsourisv@moh.gov.gr>;'vkormentza' <vkormentza@moh.gov.gr>;Ms V. Papanoti (intrel@moh.gov.gr) <intrel@moh.gov.gr>;BAROGA, Chrissa Elenie <barogac@who.int>;Ms V. Papanoti (intrel@moh.gov.gr) <intrel@moh.gov.gr>

Dear colleagues,

Please find attached the comments on the first WHO: Draft Global Oral Health Action Plan on behalf of the Hellenic Ministry of Health.

Should you have any further inquiries please do not hesitate to contact our experts directly by e-mail to the following address: pfy4@moh.gov.gr

Thanking you in advance for your cooperation.

Kind Regards,



Charoula ANDRIANAKI

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From: Permanent Mission of Greece in Geneva [<mailto:grdel.gva@mfa.gr>]

Sent: Thursday, August 18, 2022 4:59 PM

To: health.geneva@mfa.gr

Subject: Fwd: WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

----- Προωθημένο μήνυμα -----

Θέμα:WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Ημερομηνία:Thu, 18 Aug 2022 13:57:48 +0000

Από:VERCAMMEN, Laurence <VercammenL@who.int>

Dear WHO Member States,

Resolution [WHA74.5](#) requested WHO Director-General to translate the global strategy on oral health [A75/10 Add.1](#) into an action plan for public oral health, by 2023, including a framework for tracking progress with clear measurable targets of oral health to be achieved by 2030.

In response to resolution [WHA74.5](#), the Secretariat has prepared a first draft WHO Discussion Paper containing a proposed draft global oral health action plan that includes a monitoring framework.

You are invited to provide comments on the first draft WHO Discussion Paper, available on the following webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan> **by 16 September 2022**. Comments can be provided by email to the following email address: oralhealth@who.int.

The consultative process to arrive at a final document will be as follows:

From 12 August to 16 September 2022: The Secretariat will convene a global web-based consultation for Member States, UN organizations, and non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions) on the WHO discussion paper of the draft global oral health action plan.

1 September 2022, 16:00-17:30 CEST: The Secretariat will convene a technical consultation with Member States and UN organizations. Connection details as follows:

- Join Zoom Meeting
<https://who.zoom.us/j/97546441707>
- Meeting ID: 975 4644 1707
Passcode: MS#2Cons
- Join by SIP
97546441707@zoomcrc.com
Passcode: 59779433

2 September 2022, 11:00-12:30 CEST: The Secretariat will convene a technical consultation with [non-State actors in official relations with WHO](#).

Any enquiry can be addressed to Dr Benoit Varenne, Dental Officer, NCD Department, varenneb@who.int and Dr Slim Slama, Unit Head, NCD Management-Screening, Diagnosis and Treatment (MND), NCD Department, slamas@who.int.

All inputs received through the consultation process will be made available on the following dedicated webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan>

Best regards,

STRATEGIC OBJECTIVE 1: ORAL HEALTH GOVERNANCE

1. New: **Global Target 1.3**

By 2030, 70% of countries will have dedicated oral health budgets

A guaranteed minimum share of public health expenditure will be directed exclusively to national oral health programmes

Public health expenditure directed to oral health promotion, prevention and care will form a distinctive budget as a first step to establish a guaranteed minimum share of public health expenditure directed exclusively to oral health

2. *New Action: National Monitoring Centre for Oral Health*

Member States should improve oral health surveillance, data collection and monitoring to inform decision-making and advocacy, through creating National Monitoring Centres for Oral Health. This includes strengthening integrated surveillance of oral diseases and conditions, as well as analysis of oral health system and policy data, evaluation of oral health programmes and operational research.

STRATEGIC OBJECTIVE 2: ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION

3. *New Action Oral Health Promoting Schools*

Setting the bases of a healthy school environment is fundamental as it influences the lives of over 1 billion children worldwide.

Initially, teachers should be trained and collaborate with dental care workers in order to be able to provide basic oral health care services at school: oral health care (including oral diseases prevention and treatment of dental injury), oral health education programs, advice for adopting healthy eating habits (avoid sugars, drink water, avoid tobacco and alcohol consumption), physical exercise as a part of school routine.

This action is based on the multidisciplinary approach. Mobile units can be used to implement it.

4. *New Global target 2.3: By 2030, 80% of countries will have adopted national recommendations for sugar intake on the basis of the WHO 2015 guideline on sugar intake for adults and children.*

5. *New Global target 2.4: By 2030, 50% of schoolchildren under 8* in Member States will take annually part in oral health promoting programs.*

**Children under 8 are a priority and a “window” for health improvement due to the increased ability to change they possess (<https://www.who.int/publications/i/item/early-child-development-a-powerful-equalizer-final-report-for-the-world-health-organization-s-commission-on-the-social-determinants-of-health>).*

6. *New Action: Establish (promote) Sugar Free Public Settings*

In continuation to the policies and guidelines that need to be introduced by Member States regarding the regulation of sugars' intake, **limiting physical access to sugar sweetened beverages would further decrease their consumption and contribute to the adoption of a healthy lifestyle.**

(According to the New Zealand best practice, no sugar-sweetened beverage will be sold in public places or publicly funded events, such as: hospitals, government buildings, schools, conferences,

e.t.c. By this action, people will be encouraged/motivated to switch to the consumption of healthy drinks, reducing the risk of oral and other non-communicable diseases related to the consumption of sugar).¹

7. *New Action: Train community nurses and caregivers to provide oral hygiene to disable or elder people or people with disabilities.*
8. *New Action: Update the protocols for the treatment of people with general diseases and especially patients with diabetes, cancer and cardiovascular diseases and include a referral to a dentist for oral examination and oral hygiene advice.*

STRATEGIC OBJECTIVE 3: HEALTH WORKFORCE

Important note: Greece features the advantage of having, a sufficient number of well-trained dentists that provide affordable services. The dentist is the only health professional who has the authorization to intervene in the oral cavity. Four hands dental practice is the prevailing trend.

9. *New Action: Establishing clear boundaries of clinical practice between different oral health professionals.*
10. *New Action: Introduction of incentives for the establishment of dentists in hard-to-reach, remote, insular and other areas where there is a shortage of dentists.*

STRATEGIC OBJECTIVE 4: ORAL HEALTH CARE

11. *New Action: Oral Health Care Quality and Patient Safety Management*

According to the WHO, in the context of UHC health services have to be “*of sufficient quality to be effective*”². Therefore, establishing oral health quality monitoring and management system in private and public sector is necessary aiming to Continuous Quality Improvement of the provided oral health care.

12. *New Action: School Dentist*

¹ In 2014, Nelson Hospital was the first hospital in New Zealand (and the world) to instigate a sugar-sweetened beverage (SSB) free policy noting that selling sugary drinks on its premises was inappropriate. Successful advocacy and leadership had a domino effect and within 18 months, all hospitals in New Zealand had a similar policy in place. A significant number of hospitals have also adopted a water-only policy. Advocates also approached the local mayor and city council of Nelson who also instigated a SSB-free policy. Many other city councils across New Zealand followed suit. Following this “settings” model the principals of local schools initiated a water-only policy. Again, leadership in one setting provided a positive role model for other schools.

- The Ministry of Education was encouraged to show leadership, by urging schools throughout New Zealand to adopt a water-only policy.
- In line with this successful advocacy approach, one of the major supermarket chains adopted a policy to limit the sale of energy drinks to youth under 16 years of age and to provide sugary-drink-free checkout aisles. Advocacy works by offering examples of best practice by scaling up actions from the local to the national level. Challenging the status quo is a key to success.

² Universal Health Coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, etc) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user in financial hardship (Source: https://www.who.int/healthsystems/universal_health_coverage/en/)

Creation of dental teams consisting of dentists, dentist assistants and nurses that will be established at school / or visiting schools and will be providing “at school” dental care. Establishment of school-based oral health teams consisting of dentists, dental assistants and nurses to provide dental care (including prevention, oral health promotion and treatment) 'in school'.

13. New Action: *At home dental care for medically vulnerable people (bedridden, etc)*

[EXT] Re: FW: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Helga Ágústsdóttir <helga.agustsdottir@hrn.is>

Thu 9/15/2022 3:30 PM

To: oralhealth <oralhealth@who.int>

Cc: Permanent Mission of Iceland in Geneva <geneva@utn.is>; Páll Magnússon <pall.magnusson@utn.is>; Ólöf Hrefna Kristjánsdóttir <olof.kristjansdottir@utn.is>; Ms A. Knútsdóttir (asthildur.knutsdottir@hrn.is) <asthildur.knutsdottir@hrn.is>

I am writing on behalf of the Ministry of Health in Iceland giving comments on the first WHO Discussion Paper containing a proposed draft global oral health action plan that includes a monitoring framework.

First we think it is very positive that WHO is recognizing oral diseases as a major global health burden and is ready to give more commitment to prevention and control of oral diseases.

The global oral health action plan is very ambitious and we realize it will be difficult for all countries globally to fulfill all the goals. As an example it will be difficult to perform oral health surveys every two years, even in the more affluent areas of Europe. More support for Chief Dental Officers is needed in order to fulfill the requirements of the action plan. As circumstances are very different from one country to another and from one region to another, we would like to recommend that the WHO-Europe office be strengthened with the post of a regional Oral Health Officer.

With good support from WHO we hope that the path will be paved towards better oral health.

Best Regards,
Helga Ágústsdóttir

Helga Ágústsdóttir Cand.odont, MS, MPH, PhD, Chief Dental Officer / Senior Advisor

Heilbrigðisráðuneyti / Ministry of Health

Síðumúli 24, 108 Reykjavík, Iceland

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Vinsamlegast hugið að umhverfinu áður en tölvupósturinn er prentaður / Please consider the environment before printing Notandi:

"Permanent Mission of Iceland in Geneva" <geneva@utn.is>

Dagsetning: 18.8.2022 14:27:06

Til: "Heilbrigðisráðuneytið" <hrn@hrn.is>

Afrit til: "Páll Magnússon" <pall.magnusson@utn.is>, "Ólöf Hrefna Kristjánsdóttir" <olof.kristjansdottir@utn.is>

Efni: FW: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Catherine Berger Estoppey, fulltrúi / Assistant

Fastanefnd Íslands / Permanent Mission of Iceland
Avenue Blanc 49, 6th floor, CP 86, CH-1211 Geneva 20
Tel: +41(0)22 716 1700 / Direct: +41(0)22 716 1702
Beinn sími: +354 545 7402

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Vinsamlegast hugið að umhverfinu áður en tölvupósturinn er prentaður / Please consider the environment before printing

From: VERCAMMEN, Laurence <VercammenL@who.int>

Sent: jeudi, 18 août 2022 15:58

Subject: WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Dear WHO Member States,

Resolution [WHA74.5](#) requested WHO Director-General to translate the global strategy on oral health [A75/10 Add.1](#) into an action plan for public oral health, by 2023, including a framework for tracking progress with clear measurable targets of oral health to be achieved by 2030.

In response to resolution [WHA74.5](#), the Secretariat has prepared a first draft WHO Discussion Paper containing a proposed draft global oral health action plan that includes a monitoring framework.

You are invited to provide comments on the first draft WHO Discussion Paper, available on the following webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan> by **16 September 2022**. Comments can be provided by email to the following email address: oralhealth@who.int.

The consultative process to arrive at a final document will be as follows:

From 12 August to 16 September 2022: The Secretariat will convene a global web-based consultation for Member States, UN organizations, and non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions) on the WHO discussion paper of the draft global oral health action plan.

1 September 2022, 16:00-17:30 CEST: The Secretariat will convene a technical consultation with Member States and UN organizations. Connection details as follows:

- Join Zoom Meeting

<https://who.zoom.us/j/97546441707>

- Meeting ID: 975 4644 1707On

Passcode: MS#2Cons

- Join by SIP

97546441707@zoomcrc.com

Passcode: 59779433

2 September 2022, 11:00-12:30 CEST: The Secretariat will convene a technical consultation with [non-](#)

[State actors in official relations with WHO.](#)

Any enquiry can be addressed to Dr Benoit Varenne, Dental Officer, NCD Department, varenneb@who.int and Dr Slim Slama, Unit Head, NCD Management-Screening, Diagnosis and Treatment (MND), NCD Department, slamas@who.int.

All inputs received through the consultation process will be made available on the following dedicated webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan>

Best regards,

WHO Secretariat

FW: EMRO online regional consultation on draft monitoring framework and indicator to monitor the implementation of the global oral health action plan (GOHAP)_5 July 2022

VARENNE, Benoit <varenneb@who.int>

Tue 10/4/2022 8:29 AM

To: oralhealth <oralhealth@who.int>

From: ABDUL GHAFAR, Huda <habdul@who.int>

Sent: Tuesday, 4 October 2022 08:25

To: NAHAL TAHMASEBI, Sonia <nahaltahmasebis@who.int>

Cc: VARENNE, Benoit <varenneb@who.int>; RENDELL, Nicole <rendelln@who.int>; SARDON PANTA, Gabriela Katia <sardong@who.int>; HARADA, Yuriko <haraday@who.int>; ELFEKY, Samar <elfekys@who.int>; RANJBAR KAHKHA, Mansour <ranjbarkahkham@who.int>; EM RGO/HPD/HEP <emrgohpdhep@who.int>

Subject: Re: EMRO online regional consultation on draft monitoring framework and indicator to monitor the implementation of the global oral health action plan (GOHAP)_5 July 2022

Dear Ms Nahal Tahmasebi,

Thank you for your email and for sharing the comments received from MOHME Iran in regard to the GOHAP. I have cc'd our colleagues from HQ on this email to share these comments (attached) with them.

Thank you and kind regards,

Huda Abdul Ghaffar

Technical Officer - Health Promotion and Social Determinants of Health Programme (HPS)

Healthier Populations Department (HPD)

WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) | Cairo | Egypt

From: NAHAL TAHMASEBI, Sonia <nahaltahmasebis@who.int>

Sent: Monday, October 3, 2022 10:46 AM

To: EM RGO/HPD/HEP <emrgohpdhep@who.int>

Cc: RANJBAR KAHKHA, Mansour <ranjbarkahkham@who.int>; ELFEKY, Samar <elfekys@who.int>; ABDUL GHAFAR, Huda <habdul@who.int>

Subject: EMRO online regional consultation on draft monitoring framework and indicator to monitor the implementation of the global oral health action plan (GOHAP)_5 July 2022

Dear colleagues,

Reference is made to the draft monitoring framework and indicator to monitor the implementation of the global oral health action plan (GOHAP), kindly find attached the comments received from MOHME Iran on the documents FYKI.

Thank you and best regards,

Sonia Nahal Tahmasebi

Programme Assistant,

NCD and Mental Health Unit

World Health Organization Country Office
Tehran, I.R. Iran
Office: (+9821) 88363979-80, 88363718 GPN: 61205
Mobile: + 98 912 3775459
Web: <http://www.emro.who.int/iran>
Follow WHO on [Instagram](#), [Twitter](#), [LinkedIn](#), [Facebook](#), [YouTube](#)



From: EM RGO/HPD/HEP <emrgohpdhep@who.int>
Sent: Sunday, July 3, 2022 12:45 PM
To: z.saiedmoalemi@health.gov.ir
Cc: EM ACO/IRA Health Protection and Promotion <emacoiradhp@who.int>; RANJBAR KAHKHA, Mansour <ranjbarkahkham@who.int>; HUSSAIN, Syed Jaffar <hussains@who.int>; ELFEKY, Samar <elfekys@who.int>; ABDUL GHAFAR, Huda <habdul@who.int>; EM RGO/HPD <emrgohpd@who.int>; NAHAL TAHMASEBI, Sonia <nahaltahmasebis@who.int>
Subject: EMRO online regional consultation on draft monitoring framework and indicator to monitor the implementation of the global oral health action plan (GOHAP)_5 July 2022
Importance: High

Dear Dr Zahra Saied Moallemi,

Thank you for accepting our invitation for the informal online Regional consultation on the draft monitoring framework and indicators to monitor the implementation of the global oral health action plan (GOHAP), which will be held jointly by WHO/EMRO & HQ, on **Tuesday 5 July 2022, from 12:00 to 15:00 (Cairo local time, UTC+2)**.

Below is the meeting link:

<https://who-e.zoom.us/j/91844341043?pwd=dkRuelVrZFpXOFJuWnpOVZWZjF6dz09>

Meeting ID: 918 4434 1043

Passcode: **445840**

As part of the agenda, we are inviting the MOH focal points, to share their experiences, regarding the actions or efforts made by their country, in relation to the WHA 74.5 Resolution on oral health and the strategic objectives outlined in the draft Global Strategy on Oral Health. The meeting is expected to last about 3 hours during which 5-7 minutes time is allotted per speaker, to present/share their experiences.

In this context, If you would like to present at this consultation, we request you to kindly share your presentation slides in English with us by July 04 for coordination and feedback (Please note that this consultation will be in English)

You may consider the following structure for your presentation:

1. A brief overview of the oral health care status of your country;
2. Challenges;

3. Efforts made/action taken in relation to the WHA 74.5 Resolution on oral health and the strategic objectives outlined in the draft Global Strategy on Oral Health;
4. Lessons learned; and
5. Way forward

For your convenience, we have re-attached the concept note (including the provisional agenda) and the background material with this email. Please fill out and share the attached GOHAP Monitoring Framework RIC indicators worksheet to the email addresses mentioned in the document preferably before **July 8**.

If you have any questions or require more information, please feel free to reach out to us via emrgohep@who.int or habdul@who.int

Thank you and kind regards.

Health Promotion and Social Determinants of Health Unit
Healthier Populations Department (HPD/HPS)
The World Health Organization
Eastern Mediterranean Regional Office (WHO/EMRO)

From: NAHAL TAHMASEBI, Sonia nahaltahmasebis@who.int

Sent: Sunday, July 3, 2022 7:37 AM

To: EM RGO/HPD/HEP emrgohpdhep@who.int

Cc: ABDUL GHAFAR, Huda habdul@who.int; ELFEKY, Samar elfekys@who.int; RANJBAR KAHKHA, Mansour ranjbarkahkham@who.int; HUSSAIN, Syed Jaffar hussains@who.int

Subject: FW: Invitation to EMRO online regional consultation on draft monitoring framework and indicator to monitor the implementation of the global oral health action plan (GOHAP)_5 July 2022

Dear colleagues,

Reference to the EMRO online regional consultation on draft monitoring framework and indicator to monitor the implementation of the global oral health action plan (GOHAP)_5 July 2022, kindly note that Dr Zahra Saied Moallemi, Director General of Oral Health of MOHME has been nominated for this meeting with the below email address:

- z.saiedmoalemi@health.gov.ir

accordingly we would appreciate if you could kindly share the link of the meeting with her for her kind participation.

Than you and best regards,

Sonia Nahal Tahmasebi
Programme Assistant,
NCD and Mental Health Unit
World Health Organization Country Office
Tehran, I.R. Iran
Office: (+9821) 88363979-80, 88363718 GPN: 61205

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Islamic Republic of Iran

Ministry of Health & Medical Education - Health Deputy – Oral Health Bureau

The documents are very comprehensive and cover almost, all areas in oral public health. However, some general and detailed comments for improvement of the documents are proposed:

Usually, a policy document is followed by a strategic plan, and a strategic plan is followed by an action plan. When an activity is defined and started to be implemented, it should be clear how it address the related strategy and policy. So, there should be a hierarchy of policy, strategy and activity to link them together and make the evaluations applicable. It is supposed there is a lack of harmony in this regards throughout the text and it is not clear how they relate together. It is suggested drawing a figure and show the relations and interactions schematically, and also make it clear in the table of content.

Any country should understand its position by matching its existing data and activities to this plan, and then to find the strengths and weaknesses to clearly plan for the future. It is suggested preparing a guide to this document on how to read and how to get prepared to act based on the document.

In several parts of the documents, Minamata convention on Mercury is addressed (such as Global Target 1.2). Environmental safety in dentistry is a very important and neglected subject that should be sufficiently addressed; and specific recommendations to improve the quality and safety of dental services provided and green dentistry advocated.

Usually, oral health systems within the countries deviate from fully private-sector-oriented to public-sector- oriented. Each country according the existing public health system, existing oral health system, existing orientation of dental education system and public policies and budgetary flows decide on the future of combination of public-private sector and plan for next twenty years. The document should highlight and clarify this subject for the countries and help them to draw a map on the future of dentistry and oral health care system and their collaboration, interaction and continuity.

It seems in next years the common type of financial protection will be mainly in form of insurance schemes. The capacity of insurance industry as part of health systems can modify policies and strategies in health systems toward prevention of treatment. There should be clear recommendations to reorient the health insurance industry from a treatment-oriented and costly sector to a cost-effective and preventive and health-oriented one.

Comparing the strategic objective, it seems for any strategy several activities and indicators can be suggested. Looking at Global target 1.2 and other targets such as Global target 2.1 shows this difference. While target 2.1 is much more important that target 1.2, the number of activities and indicators are incomparable. It is suggested revising the activities and

completing the activities by reviewing the experience of other areas of health and other countries.

In some targets, some activities are either not planned at all in countries, or are under progress or are achieved in some countries. The data type can be changed to categorical scales from 0 (not planned), 1 (primary measures considered), 2 (under progress), 3 (near completion), 4 (achieved).

Some policies are neglected or not highlighted enough, such as:

- Improving quality of dental services and highlighting clinical governance
- Improving oral health culture and oral health literacy
- Improving the managerial and administrative structure of oral health system and dentistry
- Other activities for inclusion:
 - Training the members of oral health team for an effective advocacy
 - Improving a healthy nutrition related to a better oral health
 - Improving the access to systemic fluoride in areas with high level of dental caries
 - Screening on entrance to school or job positions
 - Strengthening applied oral health researches
 - Increasing the population under coverage of preventive dental services by insurance companies
 - Balancing dental manpower from treatment oriented to preventive oriented one
 - Involving dental education organizations to oral public health activities
 - Targeting reduction of risky oral health behaviors
 - Monitoring the performance of members of dental team and improving the quality of dental services

[EXT] Draft WHO Oral Health Action Plan - Ireland feedback

Dympna Kavanagh <Dympna_Kavanagh@health.gov.ie>

Fri 9/16/2022 6:01 PM

To: oralhealth <oralhealth@who.int>

Cc: VARENNE, Benoit <varenneb@who.int>; Ireland 2 <paul.troy@dfa.ie>; Tom Monks <Thomas_Monks@health.gov.ie>; Jonathan Patchell <Jonathan_Patchell@health.gov.ie>

Dear colleagues,

Thank you for your considerable work in reaching this stage in the implementation of the Global Oral Health Strategy.

We appreciate in Ireland the valuable opportunity to provide feedback on the draft oral health plan for your consideration. We hope that this feedback is of assistance, and we look forward to future engagement on this vital public health plan.

Thanking you

Dympna

Dympna A Kavanagh, BDS(Hons) MSc (Hons) PhD DDPH FDS FDS (DPH)

Chief Dental Officer

Community Pharmacy, Dental, Optical and Aural Policy

An Roinn Sláinte

Department of Health

Bloc 1, Plaza Míseach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14

Department of Health, Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

T 087 627 5390 working from home (My working hours may not be your working hours, please do not feel the need to respond outside your own work days or hours).



Submission from Ireland -WHO Action Plan

Ireland is positive and supportive of the WHO Global Oral Health resolution and strategy that was endorsed at the World Health Assembly May 2022.

The draft action plan is warmly welcomed and WHO is to be commended on its aspirational actions and public health vision for oral health. This is a momentous step forward, towards the inclusion of essential oral health care as part of universal health coverage (UHC). Its focus to reduce burden of disease across the life course aligns with Ireland's oral health policy's principles and ideals. The additional focus on the common risk factor approach, integration with primary care and general health, and the emphasis on surveillance are all aligned with the Irish Oral Health policy. The enablement of individuals to attain their 1) Personal Best Oral Health and 2) Reduction of Inequalities are key goals of Irish policy and align with WHO's vision. Packages of preventive and primary care are also fundamental Irish policy deliverables and align with the concept of WHO's basic and essential care packages. Ireland is of the view, which we hope supports WHO's action, that the definitions of basic and essential care can be contextualized by MS according to their population needs and resources.

Ireland wishes to work with WHO to ensure we can fulfil the commitments required from us in the action plan rather than falter at this critical step.

Ireland, recognizing the importance of this stage, has requested that the Global Action Plan on Oral Health should be included on the agenda of the Executive Board (EB151) in January 2023. Inclusion on the agenda of the EB provides an impetus and opportunity for Oral Health and its challenges for MS to be discussed. Like other NCDs it is vital to maintain a focus among MS for the global Oral Health Strategy; we note other NCDs are on the agenda repeatedly and it is important that oral health is afforded similar priority.

This draft action plan is arguably the most important stage in the process of this WHO Oral Health program and is the first time that MS must respond in a concrete manner and take ownership of implementation. Consequently, Ireland appreciates the opportunity to input into this plan.

While recognizing the valuable pathway outlined to develop oral healthcare, aligned with a public health vision, the global targets and actions are ambitious. Ireland would like to raise the following points to WHO for consideration.

1) Global Targets and Actions

The requirement to have essential oral healthcare, as defined by the individual MS in place for its population, requires several ambitious steps, over a brief time span. It is our view that allowing the MS to set its own targets, relative to its own baseline, may be a more realistic way forward. In addition, we



suggest that ensuring essential oral health care for the most vulnerable people is prioritised as it is a crucial initial step for an MS to reduce inequalities.

The second global target, to reduce prevalence of oral disease by 10%, in view of the rising levels of retention of dentition and extended life span, may well mean that in the countries with the largest growing older populations, that an increase in disease prevalence for the population is simply reflecting an ageing population and demographic change. It is our view that having this decrease in prevalence, adjusted for age cohorts and vulnerability, may offset this issue. A recognition that maintaining prevalence or limited increase of oral disease in older cohorts, and the use of different goals for more vulnerable groups, may be a more relevant reflection of management of disease burden within a MS.

The six (6) global targets, linked with the 6 strategic objectives, are ambitious for Ireland to attain in entirety by 2030. A considerable infrastructure must be put in place initially before achievement of targets can progress. While Ireland has already a public health orientated oral health policy in situ, and a few key oral health posts across Ministry and Health Agencies, this still requires much development of resources to ensure translation of ambitious policy into action and to realise an impact on the populations' oral health.

2) Prioritisation of Targets

It would be helpful if the targets were reframed more clearly as aspirational ideals to be attained and if some targets and/or actions could be identified as priorities or as essential to measure and collate. This would help direct resources into the areas WHO considers most influential for oral health.

It may also be helpful in different WHO Regions that certain MS could be identified to take leadership roles for some targets or/and actions to provide mentoring and support to other MS on this journey.

In Ireland, the knowledge attained by developing a public health oriented oral health policy could be shared with other MS, whereas we in Ireland would benefit from expertise elsewhere in relation to digital technology applications. These 'leader' MS may form mentoring networks across MS.

3) Leadership and Coordination

There are variations in health policies, oral health care and oral disease prevalence across WHO regions, including the European area. This is further exacerbated by differences in workforce, education, and training. This is an opportunity to have a greater regional focus and to ensure that MS in a WHO Region can develop a unified action plan and even allow them to set up structures at a regional level to inform and support progression. In the European Region, leadership and coordination from the European Regional office will be essential to support and enable the MS in this region to progress and learn from each other. It will also, as referred to previously, enable some MS to take on specific leadership roles in some areas.



4) Complementary Indicators

The indicators within the Action Plan are, in the main, clinical, or operational in nature and arguably do not focus sufficiently on measuring the ultimate impact of poor oral health on daily oral health quality of life. In WHO Regions, such as Europe, the opportunity to develop complementary indicators is welcome. Regional complementary indicators should be focussed on issues unique to the individual regions.

This focus on regional complementary indicators may allow for development of greater insight into the measurement of indicators on a pilot basis in more developed regions such as Europe. Such indicators could facilitate less focus on disease related clinical measurements such as dental caries prevalence, and instead explore Oral Health Quality of Life indicators, and related instruments. Ireland's experience is that the use of the measurement of functional oral health quality of life indicators, which has been used in Ireland since 2018 in National Healthy Ireland Surveys, are easier to collect nationally and are more easily understood by the public, and policy makers rather than use of clinical disease statistics. In contrast the resources required to collect disease indicators, means it is not feasible to measure a population regularly, such as every 2 years, as required by the draft action plan. In the longer term, pathfinder surveys combined with a surveillance system integrated with clinical provision of services may be more doable.

In the interim it is our view, given the resources constraints mentioned previously on the ability to collect disease indicators, that general health national surveys using proxy indicators such as Oral Health Quality of Life (functional measures) or surveys of self-assessed oral health status may have to be an acceptable compromise. Allowing such proxy measures, to substitute for the disease measurements such as for caries and periodontal disease measures, will enable MS, such as Ireland, to comply to baseline measures more quickly.

5) Workforce

The workforce emphasis on encouraging mid- level oral health care professionals and task shifting, while necessary, is still very treatment orientated and situated within the confines of dental clinics. While it is very positive the support to expand this orthodox workforce, a public health approach requires a parallel policy of more community health care workers, who can support better oral health care within especially vulnerable communities.

To support more individual self-care in communities a greater emphasis, for all MS, on introduction of community health care workers who can support lifestyle and behavioural changes which may not require advanced professional education, are required. Oral health promotion programmes are also critical. Through the Covid-19 pandemic a key learning was the importance of maintaining oral health in the absence of orthodox access to clinical care. The public live most of their life outside a dental clinic. Ensuring they have the skills to confidently manage and recognise changes in oral health through their life course, is an essential part of personal care and socialisation in all countries, regardless of income level. The common risk factor approach demands that understanding the links between NCDs and oral health is essential for



most general health care professionals. Arguably basic preventive oral healthcare should be a core competency for key health care professionals such as doctors, nurses, and pharmacists. A similar expansion of the dentists' remit in broader health promotion is equally warranted especially for promoting NCD risks (alcohol, tobacco, and diet), and expanding into broader public health areas such as providing and/or supporting vaccinations.

6) Education and Training

The requirement for fundamental reform of oral healthcare training and education at undergraduate and post graduate level must be recognised as a considerable challenge. This pivotal change will not be possible within the 7-years outlined in the draft action plan, but if ultimately progressed will have a fundamental impact on the profession and on oral health. Emphasis on public health skills at undergraduate level for all oral, and general, health care professionals, as a core competency is required. If every oral health care professional that is public facing, can appreciate and understand public health principles and actions, this will be key to the success of the strategy long term.

7) Impact of the Covid-19 pandemic

Covid-19 has had a detrimental impact on available financial and personnel resources in Ireland, especially exacerbating inequalities in oral health care access. Covid-19 reversed progress achieved prior to the pandemic across many health spheres, including oral health, and trying to overcome this set back when the world is now faced with further challenges means that progressing the WHO action plan will be especially challenging. A recognition of this difficulty within the action plan, especially in relation to the impact on inequalities and the need to front-load oral health care support for vulnerable persons would be helpful. Accessing dedicated resources in such a financial climate, will be especially difficult and support from WHO will be very welcome.

8) Sustainability and ecological impact.

The expansion of oral healthcare may come at a cost of a large ecological footprint. It is important that all efforts to reduce this possible impact of potentially expanded dental services by supporting self-care, including a focus on lifestyle and behavioural change supports. Oral health promotion programmes at national, community and individual level must be put in place in parallel. Minimising unnecessary repeat dental attendances by careful treatment planning will be required to alter the current approach that emphasises frequent, relatively short appointments for dental care. Digital and technological inputs could play a key role in minimizing this footprint along with development of more sustainable dental materials, which will need to be considered in any national research agenda.

In conclusion, Ireland is fully supportive of the draft action plan, congratulates WHO on its work and is committed to its ideals and aspirations. Ireland is very willing to play its part in supporting broader implementation of the action plan and offers its assistance if required.

R: [EXT] I: OMS. Consultazione tecnica su "Draft Global Oral Health Action Plan" (1 settembre 2022, ore 16).

Pasquadibisceglie Gianfranco <g.pasquadibisceglie@sanita.it>

Mon 9/26/2022 5:11 PM

To: VARENNE, Benoit <varenneb@who.int>

Cc: oralhealth <oralhealth@who.int>; SLAMA, Slim <slamas@who.int>; Segretariato Generale <segretariato.generale@sanita.it>; segr.dgprev (segr.dgprev@sanita.it) <segr.dgprev@sanita.it>; Segreteria DGFDM <segr.dgfdm@sanita.it>; Segreteria DGPROGS <dp.segreteria@sanita.it>; Segreteria DGPROF <segreteria.dgrups@sanita.it>; segreteriadgsan <segreteriadgsan@sanita.it>; Segreteria DGRIC <segr.rs@sanita.it>; presidenza@iss.it <presidenza@iss.it>; DG Segreteria <direzione generale@aifa.gov.it>; Magrini Nicola (N.Magrini@aifa.gov.it) <N.Magrini@aifa.gov.it>; Pietro Orsini <pietro.orsini@mef.gov.it>; Livia Ottolenghi <livia.ottolenghi@uniroma1.it>; g.ghebreigzabiher <g.ghebreigzabiher@sanita.it>; Iavicoli Sergio <s.iavicoli@sanita.it>; d.galeone <d.galeone@sanita.it>; Giannini Maria Assunta <ma.giannini@sanita.it>; g.plutino@sanita.it <g.plutino@sanita.it>; Leone Maria Grazia <mg.leone@sanita.it>

Dear dr. Varenne,

I hope you are well.

Please, see attached Italian Ministry of health comments to the draft global oral health action plan.

Best regards,

Gianfranco Pasquadibisceglie

Da: VARENNE, Benoit <>

Inviato: mercoledì 14 settembre 2022 17:28

A: Gianfranco Pasquadibisceglie <g.pasquadibisceglie@sanita.it>

Cc: oralhealth <oralhealth@who.int>; SLAMA, Slim <slamas@who.int>

Oggetto: RE: [EXT] I: OMS. Consultazione tecnica su "Draft Global Oral Health Action Plan" (1 settembre 2022, ore 16).

Dear Gianfranco Pasquadibisceglie,

Many thanks for the message and for the interest of Italy in the work related to the global oral health agenda. This is much appreciated!

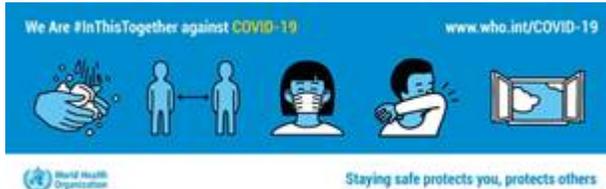
As you know, the deadline for submission of written input is this Friday 16 September. We'd be happy to extend the date for you and your team contribution till Monday 26 September. By first week of October we're supposed to finalize the draft action plan and move towards internal approval.

I hope that our proposal suits will fit to your agenda.

Thanks once again and best regards
Benoit

Dr Benoit Varenne
Dental Officer - Oral Health Programme
NCD Department | Division of UHC/Communicable and NCDs
World Health Organization – 20 Avenue Appia | Geneva | Switzerland
Tel. direct: +41227914013 | Mobile: +41795067236
E-mail: varenneb@who.int
Twitter: https://twitter.com/benoit_varenne
Web: http://www.who.int/oral_health/en/

Follow WHO on [Facebook](#) | [Twitter](#) | [YouTube](#) | [Instagram](#)



From: Pasquadibisceglie Gianfranco <g.pasquadibisceglie@sanita.it>
Sent: Wednesday, 14 September 2022 16:43
To: VARENNE, Benoit <varenneb@who.int>; SLAMA, Slim <slamas@who.int>
Subject: [EXT] I: OMS. Consultazione tecnica su "Draft Global Oral Health Action Plan" (1 settembre 2022, ore 16).
Importance: High

Dear colleagues,

I hope you are well.

Italian Ministry of health and its Chief Dental Officer are very interested to participate to the consultative process on the first draft WHO discussion paper containing a proposed draft global oral health action plan. However, due to vacancies period, we need further time to prepare and provide our contributions.

To this end, I would kind ask you to consider to give us a further period of time (i.e., by 30 September?). Is it possible?

Thanks in advance for your understanding and support.

Best regards,

Gianfranco Pasquadibisceglie

Da: VERCAMMEN, Laurence <VercammenL@who.int>
Inviato: giovedì 18 agosto 2022 15:49
Cc: ARMSTRONG, Timothy Peter <armstrongt@who.int>; DURAND STIMPSON, Patricia <stimpsonp@who.int>; MAYU, Clorinda <mayuc@who.int>; GRAF, Diana Nkirote <munorud@who.int>; OSEI, Jude <osejj@who.int>; VEA, Gina Rene <veag@who.int>; SAVELLI, Carmen <savellic@who.int>; VARENNE, Benoit <varenneb@who.int>; FONES, Guy <fonesg@who.int>; SLAMA, Slim <slamas@who.int>
Oggetto: WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Dear WHO Member States,

Resolution [WHA74.5](#) requested WHO Director-General to translate the global strategy on oral health [A75/10 Add.1](#) into an action plan for public oral health, by 2023, including a framework for tracking progress with clear measurable targets of oral health to be achieved by 2030.

In response to resolution [WHA74.5](#), the Secretariat has prepared a first draft WHO Discussion Paper containing a proposed draft global oral health action plan that includes a monitoring framework.

You are invited to provide comments on the first draft WHO Discussion Paper, available on the following webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan> **by 16 September 2022**. Comments can be provided by email to the following email address: oralhealth@who.int.

The consultative process to arrive at a final document will be as follows:

From 12 August to 16 September 2022: The Secretariat will convene a global web-based consultation for Member States, UN organizations, and non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions) on the WHO discussion paper of the draft global oral health action plan.

1 September 2022, 16:00-17:30 CEST: The Secretariat will convene a technical consultation with Member States and UN organizations. Connection details as follows:

- Join Zoom Meeting
<https://who.zoom.us/j/97546441707>
- Meeting ID: 975 4644 1707
Passcode: MS#2Cons
- Join by SIP
97546441707@zoomcrc.com
Passcode: 59779433

2 September 2022, 11:00-12:30 CEST: The Secretariat will convene a technical consultation with [non-State actors in official relations with WHO](#).

Any enquiry can be addressed to Dr Benoit Varenne, Dental Officer, NCD Department, varenneb@who.int and Dr Slim Slama, Unit Head, NCD Management-Screening, Diagnosis and Treatment (MND), NCD Department, slamas@who.int.

All inputs received through the consultation process will be made available on the following dedicated webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan>

Best regards,

WHO Secretariat



Ministero della Salute

DIREZIONE GENERALE DELLA COMUNICAZIONE E DEI RAPPORTI EUROPEI E INTERNAZIONALI

Ufficio 5 - Rapporti con l'Unione Europea, il Consiglio d'Europa,
l'OCSE, l'OMS e le altre agenzie ONU e Organizzazioni Internazionali

WHO DISCUSSION PAPER (Version dated 12 August 2022) DRAFT GLOBAL ORAL HEALTH ACTION PLAN (2023-2030)

ITALIAN COMMENTS

Italy would like to thank the Secretariat for preparing and sharing the first draft WHO Discussion Paper containing a proposed draft global oral health action plan (“Action Plan”).

Italy welcomes this global web-based consultation for Member States, UN organizations, and non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions) for its all whole-of-government and whole-of-society approaches to strengthen public policies on oral health.

Italy confirms its commitment to the prevention and control of NCDs, including strengthening and scaling up efforts to address the highest attainable standard of oral health as part of universal health coverage (UHC).

We are pleased to participate to hereby global web-based consultation, providing the following few general and preliminary comments.

First of all, we strong support the principle that proposed actions and targets should be adapted and prioritised by Member States, taking into consideration social, cultural, economic and political contexts and available financial and human resources.

We would highlight that Members States have varying oral health infrastructures, workforce, and national regulatory approaches. Considering the different baseline of each MS in relation to targets across the region will be important that WHO Office provides timely and appropriate technical support to countries. Without WHO support, coordination and direction, specifically at regional European level, there will be an uncoordinated approach. Furthermore, the different baseline suggests to establish targets to achieve with a progressive approach.

We would also highlight the lack of fiscal resources and the need to address rising oral health inequalities.

We think that actions, initiative, objectives and target envisaged in the “Action Plan” for reducing risk factors should be implemented in full alignment with the current WHO strategies and Global Action Plans, ensuring complementarity and coherence amongst such “Action Plan” and the current relevant NCDs prevention plan, strategies and global policies, in order to avoid overlapping and duplication. In substantive terms, it is important that they are mutually supportive.



Ministero della Salute

DIREZIONE GENERALE DELLA COMUNICAZIONE E DEI RAPPORTI EUROPEI E INTERNAZIONALI

Ufficio 5 - Rapporti con l'Unione Europea, il Consiglio d'Europa,
l'OCSE, l'OMS e le altre agenzie ONU e Organizzazioni Internazionali

Regarding the paragraph “*Action area for strategic objective 2: oral health promotion and oral disease prevention*”, we agree to improve oral health promotion and oral disease prevention, in order to achieve the best possible oral health condition as well as to address and reduce risk factors of oral diseases. In particular, we would support the action 22 that envisaged to work with the private sector to lower content of sugar in food and beverages that are high in free sugar.

Furthermore, for action 26, 38 and 68 we'd suggest mentioning oral hygiene and toothbrush among the essential oral health products, whose affordability and availability is to be improved.

Regarding core indicators we hope for the possibility of favouring solutions that are supported by scientific evidence and by impact assessments in relation to the principles of health and sustainability, in order to achieve a common reference framework.

Furthermore, we are convinced that proposed package of fiscal measures **is** one of key instruments to achieve the global targets, together other key principles such as education, responsibility, awareness in a sustainable and whole-of-society approaches.

We kind invite the Secretariat to share with Member States the scientific and statistical evidence underlying the development of the proposed package of fiscal measures, including the link between the adoption of tax policies and benefits.

We would like to underline the need to be able to assess the solidity of the models underlying the recommendations / measures proposed in the fiscal field, hoping that further opportunities for consultation, convened with adequate notice, will be organized by the WHO, on the occasion of which Member States can offer additional input into the this “Action Plan”.

[EXT] FW: Japan's Comments on the Draft Global Oral Health Action Plan.

堀田 昌子(horita-masako.2x7) <horita-masako.2x7@mhlw.go.jp>

Tue 9/20/2022 3:52 PM

To: oralhealth <oralhealth@who.int>

Cc: 岡田 岳大(okada-takeo) <okada-takeo@mhlw.go.jp>; Toshiaki Baba <baba-toshiaki.7s8@mhlw.go.jp>

Dear Colleges WHO Oral Health Team,

Thank you as always for all your work.

I am contacting you because I did not include my contact information in the previous email.

Please kindly do not hesitate to contact us should you need further information about Japan's comments.

Thank you and kind regards,

Masako

Dr. Masako HORITA (Ms.)

Deputy Director, International Affairs Division, Ministry of Health, Labour and Welfare, Japan

TEL: +81-3-3595-2404(Direct)

-----Original Message-----

From: 堀田 昌子(horita-masako.2x7)

Sent: Friday, September 16, 2022 11:03 PM

To: 'oralhealth@who.int' <oralhealth@who.int>

Cc: 岡田 岳大(okada-takeo) <okada-takeo@mhlw.local>; 馬場 俊明(baba-toshiaki.7s8) <baba-toshiaki.7s8@mhlw.local>

Subject: Japan's Comments on the Draft Global Oral Health Action Plan.

Dear Colleges WHO Oral Health Team,

Thank you as always for all your work.

The following are Japan's comments on the Draft Global Oral Health Action Plan.

We appreciate the Secretariat's efforts to develop this Discussion Paper on the Global Oral Health Action Plan based on the Global Strategy on Oral Health.

This Discussion Paper presents recommended actions for governments and private organizations on reducing the harmful use of alcohol. However, regarding alcohol, recommended actions are comprehensively promoted in the Global Strategy to Reduce the Harmful Use of Alcohol and its Action Plan.

Therefore, instead of establishing individual alcohol measures and indicators, the oral health sector should also take measures based on the Global Strategy and its Action Plan.

We propose the amendments to Action 17 (p. 8) and Action 24 (p. 10), as shown in the attached file. We also propose the deletion of Complementary indicator 2.6 (p. 44), which corresponds to Action 24.

We consider that WHO should not propose an internationally controlled system of targeted taxation on alcoholic beverages. This is because a taxation system is a country-specific mandate and should be

implemented through policies appropriate to the context of each country.

For the same reason, we cannot accept the following statement "Global target 2.1: Reduction of sugar consumption. By 2030, 70% of countries will have implemented a tax on sugar-sweetened beverages (p. 9)". Therefore we propose the deletion of Global target 2.1.

In addition, we propose to revise Action22 (p. 9), Action35 (p. 12), Action39 (p. 12), and indicator corresponding to Global target 2.1 (p. 32), as shown in the attached file.

We expect that this forthcoming action plan will contribute to the improvement of oral health in each Member States. We thank the Secretariat for all their efforts regarding this plan.

Kind regards,
Masako

AMENDMENTS TO WHO DISCUSSION PAPER

(Version dated 12 August 2022)

(p. 8)

Action 17.

Promote oral health as a public good: Promote and protect oral health as a public good by monitoring and raising awareness of incompatible partnerships. Advocate for governments to phase out subsidies and implement taxation of unhealthy commodities, such as sugar, and tobacco ~~and, as well as to properly put an action plan into practice to reduce harmful use of~~ alcohol. Support governments in developing guidance on private sector engagement in oral health and NCD programmes.

(p. 9)

Action 22.

Support policies and regulations to control ~~limit~~ an excessive intake of free sugars ~~intake~~: Support initiatives to transform the food environment by implementing policies to control ~~reduce~~ free an excessive intake of foods and beverages containing sugar ~~consumption~~ and promote availability of healthy foods and beverages in line with WHO's recommendations. Consider, when appropriate in national contexts, ~~Initiate or support~~ implementation of health taxes, particularly taxation of food and beverages with high sugar content to control an excessive intake, ; and advocate for earmarking such tax revenue for oral health and health promotion, depending on country context. Advocate and collaborate with other line ministries to limit package sizes and include transparent labelling of unhealthy processed foods and beverages; strengthen regulation of marketing and advertising of such products to children and adolescents; and reduce sponsorship by related companies promoting an excessive intake of sugar, for public and sports events. Work with the private sector to encourage them to reduce the size of one portion ~~portion sizes,~~ and reformulate products to lower sugar levels, develop products using sugars that do not negatively impact oral health, and promote oral health with sales strategies that, ~~in order to~~ shift consumer purchasing towards healthier products.

(p. 10)

Action 24.

~~Support policies and regulations to r~~Reduce the harmful use of alcohol: Focus on the basis of the evidence of the effectiveness and cost-effectiveness of policy measures, according to national needs and contexts, of the sustainable implementation, continued enforcement, monitoring and evaluation

of high-impact cost-effective policy options included in the WHO SAFER technical package, as described in Action 1 of Global targets for action area 1 of the action plan to reduce the harmful use of alcohol.

~~Implement the WHO SAFER initiative of the five most cost-effective interventions to reduce alcohol-related harm, including strengthening restrictions on alcohol availability; advancing and enforcing drunk-driving counter-measures; facilitating access to screening, brief interventions and treatment; enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion; and raising prices on alcohol through excise taxes and pricing policies.~~

(p. 12)

Action 35.

Advocate for policies and regulations for oral disease prevention: Support policies aiming at healthy environments and settings, such as healthy school meals, tobacco-free environments and related sales restrictions for minors. Advocate for the implementation of health taxes, including those for foods and beverages with high sugar content, depending on country context.

Action 39.

Reduce marketing, advertising and sale of harmful products: Prioritise monitoring, transparency and compliance with voluntary and legally binding policies and regulations related to healthy settings, protection of vulnerable population groups, marketing, advertising, and sponsorship, depending on country context. Consider the reformulation of products to control ~~reduce~~ an excessive intake of sugar intake.

(p. 32)

Strategic Objective 2. Oral health promotion and oral disease prevention

Global target 2.1: Reduction of sugar consumption

Core Indicator 2.1. ~~Implemented tax on sugar-sweetened beverages (SSBs)~~

[EXT] Fwd: WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Mutuma Kenya Mission <pmutuma@kenyamission.ch>

Wed 9/7/2022 12:30 PM

To: oralhealth <oralhealth@who.int>

Cc: wamotho@yahoo.com <wamotho@yahoo.com>

Good afternoon,

Receive warm greetings from the Kenya Mission to the UN in Geneva.

Attached herewith, please find comments on the draft oral health action plan in response to the call for comments below.

In copy is Dr. Miriam Muriithi, the Chief Dental Officer for any questions or clarifications.

Many thanks,

Kind regards,

**Peace Mutuma
Health attache**

Permanent Mission of Kenya to the United Nations and other International Organisations

Allée David-Morse 6, 1202 Geneva Switzerland

GENEVA

Tel: +41 (0) 22 906 40 50/73

Website: <http://www.kenyamission.ch>

Twitter: @KenyaMissionUNG

----- Forwarded message -----

Dear WHO Member States,

Resolution [WHA74.5](#) requested WHO Director-General to translate the global strategy on oral health [A75/10 Add.1](#) into an action plan for public oral health, by 2023, including a framework for tracking progress with clear measurable targets of oral health to be achieved by 2030.

In response to resolution [WHA74.5](#), the Secretariat has prepared a first draft WHO Discussion Paper containing a proposed draft global oral health action plan that includes a monitoring framework.

You are invited to provide comments on the first draft WHO Discussion Paper, available on the following webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan> **by 16 September 2022**. Comments can be provided by email to the following email address: oralhealth@who.int.

The consultative process to arrive at a final document will be as follows:

From 12 August to 16 September 2022: The Secretariat will convene a global web-based consultation for Member States, UN organizations, and non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions) on the WHO discussion paper of the draft global oral health action plan.

1 September 2022, 16:00-17:30 CEST: The Secretariat will convene a technical consultation with Member States and UN organizations. Connection details as follows:

- Join Zoom Meeting

<https://who.zoom.us/j/97546441707>

- Meeting ID: 975 4644 1707

Passcode: MS#2Cons

- Join by SIP

97546441707@zoomcrc.com

Passcode: 59779433

2 September 2022, 11:00-12:30 CEST: The Secretariat will convene a technical consultation with [non-State actors in official relations with WHO](#).

Any enquiry can be addressed to Dr Benoit Varenne, Dental Officer, NCD Department, varenneb@who.int and Dr Slim Slama, Unit Head, NCD Management-Screening, Diagnosis and Treatment (MND), NCD Department, slamas@who.int.

All inputs received through the consultation process will be made available on the following dedicated webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan>

Best regards,

WHO Secretariat



KENYA INPUT TOWARDS DRAFT GLOBAL ORAL HEALTH ACTION (2023-2030)

Introduction

Kenya reiterates the need for a Global Oral Health Action Plan in line with the Global resolution on Oral Health, the Global oral Health Strategy, Africa Regional Oral Health strategy and the Kenya National Oral Health Strategic Plan. This action plan will form an important roadmap towards achieving universal oral health.

Kenya like the rest of the region has a very high oral disease burden with every 2 out of 5 children suffering from dental caries and almost the entire population suffering from gum/periodontal disease. The Kenya National Oral Health Policy recognises that oral diseases share common risk factors with common NCDs and hence the need for the integrated prevention strategies towards achieving Universal Health Coverage.

Kenya also lauds the Global Strategy on Oral Health whose objectives align with the Kenya national oral health strategic plan action areas.

OUR FEEDBACK ON THE GLOBAL ORAL HEALTH ACTION PLAN

On overarching global targets, baseline data will be important. For example, Target 1, Increase the percentage of the population covered by essential oral health services from the current X% to Y% by 2030. This should be applied to all targets.

On Global target 1.2: Environmentally- sound practices; This target should be given more weight and if possible, should be addressed NOT as part of **Oral Health Governance** but on its own. The feeling is that the Minamata Convention on Mercury is bigger than leadership & governance and the actions surrounding the phasing down of dental amalgam are broader and mostly fall in the practice of dentistry vs leadership.

On Action area for strategic objective 1: ORAL HEALTH GOVERNANCE

Proposed actions for Member States

Action 3. Create and sustain dedicated oral health budgets: Consider, as appropriate for national context, establishing dedicated oral health budgets at national and subnational levels covering policy, public service staff, programme and supply costs. (This Global Action plan should have looked into the reasons why budgets for oral health have been consistently low and addressed the root cause)

Action 4. We suggest addition of: Build capacity for operationalization of the integration of oral health into the other policies. Otherwise, integration may occur on paper but with no action on the ground.

On Action area for Strategic Objective 2: ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION

Proposed actions for Member States

Action 25. Depending on the country context, consider adding or removing fluoride from drinking water to provide safe, optimal levels for protection against dental caries, as recommended by national and international guidance. (We suggest addition: protection of dental caries and dental fluorosis because fluorosis is endemic in the region)

Proposed actions for the private sector

Action 38. Improve affordability of fluoride products for oral health: Cooperate with governments to improve affordability and quality of fluoride-containing products for oral health and ensure that tax reductions or subsidies applied to such products are entirely reflected in lower consumer prices.

(We suggest: We should not limit ourselves to fluoride products only, we would rather consider oral hygiene products, fluoride products being part of these products)

Action Area for Strategic Objective 3: HEALTH WORKFORCE

Proposed actions for civil society organizations

Action 51. Develop appropriate task-sharing and inter-professional collaboration models for the provision of oral health care. (We feel this is not the mandate of the CSOs)

Action 53. Develop or review codes of practice (We feel this is not the mandate of the CSOs)

Action Area for Strategic Objective 4: ORAL HEALTH CARE

We suggest that this action plan should explore ways of making oral health products more affordable to LMIC whose disease burden is on the rise.

Action Area for Strategic Objective 5: ORAL HEALTH INFORMATION SYSTEMS

LMIC require specific efforts to strengthen their health systems in order to be able to manage the high unmet treatment needs and the increasing disease burden in the region.

Our question therefore is, what specific actions will be taken to strengthen Health Systems in LMICs?

Action Area for Strategic Objective 6: ORAL HEALTH RESEARCH AGENDAS

Proposed actions for civil society organizations

Action 91. Ensure research alignment with national oral health priorities: Review research and science training curricula of academic and research institutions to assess whether they address public health, implementation research, and national priorities. Enhance representation of oral health research priorities in relevant conferences and research forums. (We feel this is not the mandate of CSOs)

MONITORING IMPLEMENTATION PROGRESS OF THE GLOBAL ORAL HEALTH ACTION PLAN

We would like to know if there will there be facilitation or need to develop regional and country monitoring frameworks in line with this Global framework.

CORE INDICATORS

The core indicators like mentioned earlier lack baseline data.

GENERAL COMMENTS/QUESTIONS:

1. What efforts will be put in place to ensure that this document is well communicated to the relevant stakeholders and more specifically governments in the member states who are the decision makers? This because without proper understanding, it will be difficult for them to advance the necessary support required for implementation.
2. What specific facilitation will be advanced especially to LMICs in terms technical and financial support to help these countries implement these actions.
3. What plans are there to ensure sustainability of these efforts?
4. Are there plans on developing regional and country specific oral health action plan in line with this Global action plan?

Dr. Miriam Muriithi
Oral Health Services
0716421743

[EXT] Global Strategy Of Oral health Action Plan

Martha Chipanda <namwazamartha@gmail.com>

Fri 9/16/2022 11:59 AM

To: oralhealth <oralhealth@who.int>

Good afternoon

Find attached my comments

Dr. Martha Malawi

Telephone: + 265 789 400
Facsimile: + 265 788 403
+265 789
365

**All Communications should be
addressed to:
The Secretary for Health**



In reply please quote No.

..... MINISTRY OF
HEALTH

P.O. BOX
30377
LILONGWE
3
MALAWI

16TH SEPTEMBER, 2022

Global Oral Strategy Action plan

Introduction

The global oral strategy Action plan is well planned and so helpful if member states will provide the needed political will and prioritization in terms of funding.

The strategies require resources in terms of financing, human resource and infrastructure. It favors the developed and medium developed countries. The poor countries will struggle. Even though Oral diseases and conditions share risk factors common to the leading NCDs, it does not get the same attention as other non-communicable diseases.

Comments

7. Funded challenges

There is need to solve this

18, 19, 20 and 21

All sounds good

Action Areas

ACTION AREA FOR STRATEGIC OBJECTIVE 1: ORAL HEALTH GOVERNANCE

I am happy with all the strategies and action points for member states, WHO secretariat, international partners, civil societies, private sector.

ACTION AREA FOR STRATEGIC OBJECTIVE 2: ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION

Well laid down strategies and action points for member states, WHO secretariat, international partners, civil societies, private sector.

Global target 3: Innovative workforce model for oral health

All the actions are in order,

ACTION AREA FOR STRATEGIC OBJECTIVE 4: ORAL HEALTH CARE

All proposed actions are in order

ACTION AREA FOR STRATEGIC OBJECTIVE 5: ORAL HEALTH INFORMATION SYSTEMS

All proposed actions are in order

ACTION AREA FOR STRATEGIC OBJECTIVE 6: ORAL HEALTH RESEARCH AGENDAS

Great and the percentage is realistic

OVERVIEW OF INDICATORS

The global monitoring framework is comprehensive and good

COMPLEMENTARY INDICATORS

Numerous but good to follow

Dr. Martha Chipanda

Chief Dental Surgeon: Malawi

[EXT] RE: WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022_ MALTA comments

Vincenti Karen at Health Policy <karen.vincenti@gov.mt>

Fri 9/16/2022 11:05 AM

To: oralhealth <oralhealth@who.int>

Cc: Vassallo Pauline at Health Regulation <pauline.j.vassallo@gov.mt>; Mulligan Kevin at Health-MDH <kevin.mulligan@gov.mt>; Tanti Chiara at Health Policy <chiara.tanti@gov.mt>; Tilney Tristan at Health Regulation <tristan.tilney@gov.mt>; SLAMA, Slim <slamas@who.int>

From: Vincenti Karen at Health Policy

Sent: Friday, 16 September 2022 11:03

To: 'oralhealth@who.int.' <oralhealth@who.int.>

Cc: Vassallo Pauline at Health Regulation <pauline.j.vassallo@gov.mt>; Mulligan Kevin at Health-MDH <kevin.mulligan@gov.mt>; Tanti Chiara at Health Policy <chiara.tanti@gov.mt>; 'varenneb@who.int' <varenneb@who.int>; 'slamas@who.int' <slamas@who.int>; Tilney Tristan at Health Regulation <tristan.tilney@gov.mt>

Subject: WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022_ MALTA comments

WHO Secretariat

-

-

Dear colleague,

Please find Malta comments on the Draft Global Oral Health Action Plan below:

We are very happy that oral health has been recognised by WHO as a major global health burden and Malta welcomes this opportunity to enhance prevention of oral diseases.

The draft global oral health action plan is very ambitious and it will be a challenge to achieve all these targets by 2030, specifically in terms of challenges with human resources.

We will, however, be in a position to have an operational oral health action plan looking into inclusion of oral health into national policies and we will be on target with environmentally sound practices and phasing down of dental amalgam.

Another challenge is carrying out oral health surveys every two years.

We also feel that there can be more support at WHO Europe to fulfil the requirements through a dedicated regional oral health officer.

Kind regards

Karen

Dr Karen Vincenti MD MSc PG Inf Dis FFPH

Consultant Public Health Medicine

WHO National Counterpart

Department for Policy in Health

Office of the Chief Medical Officer and Directorate for International Affairs and Policy Development

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MINISTRY FOR HEALTH
15, PALAZZO CASTELLANIA,
MERCHANTS STREET, VALLETTA, MALTA

[EXT] New Zealand commentary: WHO Discussion paper - Draft Global Oral Health Action Plan 2023-2030 - available for inputs

Isabel Parker <Isabel.Parker@health.govt.nz>
on behalf of
Global Health <globalhealth@health.govt.nz>

Fri 9/16/2022 6:24 AM

To: oralhealth <oralhealth@who.int>

Cc: Lucy Cassels <Lucy.Cassels@health.govt.nz>; Riana Clarke <Riana.Clarke@health.govt.nz>; Ben Volz <Ben.Volz@health.govt.nz>

Dear WHO Global Oral Health Network,

I hope this email finds you well. Thank you for the opportunity to engage on the WHO discussion paper: "draft global oral health action plan". The New Zealand Ministry of Health is pleased to share comments in the attached Word document for your consideration.

We look forward to being kept abreast of the action plan as consultations progress.

Wishing you a restful weekend.

Ngā mihi,
Global Health team

NOT FOR FURTHER DISSEMINATION WITHOUT APPROVAL FROM GLOBAL HEALTH

Global Health | Public Health Agency | Manatū Hauora - Ministry of Health | Aotearoa - New Zealand |
globalhealth@health.govt.nz



MINISTRY OF HEALTH



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New Zealand Ministry of Health:

Feedback on Draft Global Oral Health Action Plan 2023-2030

16 September 2022

The Ministry of Health supports the draft global oral health action plan 2023-2030.

The Ministry of Health supports the focus of the global targets and actions, including in relation to improving coverage of essential oral health services, oral health promotion, access to fluorides, improving workforce capacity/ models of care and oral health information systems.

In New Zealand, there are currently initiatives underway that align with the global targets and actions, including:

- The Health (Fluoridation of Drinking Water) Amendment Act was enacted in November 2021. The Act gives the Director- General of Health the power to issue directions to local water suppliers to fluoridate their drinking water supplies. It is expected that as a result of the new legislation community water fluoridation coverage in New Zealand may increase from around 50 percent to over 80 percent.
- An oral health promotion initiative is underway for all whanau (families) with pre-school children to promote toothbrushing with fluoride toothpaste. Māori and Pacific whānau, and those whānau who live on a low income are the priority groups.
- Financial support for immediate and essential dental costs for beneficiaries and other eligible people of low incomes, has been increased from \$300 to \$1000 per annum.
- The Electronic Oral Health Record programme, which aims to improve the quality and consistency of oral health data, is ongoing.

We note that currently oral health services in New Zealand are free for children and adolescents up to their 18th birthday. Generally oral health services for adults are not publicly funded with some exceptions. We support the targets and actions relating to progressing towards universal oral health services, and integration of oral health services into other primary care services. Recently, financial support for immediate and essential dental costs for beneficiaries and other eligible people of low incomes, was increased from \$300 to \$1000 per annum. We note that further progress in these areas in New Zealand will likely be gradual given current funding arrangements.

[EXT] Letter from Russia

Кулаков Анатолий Алексеевич <kulakov@cniis.ru>

Fri 9/16/2022 2:55 PM

To: oralhealth <oralhealth@who.int>

С уважением, Академик РАН Кулаков А.А.



119021, г. Москва, ул. Тимура Фрунзе, д. 16
Тел.: 8 (499) 245-64-94 Факс: 8 (499) 246-55-77
Телеграф: 119021, Москва, Г-21, ул. Тимура Фрунзе, д. 16
E-mail: cnlis@cnlis.ru www.cnlis.ru

16.09 2022 г. № 22

на № _____ от _____

Dear colleagues!

Experts of the National Medical Research Center "Central Research Institute of Dentistry and Maxillofacial Surgery" of the Ministry of Health of Russia got acquainted with the first draft of the WHO discussion paper containing the proposed draft global action plan for oral health.

We reaffirm the relevance of the six strategic objectives of the global oral health strategy related to oral health management, oral health promotion and prevention, health workforce, oral care, oral health information systems and oral cavity health research programs.

We hereby inform you that in 2016 a working group of specialists from the National Medical Research Center "Central Research Institute of Dentistry and Maxillofacial Surgery" developed the National Program for the Primary Prevention of Dental Diseases among the Population of the Russian Federation

We hope that the action plan you proposed and the monitoring system to track progress will help us together achieve the goals of global oral health action plan by 2030.

Scientific Director of
National Medical Research Center
"Central Research Institute of Dentistry
and Maxillofacial Surgery"
of the Ministry of Health of Russia
Academician of the Russian
Academy of Sciences

Kulakov A.A.

Head of the Prevention Department
National Medical Research Center
"Central Research Institute of Dentistry
and Maxillofacial Surgery"
Doctor of Medical Sciences

Avraamova O.G.

Researcher of the Prevention Department
National Medical Research Center
"Central Research Institute of Dentistry
and Maxillofacial Surgery"

Shevchenko O.V.

[EXT] RV: WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

sgrioi@sanidad.gob.es <sgrioi@sanidad.gob.es>

Tue 9/20/2022 10:16 AM

To: oralhealth <oralhealth@who.int>

Cc: sgrin@sanidad.gob.es <sgrin@sanidad.gob.es>; ppasaronp@sanidad.gob.es <ppasaronp@sanidad.gob.es>; pmarquezp@sanidad.gob.es <pmarquezp@sanidad.gob.es>

Dear Sirs,

Unfortunately the link provided to include Spanish information didn't work last Friday September 16. For this reason in order to send the comments to the first draft WHO Discussion Paper on the link provided, please find attached the complete document with most of the answers to the questions raised about potential indicators in Spain. We apologize for this delay.

With respect to the draft of the Global Oral Health Action Plan, just highlight that we are working hard to expand dental coverage in Spain, but we find quite hard to assume the universal oral health coverage for all people and communities by 2030. We include attached to this email the only comments received from the Spanish Agency for Food Safety and Nutrition, too.

Kind regards,

Área de Organismos Internacionales

Subdirección General de Relaciones Internacionales y Publicaciones

Ministerio de Sanidad

Paseo del Prado, 18-20

28071 Madrid (Spain)

sgrioi@sanidad.gob.es

<https://www.sanidad.gob.es/>



From: VERCAMMEN, Laurence

Sent: jeudi 18 août 2022 15:49

Cc: ARMSTRONG, Timothy Peter <armstrongt@who.int>; DURAND STIMPSON, Patricia <stimpsonp@who.int>; MAYU, Clorinda <mayuc@who.int>; GRAF, Diana Nkirote <munorud@who.int>; OSEI, Jude <oseij@who.int>; VEA, Gina Rene <veag@who.int>; SAVELLI, Carmen <savellic@who.int>; VARENNE, Benoit <varenneb@who.int>; FONES, Guy <fonesg@who.int>; SLAMA, Slim <slamas@who.int>

Subject: WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Dear WHO Member States,

Resolution [WHA74.5](#) requested WHO Director-General to translate the global strategy on oral health [A75/10 Add.1](#) into an action plan for public oral health, by 2023, including a framework for tracking progress with clear measurable targets of oral health to be achieved by 2030.

In response to resolution [WHA74.5](#), the Secretariat has prepared a first draft WHO Discussion Paper containing a proposed draft global oral health action plan that includes a monitoring framework.

You are invited to provide comments on the first draft WHO Discussion Paper, available on the following webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan> by **16 September 2022**. Comments can be provided by email to the following email address: oralhealth@who.int.

The consultative process to arrive at a final document will be as follows:

From 12 August to 16 September 2022: The Secretariat will convene a global web-based consultation for Member States, UN organizations, and non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions) on the WHO discussion paper of the draft global oral health action plan.

1 September 2022, 16:00-17:30 CEST: The Secretariat will convene a technical consultation with Member States and UN organizations. Connection details as follows:

- Join Zoom Meeting
<https://who.zoom.us/j/97546441707>
- Meeting ID: 975 4644 1707
Passcode: MS#2Cons
- Join by SIP
97546441707@zoomcrc.com
Passcode: 59779433

2 September 2022, 11:00-12:30 CEST: The Secretariat will convene a technical consultation with [non-State actors in official relations with WHO](#).

Any enquiry can be addressed to Dr Benoit Varenne, Dental Officer, NCD Department, varenneb@who.int and Dr Slim Slama, Unit Head, NCD Management-Screening, Diagnosis and Treatment (MND), NCD Department, slamas@who.int.

All inputs received through the consultation process will be made available on the following dedicated webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan>

Best regards,

WHO Secretariat

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COMENTARIOS AL PROYECTO DE PLAN DE ACCIÓN MUNDIAL DE SALUD BUCODENTAL (2023-2030) DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD

El plan de acción mundial de salud bucodental (2023-2030) de la Organización Mundial de la Salud (OMS) incluye 6 objetivos estratégicos: la gobernanza de la salud bucodental, la promoción de la salud bucodental y la prevención de las enfermedades bucodentales, el personal sanitario, la atención bucodental, los sistemas de información de salud bucodental y los programas de investigación en salud bucodental; con el objetivo de ayudar a los estados miembro a desarrollar medidas para promover la salud bucodental y disminuir la prevalencia de enfermedades orales y condiciones relacionadas.

Los aspectos de este plan de acción relacionados con la nutrición se establecen principalmente en relación con una elevada ingesta de azúcares y se desarrollan dentro del **objetivo estratégico 2** de la **promoción de la salud bucodental y la prevención de las enfermedades bucodentales**.

Por ello, uno de las metas globales incluidas en el objetivo estratégico 2 es la **reducción del consumo de azúcar**, y se establece que en 2030 el 70 % de los países habrán aplicado un impuesto a las bebidas azucaradas.

Esta Agencia apoya los objetivos y medidas propuestas en relación con la disminución del consumo de azúcar, las cuales pueden contribuir no sólo a una mejora de la salud bucodental sino también ayudar a reducir la prevalencia de otras enfermedades no transmisibles.

Se relacionan a continuación los comentarios de esta Agencia en relación con las acciones dirigidas a los estados miembros que se proponen dentro del objetivo estratégico 2:

Acción 22: Apoyar las políticas y normativas para limitar la ingesta de azúcares libres.

- Se sugiere aclarar el significado del adjetivo "*transparent*" en relación con el etiquetado de alimentos y bebidas considerados no saludables. Creemos que es importante definir si se refiere al etiquetado nutricional frontal, el uso de declaraciones nutricionales y de propiedades saludables en los alimentos o a otra información alimentaria facilitada al consumidor.
- Se propone que se definan los productos sobre los que se requiere reforzar la regulación de la publicidad, que entendemos se refiere a aquellos con un alto contenido en azúcares y otros componentes relacionados con las enfermedades no transmisibles.

Acción 27: Revisar y mejorar las medidas de promoción y prevención

Esta acción se refiere a la necesidad de crear ambientes de apoyo para la promoción de la salud bucodental en entornos clave como escuelas, centros preescolares, lugares de trabajo y centros de atención de larga duración. Dentro de esta acción se propone establecer normas y reglamentos para el apoyo comercial y el patrocinio de este tipo de actuaciones en las escuelas, lugares de trabajo y otros entornos clave, incluyendo mecanismos de control y evaluación.

Desde esta Agencia, consideramos relevante destacar otras acciones como la promoción en el entorno escolar de una oferta alimentaria variada y saludable, tanto en las programaciones de los menús, como en los alimentos y bebidas dispensados a través de las máquinas expendedoras y cafeterías.

Estas acciones estarían relacionadas con la acción 35 dirigida a que las organizaciones de la sociedad civil aboguen por el suministro de comidas saludables en el entorno escolar, y la acción 39 dirigida al sector privado para que se refuerce el cumplimiento de los compromisos voluntarios y las medidas legislativas obligatorias implementados por los gobiernos.

Indicadores

En el Plan de acción mundial de salud bucodental se incluyen también una serie de indicadores que serán utilizados para realizar el seguimiento de la implementación y avance de las acciones propuestas.

Se incluyen comentarios en relación con el Indicador complementario 2.4 “Disponibilidad per cápita de azúcar (gramos/día)” del objetivo estratégico 2:

Entendemos que el indicador “disponibilidad de azúcar” es distintos al indicador “consumo de azúcar”. Sin embargo, el consumo de azúcar no figura en el listado de indicadores del apéndice 2 del plan de acción (sí se recoge en el documento Annex 1. Worksheet on potential indicators “A pre-meeting exercise for country representatives). Consideramos necesario definir claramente el indicador disponibilidad per cápita de azúcar de forma que esté claramente diferenciado del indicador consumo per cápita de azúcar.

Por otro lado, se solicita mayor información para conocer por qué en la definición propuesta para el indicador “Disponibilidad per cápita de azúcar” se incluyen los productos de confitería y no otros productos que también contienen alto contenido en azúcares como por ejemplo cereales de desayuno, bebidas refrescantes, salsas, etc.

[EXT] Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Martin Jeppsson <martin.jeppsson@gov.se>

Tue 9/13/2022 5:02 PM

To: oralhealth <oralhealth@who.int>

Cc: Kalle Brandstedt <kalle.brandstedt@regeringskansliet.se>; Sarah Earnshaw Blomquist <sarah.earnshaw.blomquist@gov.se>; Maria Gutiérrez <maria.gutierrez@gov.se>; Leo Halbert <leo.halbert@gov.se>; Representationen Geneve-Arkiv <representationen.geneve-arkiv@gov.se>

Dear WHO Oral health team,

Please find attached comments from Sweden on the Draft Global Oral Health Action Plan.

Best regards,

Martin Jeppsson

Counsellor for Health Affairs
Permanent Mission of Sweden
82, rue de Lausanne
CH-1211 Geneva, Switzerland
Telephone: +41 22 908 08 54
Mobile: +41 79 687 84 95
martin.jeppsson@gov.se
[Homepage](#)
[Twitter](#)
[Facebook](#)



Permanent Mission of Sweden
Geneva

Från: Kajsa Aulin <kajsa.aulin@gov.se>

Skickat: den 18 augusti 2022 16:21

Till: Anders K Svensson <anders.k.svensson@gov.se>

Kopia: Malin Gustafsson <malin.gustafsson@gov.se>; Martin Jeppsson <martin.jeppsson@gov.se>

Ämne: DL 16 SEPT: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Anders,

Vdbf f kdm och ev inspel till [A75/10 Add.1](#) enl nedan

Mvh

Kajsa

From: VERCAMMEN, Laurence <VercammenL@who.int>

Sent: den 18 augusti 2022 15:49

Cc: ARMSTRONG, Timothy Peter <armstrongt@who.int>; DURAND STIMPSON, Patricia <stimpsonp@who.int>;

MAYU, Clorinda <mayuc@who.int>; GRAF, Diana Nkirote <munorud@who.int>; OSEI, Jude <oseij@who.int>; VEA, Gina Rene <veag@who.int>; SAVELLI, Carmen <savellic@who.int>; VARENNE, Benoit <varenneb@who.int>; FONES, Guy <fonessg@who.int>; SLAMA, Slim <slamas@who.int>

Subject: WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

Dear WHO Member States,

Resolution [WHA74.5](#) requested WHO Director-General to translate the global strategy on oral health [A75/10 Add.1](#) into an action plan for public oral health, by 2023, including a framework for tracking progress with clear measurable targets of oral health to be achieved by 2030.

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All inputs received through the consultation process will be made available on the following dedicated webpage: <https://www.who.int/news-room/events/detail/2022/08/11/default-calendar/consultation-on-the-global-oral-health-action-plan>

Best regards,

WHO Secretariat



13 September 2022
S2022/

Ministry of Health and Social Affairs
Division for Public Health and Health Care
Kalle Brandstedt
073-540 90 35
kalle.brandstedt@regeringskansliet.se

Input regarding WHO's Draft Global Oral Health Action Plan

The Swedish government considers the plan as urgent and in large parts compatible with Swedish conditions, although a great deal of interpretation and translation to national conditions, systems and terminology will be required both when the plan is to be implemented and when the indicators are to be applied.

The Swedish government also wants to highlight Action 1, to develop a national policy for oral health, as important to pay attention to. The responsibility for the area of dental care and oral health is currently distributed among several government agencies and the regions, and a national plan may facilitate the overall management.

The Swedish government also notes that Global target 1.2 regarding the phasing out of amalgam is already implemented in Sweden. Linked to WHO's proposal "*By 2030, 90% of countries will have implemented two or more of the recommended measures to phase down dental amalgam in line with the Minamata Convention on Mercury or will have phased it out.*" is it appropriate to highlight that WHO's proposal does not consider the must requirements in the COP4 decision. An example of an alternative wording that considers the must requirements could be "*By 2030, 90% of countries will have implemented the measures to phase down dental amalgam as stipulated in the Minamata Convention on Mercury or will have phased it out.*".

[EXT] Thailand comments on draft global oral health action plan

Voramom Agrasuta <voramon.a@anamai.mail.go.th>

Fri 9/16/2022 10:40 AM

To: oralhealth <oralhealth@who.int>

Dear colleagues,

I am writing on behalf of the Ministry of Public Health, Thailand, in consultation with stakeholders related to NCDs, UHC and oral health professionals in Thailand. We would like to share our proposal as attached.

Regards,
Voramon

Voramom AGRASUTA DDS, MSc, M.Econ
Bureau of Dental Health
Department of Health, Ministry of Public Health
Tiwanon Rd., Nonthaburi, Thailand 11000
Tel: +66 2590 4213 Moblie: +668 1659 6812
E-mail: voramon.a@anamai.mail.go.th
=====

Thailand
response to WHO Consultation for Member States
on a Draft Global Oral Health Action Plan (2023-2030)
September 2022

Firstly, Thailand thanks WHO for developing the Draft Global Oral Health Action Plan, in line with the resolution on oral health (WHA74.5) and the global strategy on tackling oral diseases. we appreciate having the opportunity to comment on this draft.

For WHO's consideration, Thailand has provided comments on the target and action in each Strategic Objectives, as well as comments on indicators in the proposed Draft Global Oral Health Action Plan.

ACTION AREA FOR STRATEGIC OBJECTIVE 1: ORAL HEALTH GOVERNANCE

1. "Global target 1" (p.5) suggest to be "[Global target for strategic objective 1](#)"

ACTION AREA FOR STRATEGIC OBJECTIVE 2: ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION

1. Global targets for strategic objective 2 (p.9), we suggest that "[reducing tobacco use globally](#)" should be included as another target since this is an important common risk factor besides sugar consumption and significantly impacts oral health. This target will also align with action plans no. 23, 32, and 35 related to tobacco policies/NCDs.
2. Action 22 (p.9), we suggest to include "[young children](#)" in "strengthen regulation of marketing and advertising of such products to [young children](#), children and adolescents"
3. Action 23 (p.9), we suggest to include "[electronic cigarette \(e-cigarette\)](#)" as it's exposure increased the risk of oral diseases.

ACTION AREA FOR STRATEGIC OBJECTIVE 3: HEALTH WORKFORCE

1. Action 52 (p.16), Strengthen oral health in primary care (proposed action for civil society organization), the description does not reflect the role of civil society organizations.
2. Action 53 (p.16), Improve quality of care through continued education (proposed action for civil society organization). This action seems to be the role of the educational institutions rather than the civil society organizations.

ACTION AREA FOR STRATEGIC OBJECTIVE 4: ORAL HEALTH CARE

1. Global target 4.1 (p.16), we suggest to use “in primary health care facilities” instead of “in primary care facilities of the public health sector”

By 2030, 80% of countries will have oral health care services available ~~in primary care facilities of the public health sector~~ in primary health care facilities.

2. Action 61 (p.18), we suggest to include “single use plastic and non-biodegradable materials” as it’s also an important issue for environment.

In collaboration with the ministry of environment, ensure that measures to reduce the environmental impact of oral health services are put in place, including minimising waste especially single use plastic and non-biodegradable materials, carbon emissions and use of resources.

3. Action 69 (p.19), we suggest to include “single use plastic and non-biodegradable materials” as it’s also an important issue for environment. For example “and minimising the use of single use plastic and non-biodegradable materials.”

ACTION AREA FOR STRATEGIC OBJECTIVE 5: ORAL HEALTH INFORMATION SYSTEMS

1. Action 73 (p.20), we suggest to include “and support the development of electronic oral health information systems.” As action 74 mention about integrate data but we should have the electronic records before integration.

ACTION AREA FOR STRATEGIC OBJECTIVE 6: ORAL HEALTH RESEARCH AGENDAS

1. As mention in action 85 about Apply evidence generated from innovative public health approaches, such as digital health technologies.

We suggest to add another action “Action 95. Collaborate with public sectors and other stakeholder in research for digital oral health technology.”

Complementary indicators (APPENDIX 2)

1. II.2 DMFT – II.7 Missing teeth should specifically age group or age index

2. Suggest to delete II.10 self-reported oral health status because it might not be able to reflect the health system as it depends on people literacy, socioeconomic, awareness, etc...

Thailand thanks WHO for the opportunity to provide feedback.

[EXT] WHO: Draft Global Oral Health Action Plan. Web consultation, deadline: 16 September 2022

leila larbi <larbidoghri@leila@gmail.com>

Fri 9/2/2022 12:49 PM

To: oralhealth <oralhealth@who.int>

Cc: VARENNE, Benoit <varenneb@who.int>; SLAMA, Slim <slamas@who.int>; Larbi Leila <upsbd.ms@rns.tn>

Bonjour Chers Confrères

Je vous remercie pour tous vos efforts considérables et le travail colossal qui a été fait en santé Bucco-dentaire par l'OMS, ainsi que pour cette excellente initiative concernant cette consultation internationale virtuelle.

Après avoir lu tous les documents en référence de votre mail, honnêtement je ne trouve rien à rajouter ni à critiquer.

En effet l'argumentation est claire et solide, les idées et les propositions sont logiques et cohérentes, le plan est net.

J'attirerai l'attention sur certains volets pratiques si je peux me permettre:

1. Les moyens financiers: il va sans dire que tous les pays membres n'ont pas les mêmes moyens budgétaires pour avancer à la même vitesse, comment envisagez vous cet handicap pour être équitables envers tous et aider à l'avancement pour tous ?
2. Les acquis de départ : tous les pays membres ne démarrent pas avec les mêmes niveaux de connaissances et de ressources humaines, avez vous pensé à un état des lieux de départ, sur le plan infrastructures et ressources humaines et sur le plan formations et connaissances ? afin de pouvoir aider et pousser à atteindre le plus grand nombre d'objectifs le plus rapidement possible.
3. Est ce qu'une enquête sur l'état de santé Bucco-dentaire de la population de chaque pays membre a été programmé? pour chiffrer l'état de départ mondial et pouvoir ensuite comparer, analyser et aider aux solutions possibles fonction de chaque pays éventuel en difficulté.
4. A mon avis il sera judicieux de classer ou catégoriser les pays membres et d'instaurer des outils de concurrences entre les pays de chaque catégorie afin de voir une évolution plus rapide des progrès fournis (un esprit gagnant/ gagnant).

Je vous remercie de nouveau pour avoir eu à sauver la santé Bucco-dentaire qui a très longtemps été considérée comme le parent pauvre du monde médical et de la santé!

Au plaisir de vous lire de nouveau, en espérant que mes suggestions aient un retour positif.

Cordialement;

Dr Leila Larbi Doghri
Ministère de la Santé Tunisie
Inspectrice Générale
Directrice de l'UPSBD
Tel: +21652160869
Mail: larbidoghri@leila@gmail.com / upsbd.ms@rns.tn

[EXT] Global Oral Health Action Plan

Cowling, Krycia (OS/OGA) <Krycia.Cowling@hhs.gov>

Fri 9/16/2022 7:33 PM

To: oralhealth <oralhealth@who.int>

Cc: OGA Multilateral <OGAmultilateral@hhs.gov>; Vaughn, Brandy (CDC/OCOO/OGC) <wne1@cdc.gov>

Dear WHO Colleagues,

Please see the attached comments from the United States on the draft global oral health action plan. Thank you for the opportunity to review.

Best regards,
Krycia

Krycia Cowling, PhD MPH (she/her)
Senior Global Health Officer
Multilateral Relations | Office of Global Affairs
U.S. Department of Health & Human Services
Krycia.Cowling@hhs.gov | (202) 875-9825

BACKGROUND

Setting the scene

1. In the political declaration of the high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases (2011), the United Nations General Assembly recognized that oral diseases are major global health burdens and share common risk factors with other noncommunicable diseases (NCDs). In the political declaration of the high-level meeting on universal health coverage (2019), the Assembly reaffirmed its strong commitment to the prevention and control of NCDs, including strengthening and scaling up efforts to address oral health as part of universal health coverage (UHC).

2. Oral health is the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions, such as eating, breathing and speaking, and encompasses psychosocial dimensions, such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment. Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential.

3. Oral health encompasses a range of diseases and conditions that include dental caries, periodontal (gum) disease, tooth loss, oral cancer, oro-dental trauma, noma, birth defects such as cleft lip and palate, and many others, most of which are preventable. The main oral diseases and conditions are estimated to affect close to 3.5 billion people worldwide.¹ These combined conditions have an estimated global prevalence of 45%, which is higher than the prevalence of any other NCD.²

4. The global burden of oral diseases and conditions is an urgent public health challenge with social, economic and environmental impacts.³ Oral diseases and conditions disproportionately affect poor, vulnerable and disadvantaged members of societies. There is a strong and consistent association between socioeconomic status and the prevalence and severity of oral diseases and conditions.⁴ Public and private expenditures for oral health care have reached an estimated US\$ 387 billion globally, with very unequal distribution across regions and countries.⁵

5. Oral diseases and conditions share risk factors common to the leading NCDs, including all forms of tobacco use, harmful alcohol use, high sugars intake and lack of exclusive breastfeeding. Other risk factors include human papillomavirus for oropharyngeal cancers; traffic accidents and sports injuries for traumatic dental injuries; and co-infections, poor hygiene and living conditions and malnutrition for noma.

¹ WHO global oral health status report [in press]

² WHO global oral health status report [in press]

³ https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add1-en.pdf.

⁴ WHO global oral health status report [in press]

⁵ WHO global oral health status report [in press]

6. Oral diseases and conditions are influenced by social determinants of oral health, which comprise the social, economic and political conditions that influence oral diseases. They are also impacted by commercial determinants, which are the strategies used by some private sector actors to promote products and choices that are detrimental to health, such as marketing, advertising and sale of products that cause oral diseases and conditions, including tobacco products and food and beverages that are high in free sugars.

7. In most countries, oral health care systems are not funded adequately. Essential oral health care is not integrated in primary care and is not part of universal health coverage benefit packages. As a result, millions of people still do not have access to and financial coverage for essential oral health care, leading to a high proportion of patient out-of-pocket payments.⁶ The COVID-19 pandemic has demonstrated again that oral health services are too often isolated from the broader health care system.

8. Environmental challenges related to oral health care include the use of natural resources, such as energy and water; the use of safe and environmentally sound dental supplies, consumables and oral care products; sustainable waste management and reduction of carbon emissions, and the need to accelerate the phase-down in use of mercury-containing dental amalgam.

9. Most oral diseases and conditions are preventable and can be effectively addressed through population-based public health measures at different levels. Upstream policy interventions, such as those targeting social and commercial determinants are cost-effective with high population reach and impact. Midstream initiatives may include the creation of more supportive conditions in key settings like schools, workplaces, home and community-based settings, and long-term care facilities. Downstream interventions are also critical, including essential prevention methods and evidence-based clinical oral health care.

The 2021 Resolution on Oral Health and its mandate

10. Recognizing the global public health importance of major oral diseases and conditions, the World Health Assembly in May 2021 adopted a resolution on oral health (WHA74.5) requesting that oral health be embedded within the NCD and UHC agendas.

11. In the resolution, Member States also requested the Director-General to develop a draft global strategy on tackling oral diseases, in consultation with Member States, by 2022; to translate this global strategy, by 2023, into an action plan for public oral health, including a framework for tracking progress with clear measurable targets to be achieved by 2030; to develop technical guidance on environmentally-friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury; to continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies; to develop “best buy” interventions on oral health, as part of an updated Appendix 3 of the Global Action Plan on the Prevention and Control of Noncommunicable Diseases and integrated into the WHO UHC Compendium of health interventions; to include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030; and to report back on progress and results until 2031 as part of the consolidated report on NCDs.

12. The resolution on oral health is aligned and build on other relevant global commitments, including the 2030 Agenda, in particular Sustainable Development Goal 3 (Ensure healthy lives and

⁶ Petersen PE, Baez RJ, Oga wa H. Global application of oral disease prevention and health promotion as measured 10 years after the 2007 World Health Assembly statement on oral health. *Community Dent Oral Epidemiol.* 2020;48:338–348. doi: <https://doi.org/10.1111/cdoe.12538>.

Commented [A1]: Recommend including home and community-based settings, to be inclusive of older adults and people with disabilities who are not in long-term care facilities or institutions.

“Global oral health goals to achieve by the year 2020 by FDI/WHO/IADR (2003) emphasized the importance of promoting oral health within groups and populations with the greatest disease burden. This is especially important for people with disabilities as they typically experience greater levels of oral disease. These groups are often under-served and experience high levels of unmet need for dental care, with the oral disease they experience often remaining untreated. Most dental care for people with disabilities is not complex and can be provided in primary care and community settings, by a dental workforce with the relevant attitudes and competencies.”

FDI World Dental Federation (FDI) . (n.d.). Oral Health and Dental Care of People with Disabilities. FDI World Dental Federation (FDI) . Retrieved September 1, 2022, from <https://www.fdiworlddental.org/oral-health-and-dental-care-people-disabilities>

promote well-being for all at all ages) and its target 3.8 on achieving UHC, as well as pillars 1 and 3 of WHO's Thirteenth General Programme of Work, 2019–2023.

The Global Strategy on Oral Health

13. As a first step in the implementation of the resolution on oral health, Member States adopted the global strategy on oral health in May 2022 at the Seventy-fifth World Health Assembly (A75/10 Add.1 and WHA75(11)). The strategy is aligned to the Operational Framework for Primary Health Care of 2020; the Global Competency and Outcomes Framework for Universal Health Coverage of 2022; the Global Strategy on Human Resources for Health: Workforce 2030 of 2016; the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020; the WHO Framework Convention on Tobacco Control adopted in 2003; resolution WHA74.16 (2021) on social determinants of health; decision WHA73(12) (2020) on the Decade of Healthy Ageing 2020–2030; and resolution WHA67.11 (2014) on public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention.

14. The vision of the global strategy on oral health is UHC for oral health for all individuals and communities by 2030, enabling them to enjoy the highest attainable state of oral health and contributing to healthy and productive lives. Universal health coverage means that all individuals and communities have access to essential, quality health services that respond to their needs and that they can use without suffering financial hardship. These services should include oral health promotion and prevention, treatment and rehabilitation interventions related to oral diseases and conditions across the life course. Achieving the highest attainable standard of oral health is a fundamental right of every human being.

15. The goal of the global strategy on oral health is to guide Member States to: (a) develop ambitious national responses to promote oral health; (b) reduce oral diseases, other oral conditions and oral health inequalities; (c) strengthen efforts to address oral diseases and conditions as part of UHC; and (d) consider the development of national and subnational targets and indicators, in order to prioritise efforts and assess progress made by 2030.

16. The six guiding principles of the global strategy on oral health are: a public health approach to oral health, integration of oral health in primary health care, innovative workforce models to respond to population needs for oral health, people-centred oral health care and tailored oral health interventions across the life course and optimizing digital technologies for oral health.

17. The six strategic objectives of the global strategy on oral health relate to oral health governance, oral health promotion and oral disease prevention, the health workforce, oral health care, oral health information systems, and oral health research agendas. Specifically:

- **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.
- **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.
- **Strategic objective 3:** Health workforce - Develop innovative workforce models and revise and expand competency-based education to respond to population oral health needs.
- **Strategic objective 4:** Oral health care – Integrate essential oral health care and ensure related financial protection and essential supplies in primary health care.
- **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 policy-making.

Commented [A2]: In addition to creating more robust surveillance system in general, there also needs to be some degree of widely agreed upon set of standardized data metrics to measure oral health outcomes and trends

- **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.

SCOPE, GOAL AND OVERARCHING TARGETS OF THE GLOBAL ORAL HEALTH ACTION PLAN (2023-2030)

18. The global oral health action plan (2023-2030) is a critical step in the implementation of both the resolution on oral health and the global strategy on oral health. It is grounded in the strategy's vision, goal, guiding principles, strategic objectives, and the roles it outlines for Member States, WHO, international partners, civil society and the private sector.

19. The goal of the global oral health action plan is to translate the global strategy on oral health into a set of evidence-informed actions that can be adapted to national and sub-national contexts, including a monitoring framework for tracking implementation progress with measurable targets to be achieved by 2030.

20. The global oral health action plan and its monitoring framework provide two overarching global targets and, for each strategic objective, identify respective global targets with proposed actions for Member States, the WHO Secretariat, international partners, civil society organizations and the private sector. The proposed actions should be adapted and prioritised by Member States depending on national circumstances, taking into consideration social, economic and political contexts and available resources.

21. The global oral health action plan has two overarching global targets to be achieved by 2030:

Overarching global targets

Overarching global target I: UHC for oral health

KEY AREAS FOR GLOBAL ACTION

22. The key areas of the global oral health action plan are aligned with the six strategic objectives of the global strategy on oral health. Actions for Member States, the WHO Secretariat, international partners, civil society organizations and the private sector are proposed for each of the strategic objectives.

Commented [A3]: Health coverage is an important piece of the goal however we often see it has no value without associated utilization. In the U.S. for instance 95% of Medicaid/CHIP eligible children do have coverage, however utilization rates for annual dental visit are around 50%. The infrastructure to support that coverage must accompany it

ACTION AREA FOR STRATEGIC OBJECTIVE 1: ORAL HEALTH GOVERNANCE

23. Strategic objective 1 aims to improve political and resource commitments to oral health, strengthen leadership and create win-win partnerships within and outside of the health sector. This objective seeks the recognition and integration of oral health in all relevant policies and public health programmes as part of the broader national NCD and UHC agendas. Increased political and resource commitment to oral health are vital at the national and subnational levels, as is reform of health and education systems. Central to this process is establishing or strengthening the capacity of a national oral health unit with professionals trained in public health. A dedicated, qualified, functional, well-resourced and accountable oral health unit should be established or reinforced within NCD structures and other relevant public health and education services.

24. Sustainable partnerships within and outside the health sector, as well as engagement with communities, civil society and the private sector, are essential to mobilize resources, target the social and commercial determinants of oral health and implement reforms.

Global target 1

Global target 1.1: National leadership for oral health

Proposed actions for Member States

- Action 1. **Develop and implement a national oral health policy, strategy or action plan:** Develop a new or review the existing national oral health policy and ensure alignment with the global strategy for oral health and national NCD and UHC policies. Prepare implementation guidance, including a monitoring framework aligned with the monitoring framework of the global oral health action plan.
- Action 2. **Strengthen national oral health leadership:** Institute or strengthen an oral health unit at the ministry of health to oversee national policy, technical, surveillance, management, coordination and advocacy functions. Appoint an officer to lead the oral health unit. Consider, as appropriate for the national context, active coordination mechanisms between the oral health unit and the NCD department or other technical programmes. Strengthen capacities of oral health unit staff by assessing training needs, providing training and coaching opportunities, including management, leadership, and public health skills as appropriate.

- Action 3. **Create and sustain dedicated oral health budgets:** Consider, as appropriate for national context, establishing dedicated oral health budgets at national and subnational levels covering policy, public service staff, programme and supply costs.
- Action 4. **Integrate oral health in broader policies:** Advocate for UHC as a means of improving prevention and control of oral diseases and conditions for the whole population. Facilitate the inclusion of oral health in all related national policies, strategies and programmes, particularly in the context of NCDs, primary health care and universal health coverage, including sectors beyond health such as education, environment and sanitation, finance, telecommunication or social protection.
- Action 5. **Forge strategic partnerships for oral health:** Identify potential for strategic partnerships to implement policies, mobilize resources, target social and commercial determinants and accelerate required reforms. Develop policies setting rules for engagement with partners, including policies to avoid conflicts of interest and undue influence. Initiate or strengthen existing ministerial coordination and oversight mechanisms related to partnerships, including public-private partnerships. Collaborate with international and development partners to support implementation of oral health policies in the broader context of health systems strengthening.
- Action 6. **Engage with civil society:** Ensure participation of civil society organizations and empowerment of the community in planning, implementation and monitoring of appropriate programmes by providing platforms for engagement. Involve national oral health, medical and public health associations and community-based organizations in policy and guideline development and implementation.
- Action 7. **Phase down the use of dental amalgam:** Ratify the Minamata Convention on Mercury, or, for those Member States that have already done so, accelerate implementation of recommended measures to phase down the use of dental amalgam in accordance with existing and future decisions of the Minamata Convention Conference of Parties.
- Action 8. **Strengthen health emergency preparedness and response:** Include oral health in national emergency preparedness and response plans to ensure safe and uninterrupted essential oral health services during health emergencies or other humanitarian crises, in accordance with WHO operational guidance on maintaining essential health services.
- Action 9. **Strengthen response to noma, where relevant:** In countries affected by noma, develop and implement a national noma action plan, integrated with existing regional or national programmes, such as those targeting neglected tropical diseases.
- Actions for the WHO Secretariat**
- Action 10. **Lead and coordinate the global oral health agenda:** Monitor the global oral health agenda and coordinate the work of other relevant United Nations agencies, development banks and regional and international organizations

Commented [A4]: Noting again, UHC is only half of the puzzle, there needs to be sufficient oral health providers that accept that UHC as payment and sufficient reimbursement infrastructure/processing, to have the coverage translate to utilization of services

Commented [A5]: If there is an effort to phase down dental amalgam there should be an evaluation of potential impact of access to restorative dental services in poorer countries with less resources and infrastructure. Currently dental amalgam is the cheapest material for restoring prepped teeth and has long term strength and retention. It is also still supported by many dental organizations as a safe and effective means to restore teeth ([ADA reaffirms that dental amalgam is 'durable, safe, effective' restorative material | American Dental Association](#)). An interim approach might be to strongly recommend use of amalgam separators on dental units and following strict environmental guidelines around safe disposal and recycling.

Commented [A6]: Would recommend holding this example until the 2023 review

related to oral health. Set the general direction and priorities for global oral health advocacy, partnerships and networking. Advocate for oral health at relevant high-level meetings and platforms, such as the WHO Global NCD Platform, the United Nations High-Level Meeting on Universal Health Coverage and the High-level Meeting of the United Nations General Assembly on the Prevention and Control of on NCDs. Accelerate implementation of the action plan by organising a WHO global oral health summit involving key stakeholders.

- Action 11. **Mobilize resources and funding for oral health:** Explore and pursue funding options to strengthen WHO capacities in oral health at global, regional and country level and enable timely and appropriate technical support to countries. Advocate to increase resource allocation to oral health within the NCD agenda to ensure adequate staffing and programmatic activities. Include oral health in bi- and multi-lateral conversations with Member States and partners to mobilise resources for WHO oral health activities. Extend engagement with nongovernmental organizations and philanthropic foundations to increase resources for implementing the global oral health action plan.
- Action 12. **Support implementation of the global action plan:** Establish a technical advisory group on oral health to strengthen international and national action and accelerate implementation of the global oral health action plan. Continue working with global partners, including WHO collaborating centres and non-state actors in official relation with WHO, to establish networks for building capacity in oral health promotion and care, research and training. Set-up dedicated oral health teams at the regional level to address countries' technical support needs for implementation of the global oral health action plan, including data collection for the monitoring framework of the global oral health action plan. Provide technical support upon request of Member States.
- Action 13. **Fulfil the mandates given to the WHO secretariat in the resolution on oral health:** Develop technical guidance on environmentally-friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury. Continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies. Develop "best buy" interventions on oral health, as part of an updated Appendix 3 of the global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Compendium of health interventions. Include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030. Report back on progress and results until 2031 as part of the consolidated report on NCDs.

Proposed actions for international partners

- Action 14. **Advocate for the global oral health action plan:** Develop technical expertise related to oral health as part of the support mandate of development partners and donor organizations. Promote oral health in alignment with the global oral health action plan by including it as a topic in meetings within and outside of the health sector, including in donor, bi- and multi-lateral government meetings, conferences and other fora.

- Action 15. **Support implementation of the global oral health action plan in countries:** Strengthen national capacities and resources for oral health through technical and financial assistance. Help establish and sustain national technical working groups on oral health involving donors, development partners and the national government.

Proposed actions for civil society organizations

- Action 16. **Advocate for a whole-of-government approach to oral health:** Advocate for integrating management of oral diseases and other NCDs in primary health care. Engage in multisectoral coordination mechanisms to deliver on oral health and other NCD targets within and beyond the health sector.
- Action 17. **Promote oral health as a public good:** Promote and protect oral health as a public good by monitoring and raising awareness of incompatible partnerships. Advocate for governments to phase out subsidies and implement taxation of unhealthy commodities, such as sugar, tobacco and alcohol. Support governments in developing guidance on private sector engagement in oral health and NCD programmes.
- Action 18. **Hold governments accountable to global oral health targets:** Participate in the regular monitoring of national NCD work, including development and use of oral health targets and indicators. Strengthen independent accountability efforts related to oral health.
- Action 19. **Include people affected by oral diseases and conditions:** Call for and participate in inclusive oral health governance mechanisms. Ensure that institutionalized oral health decision-making processes engage people living with oral diseases, special care needs or disabilities across settings, as well as oral health professionals.

Proposed actions for the private sector

- Action 20. **Support implementation of the global oral health action plan:** Identify areas for meaningful and appropriate engagement to support oral health public health priorities at the global, regional, or national level. Respect rules of engagement set by public entities and government partners, including voluntary commitments and regulations, such as advertising for children.

ACTION AREA FOR STRATEGIC OBJECTIVE 2: ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION

25. Strategic objective 2 aims to 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. This objective calls for evidence-based, cost-effective and sustainable interventions to promote oral health and prevent oral diseases and conditions. At the upstream level, oral health promotion includes creating public policies and fostering community action to improve people's control over their oral health and to promote oral health equity. At the midstream level, oral health promotion and oral disease prevention interventions can be implemented in key settings, such as educational venues, schools, workplaces, homes, and care homes, and long-term care facilities. At the downstream level, oral health education supports the development of personal, social and political skills that enable all people to achieve their full potential for oral health self-care.

Commented [A7]: Will also require promoting the need for infrastructure and resources for that integration such as single dual purpose electronic health records software that can support both medical and dental records. Alignment will also be needed in reimbursement and payment mechanisms as well as medical/dental coding.

Commented [A8]: Recommend updating the list of settings to include homes, care homes, and long-term care facilities, as these are settings where older adults and people with disabilities may receive services.

26. Prevention efforts target key risk factors and the social and commercial determinants of oral diseases and conditions. These initiatives should be fully integrated and mutually reinforcing with other relevant NCD prevention strategies and regulatory policies to reduce or eliminate tobacco use, harmful alcohol use and free sugars intake. Prevention efforts should also include safe and cost-effective community-based methods to prevent dental caries, such as the use of quality fluoride toothpaste, topical fluoride application and access to systemic fluoride, where appropriate.

Global targets for strategic objective 2

Global target 2.1: Reduction of sugar consumption

By 2030, 70% of countries will have implemented a tax on sugar-sweetened beverages.

Global target 2.2: Optimal fluoride for population oral health

By 2030, at least 50% of countries will have national guidance to ensure optimal fluoride delivery for the population.

Proposed actions for Member States

Action 21. **Intensify upstream health promotion and prevention approaches:** Ensure that a national oral health policy addresses common risk factors as well as social and commercial determinants of oral diseases and conditions. Support initiatives to coordinate and accelerate the response to NCDs, including oral diseases and conditions, in the context of broader health promotion and disease prevention focusing on key common risk factors, determinants and inequalities.

Action 22. **Support policies and regulations to limit free sugars intake:** Support initiatives to transform the food environment by implementing policies to reduce free sugar consumption and promote availability of healthy foods and beverages in line with WHO's recommendations. Initiate or support implementation of health taxes, particularly taxation of food and beverages with high sugar content; and advocate for earmarking such tax revenue for oral health and health promotion, depending on country context. Advocate and collaborate with other line ministries to limit package sizes and include transparent labelling of unhealthy foods and beverages; strengthen regulation of marketing and advertising of such products to children and adolescents; and reduce sponsorship by related companies for public and sports events. Work with the private sector to encourage them to reduce portion sizes and reformulate products to lower sugar levels, in order to shift consumer purchasing towards healthier products.

Action 23. **Support policies and regulations to reduce all forms of tobacco consumption and betel-quinid and areca-nut chewing:** Accelerate full implementation of the WHO Framework Convention on Tobacco Control. Implement the WHO MPOWER package of policies and interventions,

Commented [A9]: In box below:

Consider clarifying that the objective is to reduce consumption of free sugars.

Where does this target of 70% of countries implementing tax on sugar-sweetened beverages come from? This does seem to be the best indicator to measure a reduction of sugar content or be a specific outcome from the majority of proposed actions.

Commented [A10]: In conjunction with prevention efforts, consider harm reduction strategies and look at effective approaches of harm reduction efforts that have proven beneficial at improving other health outcomes

Commented [A11]: The WHO is not the International Organization that has authority over labeling of food

Commented [A12]: One aspect of this is access to clean and safe public drinking water systems and the infrastructure that supports their development

including offering people help to quit tobacco use, warning about the dangers of tobacco; enforcing bans on advertising, promotion and sponsorship; and raising taxes on tobacco products. Integrate brief tobacco interventions into oral health programmes in primary care. Where relevant, develop or strengthen actions for the reduction of betel-quid chewing, including advocating for legislation to ban areca-nut sales.

- Action 24. **Support policies and regulations to reduce the harmful use of alcohol:** Implement the WHO SAFER initiative of the five most cost-effective interventions to reduce alcohol-related harm, including strengthening restrictions on alcohol availability; advancing and enforcing drunk-driving counter-measures; facilitating access to screening, brief interventions and treatment; enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion; and raising prices on alcohol through excise taxes and pricing policies.
- Action 25. **Optimize the use of fluorides for oral health:** Develop or update national guidance related to fluorides for oral health, addressing the universal availability of systemic or topical fluorides, taking into consideration needs and disease burden across the life-course, available resources, and technical, political and social factors. Depending on the country context, consider adding or removing fluoride from drinking water to provide safe, optimal levels for protection against dental caries, as recommended by national and international guidance.
- Action 26. **Promote fluoride toothpaste as an essential health product:** Implement measures to improve the affordability and availability of fluoride toothpaste, including reducing or eliminating taxes and tariffs and other fiscal measures, as well as bulk purchasing or manufacturing agreements for use of fluoride toothpaste in community settings. Strengthen quality and labelling of fluoride toothpaste in accordance with ISO Standard 11609 for fluoride toothpaste by developing national standards and quality controls. Enhance environmental sustainability along the fluoride toothpaste production and supply chain. Promote effective self-care and oral hygiene through twice-daily tooth brushing with fluoride toothpaste and making affordable, quality toothpaste universally available. Enhance measures to protect consumers from counterfeit products.
- Action 27. **Review and improve mid-stream promotion and prevention measures:** Create supportive environments for oral health promotion in key settings, such as schools, pre-schools, workplaces, home and community-based settings, and long-term care facilities. Establish rules and regulations for commercial support and sponsorship in schools, workplaces and other key settings, including mechanisms for monitoring and evaluation. Collaborate in joint health and education ministry oversight of school health programming. Facilitate social mobilisation and engage and empower a broad range of actors, including women as change-agents in families and communities, to promote dialogue, catalyse societal change and address oral diseases and conditions, their social, environmental and economic determinants and oral health equity. Promote and implement vaccination of girls and boys against human papilloma virus (HPV) to address cervical and oro-pharyngeal cancers, in accordance with national and international guidance.

Commented [A13]: Focusing on the “optimal” level should be the key message as there still exists a significant lack of knowledge in the general population as to what the target/range is

Commented [A14]: See previous comment and policy paper from FDI World Dental Federation.

- Action 28. **Strengthen and scale-up downstream promotion and prevention measures:** Develop and implement evidence-based, cost-effective, sustainable, age-appropriate interventions to prevent oral diseases and promote oral health. Include oral health in broader health communication, health education and literacy campaigns to raise awareness and empower people for prevention through self-care and oral hygiene, as well as early detection of oral disease. Draw on the WHO mobile technologies for oral health implementation guide to promote oral health literacy among individuals, communities, policy makers, the media and civil society using digital health technologies. Tailor interventions to address oral health along the life-course, such as programmes targeting children, mothers, and older adults, with special consideration for people living in vulnerable or disadvantaged situations, including indigenous people, migrant populations and people with disabilities.

Commented [A15]: Very supportive of Action 28, in particular the focus on tailoring interventions along the life course and leveraging mobile technology

Actions for the WHO Secretariat

- Action 29. **Ensure integration of oral health promotion in relevant WHO guidance:** Consider establishing a WHO internal coordination mechanism to facilitate systematic integration of oral health in related policies, strategies and technical documents. Integrate oral health in technical guidance on health taxes. Encourage research with WHO collaborating centres and other research entities on interventions to effectively address the social and commercial determinants of oral health.
- Action 30. **Provide technical guidance for oral health promotion and oral disease prevention:** Recommend cost-effective, evidence-based oral health promotion and disease prevention interventions by 2023 as part of the updated Appendix 3 of the NCD-GAP and the WHO UHC Compendium of health interventions.
- Action 31. **Hold to account economic operators in the production and trade of harmful products:** Encourage private sector transparency and alignment with regulations and voluntary codes of practice to reduce the marketing, advertising and sale of products harmful to oral health, such as tobacco products and food and beverages that are high in free sugars.

Proposed actions for international partners

- Action 32. **Target risk factors and determinants of oral health:** Include oral health in new or existing programmes addressing NCDs, common risk factors and determinants of health. Support and conduct research to strengthen the evidence for interventions that effectively target the determinants of oral health, including those that reduce oral health inequalities.
- Action 33. **Consider oral health in policy impact assessments:** When conceptualising, negotiating, or implementing programmes in related sectors, such as trade, food, environment and finance, ensure that oral health is considered when conducting health and environmental impact assessments so that unintended health impacts can be avoided and mitigation measures be put in place.

Proposed actions for civil society organizations

- Action 34. **Mobilise support for oral health promotion:** Facilitate community action with diverse groups, such as nongovernmental organizations, academia, media, human rights organizations, faith-based organizations, labour and trade unions, and organizations focused on poor, disadvantaged and vulnerable members of societies, including those who are on low incomes, people living with disability, older people living ~~alone~~ at home or in care homes and long-term care facilities, people who are refugees, in prison or living in remote and rural communities and people from minority and other socially marginalised groups, as well as organizations of patients and people affected by oral diseases and conditions. Support the development of personal, social and advocacy skills to enable all people to achieve their full potential for effective self-care and oral hygiene.
- Action 35. **Advocate for policies and regulations for oral disease prevention:** Support policies aiming at healthy environments and settings, such as healthy school meals, tobacco-free environments and related sales restrictions for minors. Advocate for the implementation of health taxes, including those for foods and beverages with high sugar content.
- Action 36. **Ensure civil society inclusion in policy development:** Advocate for inclusion of professional organization and other civil society organizations in the development and implementation of policies related to oral health promotion, common risk factors and the determinants of oral health. Strengthen transparency and commitment by holding all stakeholders accountable to the global oral health action plan's actions on oral health promotion and oral disease prevention.

Commented [A16]: Recommend clarifying that this plan addresses older adults who live in a variety of settings: in their homes, in care homes, or in long-term care facilities.

Proposed actions for the private sector

- Action 37. **Implement occupational oral health measures:** Strengthen commitment and contribution to health and oral health by implementing measures at the workplace, including through good corporate practices, workplace health and wellness programmes and by providing health insurance coverage to employees according to country context.
- Action 38. **Improve affordability of fluoride products for oral health:** Cooperate with governments to improve affordability and quality of fluoride-containing products for oral health and ensure that tax reductions or subsidies applied to such products are entirely reflected in lower consumer prices.
- Action 39. **Reduce marketing, advertising and sale of harmful products:** Prioritise monitoring, transparency and compliance with voluntary and legally binding policies and regulations related to healthy settings, protection of vulnerable population groups, marketing, advertising, and sponsorship. Consider reformulation of products to reduce sugar intake.

ACTION AREA FOR STRATEGIC OBJECTIVE 3: HEALTH WORKFORCE

27. Strategic objective 3 aims to develop innovative workforce models and revise and expand competency-based education. Progress towards UHC for oral health requires health workers who are educated and empowered to provide the oral health services that populations need. This objective seeks to ensure that there is an adequate number, availability and distribution of skilled health workers to deliver an essential package of oral health services. This requires that the planning and prioritization of oral health services be included in all health workforce strategies and investment plans.

28. More effective workforce models will likely involve a new mix of oral health professionals and other relevant health professionals who have not traditionally been involved in oral health care. Implementing such models may require reassessing and updating national legislative and regulatory policies for the licensing and accreditation of the health workforce. Curricula and training programmes need to adequately prepare health workers to manage and respond to population oral health needs and public health aspects of oral health, as well as address the environmental impact of oral health services on planetary health. Professional oral health education must go beyond development of a clinical skill set to incorporate community health and research competencies. Intra- and inter-professional education and collaborative practice will also be important to allow the full integration of oral health services in the primary care level and in broader health systems.

Global targets for strategic objective 3

Global target 3: Innovative workforce model

Proposed actions for Member States

Action 40. **Foster innovative oral health workforce models:** Develop and implement workforce models which enable sufficient numbers of adequately trained health workers to provide oral health services as members of collaborative primary health care teams at all levels of care. Review and update national legislative and regulatory policies for licensing and accreditation to support flexible workforce models and competency-based education and practice. Increase availability of mid-level oral health providers. Ensure career transition pathways between professional tracks to increase flexibility and deployment of oral health providers in underserved areas.

Action 41. **Increase capacity for universal health coverage for oral health:** Expand coverage of essential oral health care by planning for and providing an adequate number, availability, accessibility and geographical distribution of skilled health workers able to deliver an essential package of oral health care. Ensure that investment in human resources for oral health is efficient, sustainable and aligned with current and future needs of the population. Include oral health workforce planning in national health workforce strategies. Develop comprehensive investment plans to scale up the oral health workforce. Consider development of a standardised national competency-based training

Commented [A17]: Considerations of this also are provider scope regulations and licensure portability

curriculum for oral health aligned with the WHO Global Competency and Outcomes Framework for Universal Health Coverage, which guides the standards of education and practice for health workers in primary care, so they are fully aligned with efforts to achieve UHC.

- Action 42. **Strengthen collaborative, cross-sectoral workforce governance:** Establish and enable professional councils and associations to develop, regularly review and adapt accreditation mechanisms and regulation, including standards of practice and professional behaviour, under the oversight of the ministry of health and in full alignment with national health workforce planning. Collaborate among the ministries of health, labour, economy, finance and education, and engage with related professional councils and associations, to ensure occupational health and safety, health worker rights and appropriate remuneration.
- Action 43. **Reform oral health workforce training programmes:** Reform education to prioritise competencies in public health, health promotion, disease prevention, evidence-informed decision-making, digital oral health, service planning and the social and commercial determinants of health. Ensure the curriculum provides oral health workers with competencies to prevent and treat the most common oral diseases with essential oral health care and rehabilitation measures in a primary care context. Strengthen collaborative intra- and inter-professional education and practice towards integration in primary health care. Ensure equitable access to oral health professional education to increase socio-economic, gender, ethnic and geographic diversity and the cultural competency of the oral health workforce. Encourage professional organizations and dental schools to educate and train oral health professionals and students on the use of mercury-free dental restoration alternatives and on promoting best waste management practices of materials used in oral healthcare facilities.
- Action 44. **Strengthen professional accreditation:** In accordance with country regulations, create or improve accreditation mechanisms for oral health education and training institutions, including effective oversight institutions as well as standards for social accountability and social determinants of health. Work with professional associations to define oral health specialisations and their training and accreditation requirements, recognizing the priority of primary oral health care and public health specialists while balancing the demand for advanced and specialist oral health care. Make continuous life-long professional education mandatory to retain accreditation and license to practice.

Actions for the WHO Secretariat

- Action 45. **Explore innovative workforce models for oral health:** Initiate regional and national workforce assessments to inform the development of innovative workforce models for oral health, based on the WHO Competency Framework for Universal Health Coverage approach and the objectives of the Global Strategy on Human Resources for Health “Workforce 2030”. Consider capacity building programmes to support workforce reform, in collaboration with the WHO Academy.

- Action 46. **Provide normative guidance and technical support for oral health workforce reform:** In collaboration with partners, disseminate best practices on assessment of health system needs, reform of education policies, health labour market analyses, and costing of national strategies on human resources for health. Review and strengthen tools, guidelines and databases relating to human resources for NCDs, including oral health, in collaboration with the WHO health workforce department.
- Action 47. **Strengthen country-level reporting on human resources for oral health:** Gather, analyse and report oral health workforce data as part of the monitoring framework of the global oral health action plan to track progress in implementation of workforce-related actions. Support country-level data collection on the oral health workforce in the context of national health workforce accounts.

Proposed actions for international partners

- Action 48. **Support the workforce reform agenda:** Engage international professional, research and dental education associations to align with the workforce reform agenda and support regional and national member associations. Strengthen innovative oral health workforce models by focusing international and regional support to countries on countries with the most critical workforce shortages.
- Action 49. **Provide technical support for health system strengthening:** Strengthen integrated health and oral health workforce planning, including technical support for national oral health workforce data collection, analysis and use for improved planning and accountability, in alignment with the national health workforce accounts framework.
- Action 50. **Improve oral health training and accreditation:** Under the oversight of the ministry of health and in collaboration with professional associations, integrate basic oral health competencies for oral health in health worker training programmes on prevention and management of major NCDs. Promote mutual recognition of professional diplomas and qualifications by regional and national accreditation entities to enable free movement and practice of oral health professionals between countries and geographic areas of need, in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Proposed actions for civil society organizations

- Action 51. **Collaborate to accelerate oral health workforce reform:** Develop appropriate task-sharing and inter-professional collaboration models for the provision of oral health care. Strengthen effective accreditation and regulation processes for improved workforce competency, quality and efficiency, under the oversight of the government and through collaboration with professional councils and associations, and, where appropriate, community and patient organizations. For academic training and research institutions, support implementation of the global oral health action plan by prioritising oral health worker competencies in line with the WHO Competency Framework for Universal Health Coverage and the Global Strategy on Human Resources for

Health and by fostering abilities to minimize the environmental impact of oral health services.

Action 52. **Strengthen oral health in primary care:** Foster continuous self-reflection of the dental profession with a goal to improve access to and quality of primary oral healthcare as a societal responsibility within and beyond dentistry.

Action 53. **Improve quality of care through continued education:** Continuously improve quality of care through oral health workforce education. Develop or review codes of practice and similar frameworks to enhance management of potential conflicts of interest and undue influences, including when dental and pharmaceutical companies and other private sector entities sponsor professional education and conferences.

Proposed actions for the private sector

Action 54. **Align private and public oral health workforce training:** Ensure alignment of all oral health workforce training institutions with national health workforce planning to address population health needs. Adapt concepts and programmes of private oral health education to include competency-based training and strengthen education in the public interest.

ACTION AREA FOR STRATEGIC OBJECTIVE 4: ORAL HEALTH CARE

29. Strategic objective 4 aims to integrate essential oral health care and ensure related financial protection and essential supplies in primary health care. This objective seeks to increase access by the entire population to safe, effective and affordable essential oral health care as part of the national UHC benefit package. Essential oral health care covers a defined set of safe, cost-effective interventions at individual and community levels. These promote oral health and prevent and treat the most prevalent and/or severe oral diseases and conditions, including appropriate rehabilitative services and referral. Health workers who provide oral health services should be active members of the primary health care team. Financial protection through expanded private and public insurance policies and programmes, including coverage of oral health services, is one of the cornerstones of UHC. Ensuring the reliable availability and distribution of essential medical consumables, generic medicines and other dental supplies is also important for the management of oral diseases and conditions in primary health care and referral services.

30. Digital health technology should be examined for its potential role in the delivery of accessible and effective essential oral health care. This might include the development of policy, legislation and infrastructure to expand the use of digital health technologies as well as remote access and consultation for early detection and referral to services for the management of oral diseases and conditions.

Global targets for strategic objective 4

Global target 4.1: Oral health in primary

By 2030, at least 50% of countries will have included the WHO essential dental medicines in the national essential medicines list.

Proposed actions for Member States

- Action 55. **Establish an essential oral health care package:** Facilitate a national stakeholder engagement process to review evidence, assess current oral healthcare service capacity and agree on cost-effective oral health interventions as part of national UHC benefit packages. Ensure that the packages include emergency care, prevention and treatment of common oral diseases and conditions as well as essential rehabilitation. Advocate that national UHC includes safe, affordable essential oral health care based on the WHO UHC Compendium of health interventions and oral health-related interventions comprised in Annex 3 of the WHO global action plan for the prevention and control of noncommunicable diseases. Support the introduction of remuneration systems that incentivize prevention over treatment.
- Action 56. **Integrate oral health care into primary care:** Develop and review all aspects of primary health care services and plan for integration of oral healthcare at all service levels, including required staffing, skill mix and competencies. Implement workforce models that ensure sufficient numbers of adequately trained health workers provide oral health services as members of collaborative primary health care teams at all levels of care. Ensure that referral pathways and support mechanisms are in place to streamline coordination of care with other areas of the health system. Consider inclusion of private oral health providers through appropriate contracting and/or reimbursement schemes.
- Action 57. **Work towards achieving universal health coverage for oral health:** Expand coverage through on-demand care in primary care facilities, using an essential oral health care package. Assess, strengthen and rehabilitate essential clinical infrastructure for oral health services as part of primary care, including the provision of essential oral health supplies and consumables to ensure the quality and scope of needed oral health services.
- Action 58. **Provide financial protection for oral health care:** Establish appropriate financial protection for patients through expanded public and private insurance policies and programmes, in accordance with national UHC strategies. Ensure that vulnerable and disadvantaged population groups have access to an essential oral health care package without financial hardship.
- Action 59. **Ensure essential oral health supplies:** Prioritise availability and distribution of essential oral health care supplies and consumables as part of public procurement mechanisms for primary health care. Establish or update national lists of essential medicines that include supplies and medicines required for oral health services, aligned with the WHO Essential Medicines List. Develop guidance on rational antibiotic use for oral health professionals and promote engagement in initiatives addressing antimicrobial resistance. Strengthen standard procedures for infection prevention and control in line with WHO and other national and international guidance.

- Action 60. **Promote mercury-free products and minimal intervention:** Advocate for the prevention and treatment of dental caries with minimal intervention. Restrict the use of dental amalgam to its encapsulated form. Promote the use of mercury-free alternatives for dental restoration. Discourage insurance policies and programmes that favour dental amalgam use over mercury-free dental restoration.
- Action 61. **Reinforce best environmental practices:** In collaboration with the ministry of environment, ensure that measures to reduce the environmental impact of oral health services are put in place, including minimising waste, carbon emissions and use of resources. Use best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land.
- Action 62. **Optimise digital technologies for oral health care:** Support digital access and consultation for early detection, management of oral diseases and referral, and continue the evaluation of effectiveness and impact of such interventions. Integrate digital access and consultation in interprofessional platforms to facilitate access for patients. Draw on the WHO Mobile Technologies for Oral Health implementation guide for guidance on digital technologies related to improving oral health literacy, health worker training, early detection of oral diseases and oral health surveillance within national health systems. Develop and strengthen data protection and privacy policies to ensure full confidentiality, patient access to personal data and appropriate consent to data use in a digital health context.

Actions for the WHO Secretariat

- Action 63. **Provide guidance on cost-effective oral health interventions:** Recommend interventions as part of the updated Appendix 3 to the WHO global action plan for the prevention and control of noncommunicable diseases and the WHO UHC Compendium of health interventions by 2023 and update them routinely. Support Member States to implement cost-effective interventions on oral health as part of other NCDs initiatives. Facilitate learning and sharing of best practices related to primary oral care and UHC.
- Action 64. **Advocate for digital oral health:** Drawing on the Global Strategy on Digital Health 2020-2025 and the WHO Mobile Technologies for Oral Health implementation guide, provide technical guidance and support on digital oral health. Encourage cross-country learning and promote sharing of best practices related to digital oral health technology.
- Action 65. **Accelerate implementation of the Minamata Convention on mercury:** In collaboration with the UN Environment Programme, support countries in implementing the provisions of the Minamata Convention on Mercury, particularly those related to the phase down in use of dental amalgam in the framework of the WHO GEF7 project on “Accelerate implementation of dental amalgam provisions and strengthen country capacities in the environmental sound management of associated wastes under the Minamata Convention”. Develop technical guidance on environmentally-friendly and less-invasive dentistry.

Commented [A18]: A consideration for this is promoting better defined language in various countries, states and local regions around teledentistry rules and regulations

Commented [A19]: This also requires expanding coverage and access to high speed internet globally

Proposed actions for international partners

- Action 66. **Strengthen universal health coverage for oral health:** Consider inclusion of oral health services in the context of programmatic and budget planning for UHC. Support the development and implementation of a package of essential oral health services. Provide platforms to share lessons learned and key success factors to transition UHC schemes to incorporate oral health services.

Proposed actions for civil society organizations

- Action 67. **Mobilise stakeholders for oral health care:** Consider establishing multistakeholder advisory committees for NCDs, including oral health, at national and local levels of government, with representation from civil society organizations to strengthen participation and ownership. Encourage new and strengthen existing civil society organizations to serve as advocates and catalysts to increase access to essential oral healthcare and inclusion in UHC.
- Action 68. **Empowerment for self-care:** Strengthen the development of personal, social and political skills of all people to enable them achieving their full potential for oral health self-care. Promote oral health self-care through skills-based oral hygiene education in communities and schools, as well as through inclusion of oral health in population health education campaigns and digital and social media platforms. Advocate for supportive policies to strengthen the availability and affordability of fluoride toothpaste.
- Action 69. **Address the environmental impact of oral health care:** Advocate for sustainability, environmental protection and preservation of resources in the context of oral health services, including accelerating the phase down in use of dental amalgam.

Proposed actions for the private sector

- Action 70. **Invest in digital oral health for all:** Amplify research and development of digital oral health care devices and technologies that are low-cost and simple to use, in support of population-based interventions.
- Action 71. **Commit to sustainable manufacturing:** Develop, produce and market oral health care products and supplies that are cost-effective, environment-friendly and sustainable. Engage with governments to improve availability and affordability of such products through bulk purchasing and other cost-saving public procurement approaches. Accelerate research and development of new mercury-free, safe and effective dental filling materials.
- Action 72. **Establish sustainable public-private partnerships:** Engage manufacturers and suppliers of oral care products in ethical, transparent and long-term partnership agreements with key national actors to improve access to essential oral health care and supplies, in line with public health principles and the global oral health action plan. Encourage insurance policies and programmes that

favour the use of quality alternatives to dental amalgam for dental restoration in the context of implementation of the Minamata Convention.

ACTION AREA FOR STRATEGIC OBJECTIVE 5: ORAL HEALTH INFORMATION SYSTEMS

31. Strategic objective 5 aims to enhance surveillance and health information systems to provide timely and relevant feedback on oral health to decision-makers for evidence-based policy-making. This objective involves developing more efficient, effective and inclusive integrated health information systems that include oral health to inform planning, management and policy-making. At the national and subnational levels, strengthening information systems should include the systematic collection of data on oral health status, social and commercial determinants, risk factors, workforce, oral health services readiness and resource spending. These improved systems should ensure protection of patient data. They should monitor patterns and trends in oral health inequalities and track the implementation and impact of existing policies and programmes related to oral health. Development and implementation of oral health information systems should be guided and supported by the monitoring framework of the global oral health action plan, as relevant to the country context.

32. New oral health research methods, including high-resolution video, multispectral imaging and mobile technologies, have the potential to improve the quality of population-based oral health data while reducing costs and complexity.

Global targets for strategic objective 5

Global target 5: Integrated oral health

Proposed actions for Member States

Action 73. **Strengthen oral health information systems:** Improve oral health information and surveillance systems, and, depending on country context, integrate into existing national health information systems, such as facility-based service reporting. Strengthen integrated surveillance of population health by incorporating oral health indicators into national NCD and UHC monitoring frameworks. Monitor risk factors as well as the social and commercial determinants of oral health inequalities. Improve information on the oral health workforce in national health workforce accounts. Consider conducting population-based oral health surveys or other appropriate oral disease-specific surveillance, integrated with existing NCD surveillance systems.

Action 74. **Integrate electronic patient records and protect personal health data:** Encourage integration of electronic dental patient records with medical and pharmacological records, as well as public and private providers, to facilitate continuity of patient-centred care as well as population-level health

monitoring. Ensure data protection and confidentiality regulations protect patient-related information while allowing anonymized data analysis and reporting in accordance with national regulations. Ensure that patients have access to all information recorded and stored about them.

- Action 75. **Use innovative methods for oral health data collection:** Participate in periodic global WHO surveys that collect NCD, health system and other health information. Develop and standardize innovative methods for gathering oral health and epidemiological data by using digital technologies for data collection and analysis, including artificial intelligence-supported applications in mobile devices; opportunities provided by more complex and big data sets from new data sources; and novel approaches to generating comprehensive disease estimates.
- Action 76. **Increase transparent use of oral health information:** Make de-identified information and appropriately disaggregated data on population oral health publicly available to inform research and analysis, planning, management, policy decision-making and advocacy. Ensure alignment of the national oral health monitoring framework with the monitoring framework of the global oral health action plan and regularly report national data, including to WHO as proposed.

Actions for the WHO Secretariat

- Action 77. **Track implementation and impact of the global oral health action plan:** Gather and analyse country data for the monitoring framework of the global oral health action plan and provide findings as required within broader NCD reporting. Create an oral health data portal as part of WHO's data repository for health-related statistics. Compile health systems information from multiple data sources to routinely update information on implementation of the global oral health action plan. Adapt and update existing global WHO surveys and tools to enable tracking progress on the implementation of the global oral health action plan.
- Action 78. **Build capacity for integrated oral health information systems and surveillance:** Develop guidance documents for effective oral health information system strengthening at global, regional, national and subnational levels. Engage with WHO collaborating centres, international partners such as Institute of Health Metrics and Evaluation's Global Burden of Disease group and others, to improve indicators, data inclusion, analysis methodology and interpretation of oral health-related estimates.

Proposed actions for international partners

- Action 79. **Advance oral health metrics aligned with global health metrics:** Promote the use of oral health indicators aligned with standard global health metrics used to assess burden of disease, such as prevalence and disability-adjusted life years, to strengthen usability of information in the context of the Sustainable Development Goals and other key global health agendas.

Commented [A20]: In addition to publicly available, there should be efforts to create centralized repositories of data, given that even with the publicly available data currently, it is fragmented across many databases in various organizations and systems that don't collectively aggregate easily or accurately

- Action 80. **Support the monitoring framework of the global oral health action plan**
Improve capacities for effective oral health information systems and surveillance, research and data analysis by providing appropriate tools and training opportunities at all levels and for all stakeholders in the context of health system strengthening.

Proposed actions for civil society organizations

- Action 81. **Advocate for data protection and confidentiality regulations:** In accordance with country regulations, advocate for protection of patient-related information while allowing anonymized data analysis and reporting for planning, evaluation and research.

Proposed actions for the private sector

- Action 82. **Provide access to insurance data for research and service planning:** Enable transparent access to private insurance data on coverage, health outcomes and economic information, in full compliance with national data protection policies.

ACTION AREA FOR STRATEGIC OBJECTIVE 6: ORAL HEALTH RESEARCH AGENDAS

33. Strategic objective 6 aims to create and continuously update context and needs-specific research that is focused on the public health aspects of oral health. This objective strives to create and implement new oral health research agendas that are oriented towards public health programmes and population-based interventions. The translation of research findings into practice is equally important and should include the development of country-specific, evidence-informed clinical practice guidelines. Researchers have an important role in supporting the development and evaluation of population oral health policies and evaluating and applying the evidence generated by public health interventions.

Global targets for strategic objective 6

Global target 6: Research in the public

Proposed actions for Member States

- Action 83. **Reorient the oral health research agenda:** Define national oral health research priorities to focus on public health and population-based interventions. Review and establish adequate public funding mechanisms for oral health research, aligned with national priorities. Facilitate the dissemination of and alignment with the national oral health research agenda among all national research institutions, academia and other stakeholders. Foster partnerships within and across countries including multi-disciplinary

research, based on the principles of research ethics and equity in health research partnerships.

- Action 84. **Prioritise oral health research of public health interest:** Support research areas of high public health interest while maintaining a balance with basic health research. Close evidence-gaps for: upstream interventions; implementation and operational research; evaluation of primary oral health care, including workforce models and learning health systems; barriers to access to oral health care; oral health inequalities; oral health promotion in key settings such as schools; digital technologies and their application in oral health; environmentally sustainable practices and mercury-free dental restorative materials; and economic analyses to identify cost-effective interventions. In countries where oral cancer and oro-facial clefts are prevalent, support large-scale population-based epidemiological studies to strengthen the evidence for prevention and control of these diseases and conditions. Consider research on noma's incidence, prevalence, aetiology, prevention, therapy and rehabilitation, to contribute to more effective care and support the review process for integration of noma in the WHO list of neglected tropical diseases. Promote research and development of quality mercury-free materials for dental restoration.
- Action 85. **Translate oral health research findings into practice:** Ensure that dedicated funding is available for implementation and translation research. Evaluate population oral health policies. Apply evidence generated from innovative public health approaches, such as digital health technologies. Strengthen evidence-informed decision-making. Develop country-specific, evidence-based clinical practice guidelines.

Actions for the WHO Secretariat

- Action 86. **Guide Member States in oral health research:** Provide guidance on research priority-setting and research partnerships to support Member States. Promote implementation research focusing on an integrative, life-course and public health approach to improve oral health, in coordination with the WHO Technical Advisory Group on NCD-related Research and Innovation.
- Action 87. **Contribute to noma research:** Set up a platform for knowledge-sharing and initiate a research agenda on noma, in collaboration with WHO collaborating centres and academia.

Proposed actions for international partners

- Action 88. **Promote equity in all aspects of global health research:** Support shared agenda-setting for global oral health research, programme planning, implementation and evaluation. Ensure equitable partnerships in priority setting, methodological choices, research funding, project management, analysis and reporting of results and scientific publication authorship.
- Action 89. **Facilitate reorientation of the oral health research agenda:** Support the prioritization of research on public health and population-based oral health interventions. Promote capacity building and training that meets the needs of new oral health research priorities. Strengthen evidence of the prevalence and

incidence of diseases and conditions of public health interest that may be under-researched, such as oro-facial clefts and noma.

Proposed actions for civil society organizations

- Action 90. **Consider establishing a national oral health research alliance or task force:** Engage academia, research institutions, professional associations, the government, community representatives, patients and other stakeholders. Ensure alignment and prioritization of the national oral health research agenda and transparent reporting of progress and results.
- Action 91. **Ensure research alignment with national oral health priorities:** Review research and science training curricula of academic and research institutions to assess whether they address public health, implementation research, and national priorities. Enhance representation of oral health research priorities in relevant conferences and research forums.
- Action 92. **Conduct participatory research to identify oral health needs and interventions:** When considering interventions for inclusion in essential oral healthcare packages and universal health coverage, enlist the participation of diverse community members, including patients, people living with oral diseases, and people who are poor, vulnerable or disadvantaged. Establish and evaluate patient-public panels for prioritisation of studies, design and management of research, data collection, analysis, reporting and dissemination of findings. Evaluate different social participation and community engagement approaches to improve oral health, such as citizen forums.

Proposed actions for the private sector

- Action 93. **Develop modalities of public-private partnerships for oral health research:** Strive to reduce or avoid real or perceived conflict of interest and researcher bias in public-private research partnerships. Foster the public's interest in reforming oral health research agendas.
- Action 94. **Invest in research for mercury-free dental filling materials:** Accelerate research and development of new mercury-free, safe dental filling materials. Strengthen the production and trade of environment-friendly and sustainable products and supplies.

MONITORING IMPLEMENTATION PROGRESS OF THE GLOBAL ORAL HEALTH ACTION PLAN

34. A monitoring framework will track the implementation of the global oral health action plan through monitoring and reporting on progress towards the two overarching global targets and nine strategic objective global targets (see Appendix 1). The global monitoring framework is composed of 11 core and 30 complementary indicators, which based on regional, national, and subnational contexts, can be used to prioritize efforts, monitor trends and assess progress on oral health within broader NCD and UHC agendas. The core indicators relate to assessing the global targets and will be used by WHO to populate the monitoring framework of the global oral health action plan. The complementary indicators can be used by countries to monitor specific actions at national level (see Appendix 2).

35. The monitoring framework of the global oral health action plan is based on a results chain approach that visualises the logical relations from inputs and processes to desired outputs, outcomes and impact, supported by evidence-informed policies. The conceptual model of the monitoring framework draws on the results chain framework in the WHO Primary Health Care Measurement Framework and Indicators, and the monitoring approach of the WHO's Thirteenth General Programme of Work 2019–2023 to measure progress made towards programmatic milestones and the triple billion targets.

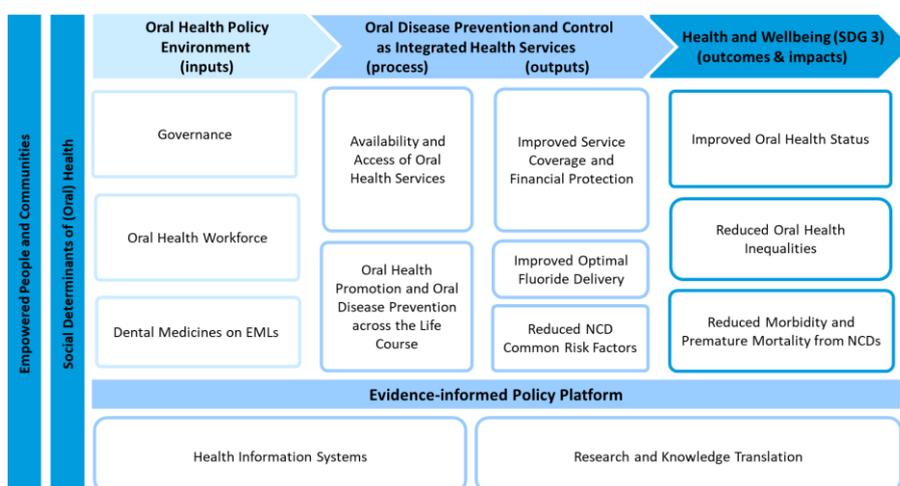
APPENDIX 1

MONITORING FRAMEWORK OF THE GLOBAL ORAL HEALTH ACTION PLAN

MONITORING FRAMEWORK GOALS

The monitoring framework will track implementation of the global oral health action plan by monitoring and reporting on progress towards the two overarching global targets and nine strategic objective global targets. Tracking progress towards UHC for oral health by 2030 supports mobilization of political and resource commitment for stronger and more coordinated global action on oral health.

UHC FOR ORAL HEALTH MONITORING FRAMEWORK



OVERVIEW OF INDICATORS

The global monitoring framework is composed of 11 core and 30 complementary indicators to track and monitor progress on the implementation of the global oral health action plan. As a priority, data on the **core indicators** should be collected in all countries using existing systems and resources. Countries may complement the core indicators by using **complementary indicators** as relevant according to their specific national or regional contexts. Where possible, the monitoring framework indicators align with existing global, regional and national monitoring activities to minimize the reporting burden and avoid duplication of work.

CORE INDICATORS

Overarching global target I: UHC for oral health

By 2030, 75% of the global population will be covered by essential oral health care services to ensure progress towards UHC for oral health

Core Indicator	I.1. Proportion of population covered by essential oral health interventions under a public health benefit package
Indicator definition	<p>Proportion of population covered by essential oral health interventions under a health benefit package of 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.</p> <p>Essential oral health interventions include, but are not limited to:</p> <ul style="list-style-type: none"> • Routine and preventive oral health care (including oral health examination, counselling on oral hygiene with fluoride toothpaste, fluoride varnish application, glass ionomer cement as a sealant, oral cancer screening for high-risk individuals) • Essential curative oral health care (including topical silver diamine fluoride, atraumatic restorative treatment, glass ionomer cement restoration, urgent treatment for providing emergency oral care and pain relief such as non-surgical extractions and drainage of abscesses) <p>Numerator: number of people covered by essential oral health interventions under the health benefit package of the largest government health financing scheme</p> <p>Denominator: total country population listed in World Population Prospects by the United Nations Department of Economic and Social Affairs</p>
Data type	Percent
Data source	WHO Health Technology Assessment/Health Benefit Package Survey
Years for data collection	2023 2025 2029/2030
Comments	Data for indicator I.1 was collected by WHO in 2020/21 using the global Health Technology Assessment and Health Benefit Package Survey. The questionnaire was completed by officially nominated survey focal points in WHO Member States and areas. It is anticipated that minor adjustments will be required to the existing collection tool for reporting on this indicator.

Overarching global target II: Reduce oral disease burden

By 2030, the global prevalence of the main oral diseases and conditions over the life course will show a relative reduction of 10%

Core Indicator	II.1. Prevalence of the main oral diseases and conditions
Indicator definition	Estimated prevalence of the main oral diseases and conditions. Main oral diseases and conditions include: <ul style="list-style-type: none"> • untreated dental caries of deciduous teeth • untreated dental caries of permanent teeth • edentulism • severe periodontal diseases • other oral disorders (excluding lip and oral cavity cancer and orofacial clefts). <i>*Refer to GBD source for further definitions.</i>
Data type	Percent
Data source	IHME Global Burden of Disease database
Years for data collection	2023 2025 2029/2030
Comments	Estimates for indicator II.1 are provided in the IHME Global Burden of Disease (GBD) 2019 database. The GBD 2019 estimates are based on multiple relevant data sources, such as National Oral Health Surveys. Countries are encouraged to conduct population-based oral health surveys or other appropriate oral disease-specific surveillance, integrated with existing NCD surveillance systems. The WHO Global Oral Health Status Report (in press) uses the latest available from GBD 2019.

Strategic Objective 1. Oral health governance
Global target 1.1: National leadership for oral health

By 2030, 80% of countries will have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the Ministry of Health

Core Indicators	1.1.1 Existence of operational national oral health policy, strategy or action plan 1.1.2. Presence of dedicated staff for oral diseases in the NCD Department or other Department of the Ministry of Health
Indicator definition	1.1.1 Existence of an operational policy, strategy, or action plan for oral health available in respective country. Operational is defined as a policy, strategy or plan of action which is being used and implemented in the country and has resources and funding available to implement it. 1.1.2 Presence of technical/professional staff in the unit/branch/department working on NCDs at Ministry of Health dedicating a significant portion of their time to oral diseases, such as a Chief Dental Officer
Data type	Categorical (Yes/No)
Data source	Ministry of Health (Responding to WHO NCD Country Capacity Survey which is conducted periodically by WHO and completed by NCD focal point at the Ministry of Health)
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicators 1.1.1 and 1.1.2 have been periodically collected and regularly reported by WHO through the WHO NCD Country Capacity Survey. The questionnaire is completed by national NCD focal points or designated officers within the Ministry of Health or national institute/agency. It is anticipated that minor adjustments will be required to the existing data collection tool for reporting on these indicators. A country would need to respond “Yes” to both indicators (1.1 and 1.2) in order to count towards the target.

Global target 1.2: Environmentally-sound practices

By 2030, 90% of countries will have implemented two or more of the recommended measures to phase down dental amalgam in line with the Minamata Convention on Mercury or will have phased it out.

Core Indicator	1.2. Implemented measures to phase down the use of dental amalgam
Indicator definition	<p>The extent to which measures have been implemented by a country to phase down the use of dental amalgam, taking into account national circumstances and relevant international guidance, in accordance with the provisions of the Minamata Convention on Mercury and decisions made by the Conference of the Parties.</p> <p><i>“Measures to be taken by a Party to phase down the use of dental amalgam shall take into account the Party’s domestic circumstances and relevant international guidance and shall include two or more of the measures from the following list:</i></p> <ul style="list-style-type: none"> <i>(i) Setting national objectives aiming at dental caries prevention and health promotion, thereby minimizing the need for dental restoration;</i> <i>(ii) Setting national objectives aiming at minimizing its use;</i> <i>(iii) Promoting the use of cost-effective and clinically effective mercury-free alternatives for dental restoration;</i> <i>(iv) Promoting research and development of quality mercury-free materials for dental restoration;</i> <i>(v) Encouraging representative professional organizations and dental schools to educate and train dental professionals and students on the use of mercury-free dental restoration alternatives and on promoting best management practices;</i> <i>(vi) Discouraging insurance policies and programmes that favour dental amalgam use over mercury-free dental restoration;</i> <i>(vii) Encouraging insurance policies and programmes that favour the use of quality alternatives to dental amalgam for dental restoration;</i> <i>(viii) Restricting the use of dental amalgam to its encapsulated form;</i> <i>(ix) Promoting the use of best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land.</i> <p><i>In addition, Parties shall:</i></p> <ul style="list-style-type: none"> <i>(i) Exclude or not allow, by taking measures as appropriate, the use of mercury in bulk form by dental practitioners;</i> <i>(ii) Exclude or not allow, by taking measures as appropriate, or recommend against the use of dental amalgam for the dental treatment of deciduous teeth, of patients under 15 years and of pregnant and breastfeeding women, except when considered necessary by the dental practitioner based on the needs of the patient.”</i> <p>Phase out dental amalgam: Country no longer using dental amalgam and not allowing the manufacture, import or export of the material.</p>
Data type	Categorical (Yes/No, by measure)

Data source	WHO consultation in preparation to Conference of the Parties of the Minamata Convention on Mercury, in collaboration with the Secretariat of the Convention
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 1.3 was collected and reported by WHO in 2019 and 2021 through an informal consultation. The indicator has been defined so that it is relevant for all countries (including Parties and non-Parties of the Minamata Convention on Mercury) and assesses progress to phase down the use of dental amalgam at the global level.

Strategic Objective 2. Oral health promotion and oral disease prevention

Global target 2.1: Reduction of sugar consumption

By 2030, 70% of countries will have implemented a tax on sugar-sweetened beverages

Core Indicator	2.1. Implemented tax on sugar-sweetened beverages (SSBs)
Indicator definition	Country has implemented a tax on sugar-sweetened beverages. "Yes" responses refer to the application of excise taxes and/or special VAT/sales tax rates.
Data type	Categorical (Yes/No)
Data source	WHO NCD Country Capacity Survey
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 2.1 has been periodically collected and regularly reported by WHO. Data is collected through the WHO NCD Country Capacity Survey. The questionnaire is completed by national NCD focal points or designated officers within the Ministry of Health or national institute/agency.

Commented [A21]: Where does the "70% of countries" target come from?

Global target 2.2: Optimal fluoride for population oral health

By 2030, at least 50% of countries will have national guidance to ensure optimal fluoride delivery for the population

Core Indicator	2.2. National guidance on optimal fluoride delivery for oral health
Indicator definition	<p>Availability of national guidance related to fluorides for oral health, addressing the universal availability of systemic or topical fluorides. Depending on the country context, consider adding or removing fluoride from drinking water to provide safe and optimal levels for prevention of dental caries.</p> <p>Fluoride delivery methods may include, but are not limited to:</p> <ul style="list-style-type: none"> • Topical fluorides: Self-applied (e.g. fluoride toothpaste) and professionally applied (e.g. fluoride gels or foams, fluoride varnish, silver diamine fluoride) • Systemic fluorides (e.g. water fluoridation) • Defluoridation methods in fluorosis-endemic areas
Data type	Categorical (Yes/No, by fluoride delivery methods included in guidance)
Data source	Government representative at Ministry of Health; Government databases
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 2.2 has not been collected or reported in the past by WHO. Data will be collected through an updated version of the existing WHO NCD Country Capacity Survey.

Commented [A22]: Accurate fluoride measurements require a longitudinal sampling to establish a trend sufficient for a baseline. So the infrastructure and capacity needs to be in place, not just for the operational adjustment of fluoride levels but also for the measurement, evaluation, and ongoing quality control of the data.

Strategic Objective 3. Health workforce
Global target 3: Innovative workforce model for oral health

By 2030, at least 50% of countries have an operational national health workforce strategy that includes workforce trained to respond to population oral health needs

Core Indicator	3.1. Existence of an operational national health workforce strategy that includes workforce trained to respond to population oral health needs
Indicator definition	<p>Existence of an operational national health workforce strategy, and whether a workforce trained to respond to population oral health needs are included in the strategy</p> <p>Workforce trained to respond to population oral health needs may include:</p> <ul style="list-style-type: none"> • Oral health professionals (dentists, dental assistants, dental therapists, dental hygienists, dental nurses, dental prosthetic technicians) • Primary health care workers (including community health workers)
Data type	Categorical (Yes/No)
Data source	Government/Ministry of Health; government databases
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 3.1 has not been collected or reported in the past by WHO. Data will be collected through an updated version of the WHO NCD Country Capacity Survey, in line with the WHO Global strategy on human resources for health: Workforce 2030 and the WHO Global competency framework for UHC

Strategic Objective 4. Oral health care

Global target 4.1: Oral health in primary care

By 2030, 80% of countries will have oral health care services available in primary care facilities of the public health sector

Core Indicator	4.1. Availability of oral health care services in primary care facilities of the public health sector
Indicator definition	<p>Availability of procedures for detecting, managing and treating oral diseases in primary care facilities of the public health sector: 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.</p> <p>The indicator requires that <u>all</u> of the following oral health care services are generally available in the country:</p> <ul style="list-style-type: none"> • availability of oral health screening for early detection of oral diseases • availability of urgent treatment for providing emergency oral care and pain relief • availability of basic restorative dental procedures to treat existing dental decay
Data type	Categorical (available/unavailable, by oral health care service as defined in the WHO NCD Country Capacity Survey)
Data source	WHO NCD Country Capacity Survey
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 4.1 has been periodically collected and regularly reported by WHO. Data is collected through the existing global survey titled WHO NCD Country Capacity Survey. The questionnaire is completed by national NCD focal points or designated officers within the Ministry of Health or national institute/agency.

Commented [A23]: For any screening/assessment, consider the need for a standardized method that may require a calibration or training tool for screenings

Global target 4.2: Essential dental medicines

By 2030, at least 50% of countries will have included the WHO essential dental medicines in the national essential medicines list

Core Indicator	4.2. WHO EMLs dental preparations are listed in the national essential medicines list (or equivalent guidance)
Indicator definition	The extent to which dental preparations on the WHO Essential Medicines List and WHO Essential Medicines List for children are listed in the national Essential Medicines List (or equivalent guidance). Responses can be disaggregated by dental preparations (fluoride, glass ionomer cement and silver diamine fluoride) and/or amount of dental preparations (1,2 or all).
Data type	Categorical (Yes/No, by dental preparation)
Data source	Government/Ministry of Health (Oral health officer/essential medicines unit)
Years for data collection	2023 2025 2027 2029/2030
Comments	Additional dental preparations were added to the WHO EML in 2021, data for this indicator has not been previously collected. Data will be collected through an updated version of the WHO NCD Country Capacity Survey in collaboration with the WHO Department of health products, policies and standards.

Strategic Objective 5. Oral health information systems
Global target 5: Integrated oral health indicators

By 2030, 75% of countries will have included oral health indicators in their national health information systems in line with the monitoring framework of the global oral health action plan

Core Indicator	5.1. Oral health indicators in routine health information systems
Indicator definition	The extent to which indicators are integrated into the existing national routine health information system (e.g., Health Management Information System (HMIS), The District Health Information Software (DHIS2), Integrated Disease Surveillance and Responses (IDSR)) in line with the monitoring framework of the global oral health action plan.
Data type	Categorical (Yes/No, by indicator)
Data source	Routine health information system; Government representative at Ministry of Health (oral health officer/oral health unit)
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 5.1 has not been collected or reported in the past by WHO. Data will be collected through an updated version of the existing WHO NCD Country Capacity Survey.

Strategic Objective 6. Oral health research agendas
Global target 6: Research in the public interest

By 2030, at least 50% of countries will have national oral health research agenda focused on public health and population-based interventions

Core Indicator	6.1. Setting national oral health research agendas focused on public health and population-based interventions
Indicator definition	Existence of a national oral health research agenda (e.g. priority list, research focus guidance, specific research component in the national oral health policy, specific oral health research component in the national research agenda) that focusses on public health programmes and population-based interventions.
Data type	Categorical (Yes/No)
Data source	National and sub-national government health research agencies
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 6.1 has not been collected or reported in the past by WHO. Data will be collected in collaboration with international research partners.

APPENDIX 2

COMPLEMENTARY INDICATORS

UHC FOR ORAL HEALTH COMPLEMENTARY INDICATORS

Complementary Indicator	I.2. Prevalence of unmet oral health needs (and reason for unmet needs) [it includes unmet oral health needs due to financial reason]
Indicator definition	<p>Proportion of the population unable to obtain oral health care when they perceive the need (e.g. question „during the past year, have you had need for oral health care but not been able to obtain it? “).</p> <p>Reasons for unmet oral health care needs would include financial (too expensive), transportation/geographic (too far to travel), or timeliness (long waiting lists) reasons.</p> <p>Numerator: Number of people unable to obtain oral health care when they perceive the need</p> <p>Denominator: Total number of people surveyed.</p> <p>Data type: Percent, by reason (financial, transportation/geographic, and timeliness)</p>
Complementary Indicator	I.3. Out-of-pocket payment for oral health care services, US\$ per capita
Indicator definition	<p>Out of pocket payments for oral health care services are any direct payments made by a household at the point of using any oral health care service.</p> <p>Data type: Money</p>

REDUCE ORAL DISEASE BURDEN COMPLEMENTARY INDICATORS

Complementary Indicator	II.2. DMFT
Indicator definition	DMFT is the sum of the number of Decayed, Missing due to caries, and Filled Teeth in the permanent teeth. The mean number of DMFT is the sum of individual DMFT values divided by the sum of the population. Data type: Count
Complementary Indicator	II.3. PUFA index
Indicator definition	The Pulp, Ulceration, Fistula, Abscess (PUFA) Index qualifies and quantifies the systemic consequences of severe dental caries in deciduous (pufa) and permanent teeth (PUFA). The index can be used as a stand-alone indicator for the severity of dental caries, or in addition to other indices such as DMFT. Data type: Count
Complementary Indicator	II.4. Prevalence of untreated caries of deciduous teeth in children
Indicator definition	Estimated prevalence of untreated caries of deciduous teeth in children: Rate of children who have caries in one or more deciduous teeth. Untreated caries is defined as a lesion in a pit or fissure, on a smooth tooth surface, has an unmistakable cavity, undermined enamel, or a detectably softened or floor or wall (coronal caries), or feel soft or leathery to probing (root caries). Data type: Percent
Complementary Indicator	II.5. Prevalence of untreated caries of permanent teeth
Indicator definition	Estimated prevalence of untreated caries of permanent teeth in people: Rate of persons with one more carious permanent teeth. Untreated caries is defined as a lesion in a pit or fissure, on a smooth tooth surface, has an unmistakable cavity, undermined enamel, or a detectably softened floor or wall (coronal caries), or feel soft or leathery to probing (root caries). Data type: Percent
Complementary Indicator	II.6. Prevalence of severe periodontal disease
Indicator definition	Estimated prevalence of severe periodontal disease in people: Rate of persons 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 as Community Periodontal Index (CPI) score of 4, or a clinical attachment loss (CAL) more than 6 mm. Data type: Percent

Complementary Indicator	II.7. Missing teeth
Indicator definition	Missing teeth status refers in the number of the missing teeth. Normally measured in in permanent teeth and adult populations and is related to a fully dentate status of 28 teeth (excluding third molars). A person suffers from severe tooth loss when less than nine teeth are remaining in the mouth, including complete toothlessness.
Complementary Indicator	II.8. Incidence rate of oral cancer (lip and oral cavity cancer)
Indicator definition	Estimated incidence rate of lip and oral cavity cancer (age-standardized per 100,000 population): Incidence rates of lip and oral cavity cancer in female, male and total, among all ages as age-standardized per 100,000 population. Data type: Rate
Complementary Indicator	II.9. Prevalence of orofacial clefts
Indicator definition	Estimated prevalence of orofacial clefts in people. Any livebirth with isolated cleft lip, isolated cleft palate, and combined cleft lip and cleft palate resulting from the tissues of the face not joining properly during foetal development. Data type: Percent
Complementary Indicator	II.10. Self-reported oral health status
Indicator definition	Self-reported oral health status, including pain or discomfort, dry mouth, difficulty in chewing food and swallowing water, days not at work because of teeth or mouth (e.g. question: "During the past 12 months, did your teeth or mouth cause any pain or discomfort?") Data type: Categorical (Yes/No) or Ordinal (Likert scale)

STRATEGIC OBJECTIVE 1. ORAL HEALTH GOVERNANCE COMPLEMENTARY INDICATORS

Complementary Indicator	1.3. Government per capita expenditure on oral health care
Indicator definition	Domestic general government expenditure per capita on oral healthcare. Data type: Money
Complementary Indicator	1.4. Per capita expenditure on oral health care
Indicator definition	Estimate of the annual national per capita expenditure on oral healthcare for outpatient oral health care (public and private). Data type: Money
Complementary Indicator	1.5. National policies, strategies or action plans with a specific policy goal or action towards reducing sugars intake (exc. SSBs taxation)
Indicator definition	Existence of a national policy, strategy or action plan with a specific goal or action towards reducing sugars intake. Specific goal or action could refer to measures such as: -Taxes: Taxes on sugars or on foods high in sugars (excluding sugar-sweetened beverages (SSBs) taxes that are captured by another indicator) -Nutrition labelling: Front-of-pack or other interpretative labelling/claim to indicate healthier food choices related to sugars -Reformulation limits or targets to reduce sugars content in foods and beverages -Public food procurement and service policies to reduce the offer of food high in sugars -Restriction of marketing of food and non-alcoholic beverages high in sugars to children Data type: Categorical (Yes/No, by measure)
Complementary Indicator	1.6. National policy or legislation to restrict all forms of tobacco consumption

Commented [A24]: Recommend that this be changed to reducing "free" sugar intake.

Commented [A25]: The Codex Committee on Food Labeling (CCFL) has the international expertise on nutrition labeling international standards. Codex now has a FOPNL Guideline:

CCFL: <https://www.fao.org/fao-who-codexalimentarius/committees/committee/en/?committee=CCFL>

FOPNL Guideline (see Annex 2):
https://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?Ink=1&url=https%253A%252F%252Fwork.ace.fao.org%252Fsites%252Fcodex%252Fstandards%252F2FCXG%2B2-1985%252F2FCXG_002e.pdf

Indicator definition	<p>State Parties to WHO Framework Convention on Tobacco Control (FCTC) with complete policies on MPOWER measures (as defined in the WHO Report of the Global Tobacco Epidemic, page 23):</p> <ul style="list-style-type: none"> - Smoke-free environments: All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation) - Cessation programmes: National quit line, and both nicotine replacement therapy (NRT) and some cessation services (cost-covered). - Pack warnings: Large warnings with all appropriate characteristics. - Mass media: National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio - Advertising bans: Ban on all forms of direct* and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship) - Taxation: $\geq 75\%$ of retail price is tax <p>Data type: Categorical (Yes/No, by measure)</p>
Complementary Indicator	1.7. Oral health integration in community-based programs
Indicator definition	<p>Oral health integration in community-based programs that serve specific targeted populations, for example, programs set in schools, workplaces, aged care facilities, outreach programs, and other settings.</p> <p>Data type: Categorical (Yes/No, by program) or Percent, by program</p>
Complementary Indicator	1.8. Noma recognized as a national public health problem
Indicator definition	<p>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.</p> <p>Data type: Categorical (Yes/No)</p>

STRATEGIC OBJECTIVE 2. ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION COMPLEMENTARY INDICATORS

Complementary Indicator	2.3. Population using fluoride toothpaste on a daily basis
Indicator definition	<p>Proportion of the population cleaning or brushing daily with fluoride toothpaste.</p> <p>The recommended concentration in toothpaste is between 1000 and 1500 ppm for all age groups. Current recommendations for young children suggest a “smear/rice sized” (for children below 3 years) and “pea sized” amount for young children.</p> <p>Data type: Percent</p>
Complementary Indicator	2.4. Per capita availability of sugar (grams/day)
Indicator definition	<p>Per capita availability of sugar (g/day) (2019): The availability of sugar (raw equivalent) including i) raw cane or beet sugar, ii) cane sugar, centrifugal, iii) beet sugar, iv) refined sugar and v) sugar confectionery for national consumption and then computed as grams available per person and day.</p> <p>Data type: Count</p>
Complementary Indicator	2.5. Prevalence of current tobacco use, 15+ years (% , age-standardized rate)
Indicator definition	<p>The percentage of the population aged 15 years and over who currently use any tobacco product (smoked and/or smokeless tobacco) on a daily or non-daily basis.</p> <p>Tobacco products include cigarettes, pipes, cigars, cigarillos, waterpipes (hookah, shisha), bidis, kretek, heated tobacco products, and all forms of smokeless (oral and nasal) tobacco. Tobacco products exclude e-cigarettes (which do not contain tobacco), “e-cigars”, “e-hookahs”, JUUL and “e-pipes”.</p> <p>Data type: Percent</p>
Complementary Indicator	2.6. Per capita total alcohol consumption, 15+ years (litres of pure alcohol per year)
Indicator definition	<p>Per capita total alcohol consumption, 15+ (litres of pure alcohol): The total alcohol per capita consumption comprises both, the recorded and the unrecorded alcohol per capita consumption.</p> <p>Data type: Rate</p>
Complementary Indicator	2.7. Prevalence of current betel quid use among persons aged 15 years and older
Indicator definition	<p>Prevalence of current betel quid use among persons aged 15 years and older (%): The percentage of the population aged 15 years and over who currently chew BQ at least 3 days a week.</p> <p>Data type: Percent</p>

STRATEGIC OBJECTIVE 3. HEALTH WORKFORCE COMPLEMENTARY INDICATORS

Complementary Indicator	3.2. Active oral health personnel (per 10,000 population)
Indicator definition	<p>Total active oral health personnel density, per 10,000 population: 1) dentists; 2) dental assistants and therapists, dental hygienists, and dental nurses; and 3) dental prosthetic technicians.</p> <p>“Active” oral health worker is defined as one who provides services to patients and communities (<i>practising health worker</i>) or whose oral health education is a prerequisite for the execution of the job (e.g. education, research, public administration) even if the oral health worker is not directly providing services (<i>professionally active health worker</i>). If data are not available for practising or professionally active health workers, data with the closest definition can be used, such as “<i>health worker licensed to practice</i>”.</p> <p>Data type: Rate (density)</p>
Complementary Indicator	3.3. Trained primary healthcare workers (inc. community healthcare workers) can perform cost-effective interventions on oral health
Indicator definition	<p>“Yes” responses to the question “Can trained primary healthcare workers (inc. community healthcare workers) perform cost-effective interventions on oral health in your country?” Primary healthcare workers exclude oral health care personnel (dentists, dental assistants and therapists, dental hygienists, and dental nurses, dental prosthetic technicians). Cost-effective interventions on oral health (Best buys) are currently under development.</p> <p>Training can include both pre-service education (prior to and as a prerequisite for employment in a service setting; e.g. during undergraduate training) or in-service education (for persons already employed in a service setting; e.g. as part of continuing professional development)</p> <p>Data type: Categorical (Yes/No)</p>

STRATEGIC OBJECTIVE 4. ORAL HEALTH CARE COMPLEMENTARY INDICATORS

Complementary Indicator	4.3. Proportion of the population who visited an oral health care professional
Indicator definition	<p>Proportion of the population who visited an oral health care professional within a certain period of time (e.g. question: "Did you consult with an oral health professional during the past year?")</p> <p>Numerator: Number of people who visited an oral health care professional within a certain period of time Denominator: Total number of people surveyed.</p> <p>Data type: Percent</p>
Complementary Indicator	4.4. Existence of technical guidance on the prescription of antibiotics for use in oral health care
Indicator definition	<p>Existence of technical guidance on the prescription of antibiotics for use in oral health care Categorical (Yes/No)</p>

**STRATEGIC OBJECTIVE 5. ORAL HEALTH INFORMATION SYSTEMS
COMPLEMENTARY INDICATORS**

Complementary Indicator	5.2. Collection of oral health data using WHO NCD survey tools or national oral health survey, across the life course
Indicator definition	Collection of oral health data using WHO NCD survey tools (STEPS, NCD Country Capacity Surveys, Global School-based Student Health Survey, etc.) or national oral health survey (using or not digital technology), across the life course. Data type: Categorical (Yes/No, by indicator)
Complementary Indicator	5.3. Full set of oral health information received by WHO HQ
Indicator definition	Countries reporting data for all core indicators in line with the monitoring framework of the global oral health action plan
Complementary Indicator	5.4. National Monitoring Framework to track national oral health policy
Indicator definition	Existence of a National Monitoring Framework to track the progress of implementation of the national oral health policy/strategy/plan (Y/N) (Among those countries that have an oral health policy, strategy, or action plan). Data type: Categorical (Yes/No)

STRATEGIC OBJECTIVE 6. ORAL HEALTH RESEARCH AGENDAS COMPLEMENTARY INDICATOR

Complementary Indicator	6.2. Percentage of government funds for oral health research
Indicator definition	Percentage of public funds for health research that is allocated for oral health-related projects. Numerator: Amount of public funds devoted to oral health-related research projects Denominator: Total amount of public funds for health research Data type: Percent

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[EXT] FW: Global Oral Health Action Plan

Cowling, Krycia (OS/OGA) <Krycia.Cowling@hhs.gov>

Fri 9/16/2022 9:14 PM

To: oralhealth <oralhealth@who.int>

Cc: OGA Multilateral <OGAmultilateral@hhs.gov>; Vaughn, Brandy (CDC/OCOO/OGC) <wne1@cdc.gov>

 1 attachments (323 KB)

eb152-draft-global-oral-health-action-plan_US.docx;

Dear WHO Colleagues,

As a follow up to my earlier email, the United States wishes to please submit the following additional overarching comments in regards to the draft global oral health action plan:

- The 'Overarching Global Targets' should include data on the current status of each proposed metric in order to assess progress and attainability of each 'target' goal.
- In addition to social determinants, consider including behavioral determinants throughout. By far the most important predictors of health outcomes are behavioral determinants. Furthermore, most other determinants, including social and commercial factors, influence oral health by influencing individual behaviors.
- Decades of research have demonstrated that raising awareness does not result in the adoption of healthy behaviors. Needed are effective oral health promotion strategies including behavior modification techniques, as well as ensuring favorable social and built environment (which seems to be captured under oral health friendly environment).
- References to "mid-level" providers may be considered offensive; consider using "other oral health care providers" instead.

Thank you for your time and consideration.

Best regards,
Krycia

From: Cowling, Krycia (OS/OGA)

Sent: Friday, September 16, 2022 1:33 PM

To: oralhealth@who.int

Cc: OGA Multilateral <OGAmultilateral@hhs.gov>; Vaughn, Brandy (CDC/OCOO/OGC) <wne1@cdc.gov>

Subject: Global Oral Health Action Plan

Dear WHO Colleagues,

Please see the attached comments from the United States on the draft global oral health action plan. Thank you for the opportunity to review.

Best regards,
Krycia

Krycia Cowling, PhD MPH (she/her)
Senior Global Health Officer
Multilateral Relations | Office of Global Affairs

U.S. Department of Health & Human Services

Krycia.Cowling@hhs.gov | (202) 875-9825

BACKGROUND

Setting the scene

1. In the political declaration of the high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases (2011), the United Nations General Assembly recognized that oral diseases are major global health burdens and share common risk factors with other noncommunicable diseases (NCDs). In the political declaration of the high-level meeting on universal health coverage (2019), the Assembly reaffirmed its strong commitment to the prevention and control of NCDs, including strengthening and scaling up efforts to address oral health as part of universal health coverage (UHC).

2. Oral health is the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions, such as eating, breathing and speaking, and encompasses psychosocial dimensions, such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment. Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential.

3. Oral health encompasses a range of diseases and conditions that include dental caries, periodontal (gum) disease, tooth loss, oral cancer, oro-dental trauma, noma, birth defects such as cleft lip and palate, and many others, most of which are preventable. The main oral diseases and conditions are estimated to affect close to 3.5 billion people worldwide.¹ These combined conditions have an estimated global prevalence of 45%, which is higher than the prevalence of any other NCD.²

4. The global burden of oral diseases and conditions is an urgent public health challenge with social, economic and environmental impacts.³ Oral diseases and conditions disproportionately affect poor, vulnerable and disadvantaged members of societies. There is a strong and consistent association between socioeconomic status and the prevalence and severity of oral diseases and conditions.⁴ Public and private expenditures for oral health care have reached an estimated US\$ 387 billion globally, with very unequal distribution across regions and countries.⁵

5. Oral diseases and conditions share risk factors common to the leading NCDs, including all forms of tobacco use, harmful alcohol use, high sugars intake and lack of exclusive breastfeeding. Other risk factors include human papillomavirus for oropharyngeal cancers; traffic accidents and sports injuries for traumatic dental injuries; and co-infections, poor hygiene and living conditions and malnutrition for noma.

¹ WHO global oral health status report [in press]

² WHO global oral health status report [in press]

³ https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add1-en.pdf.

⁴ WHO global oral health status report [in press]

⁵ WHO global oral health status report [in press]

6. Oral diseases and conditions are influenced by social determinants of oral health, which comprise the social, economic and political conditions that influence oral diseases. They are also impacted by commercial determinants, which are the strategies used by some private sector actors to promote products and choices that are detrimental to health, such as marketing, advertising and sale of products that cause oral diseases and conditions, including tobacco products and food and beverages that are high in free sugars.

7. In most countries, oral health care systems are not funded adequately. Essential oral health care is not integrated in primary care and is not part of universal health coverage benefit packages. As a result, millions of people still do not have access to and financial coverage for essential oral health care, leading to a high proportion of patient out-of-pocket payments.⁶ The COVID-19 pandemic has demonstrated again that oral health services are too often isolated from the broader health care system.

8. Environmental challenges related to oral health care include the use of natural resources, such as energy and water; the use of safe and environmentally sound dental supplies, consumables and oral care products; sustainable waste management and reduction of carbon emissions, and the need to accelerate the phase-down in use of mercury-containing dental amalgam.

9. Most oral diseases and conditions are preventable and can be effectively addressed through population-based public health measures at different levels. Upstream policy interventions, such as those targeting social and commercial determinants are cost-effective with high population reach and impact. Midstream initiatives may include the creation of more supportive conditions in key settings like schools, workplaces, home and community-based settings, and long-term care facilities. Downstream interventions are also critical, including essential prevention methods and evidence-based clinical oral health care.

The 2021 Resolution on Oral Health and its mandate

10. Recognizing the global public health importance of major oral diseases and conditions, the World Health Assembly in May 2021 adopted a resolution on oral health (WHA74.5) requesting that oral health be embedded within the NCD and UHC agendas.

11. In the resolution, Member States also requested the Director-General to develop a draft global strategy on tackling oral diseases, in consultation with Member States, by 2022; to translate this global strategy, by 2023, into an action plan for public oral health, including a framework for tracking progress with clear measurable targets to be achieved by 2030; to develop technical guidance on environmentally-friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury; to continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies; to develop “best buy” interventions on oral health, as part of an updated Appendix 3 of the Global Action Plan on the Prevention and Control of Noncommunicable Diseases and integrated into the WHO UHC Compendium of health interventions; to include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030; and to report back on progress and results until 2031 as part of the consolidated report on NCDs.

12. The resolution on oral health is aligned and build on other relevant global commitments, including the 2030 Agenda, in particular Sustainable Development Goal 3 (Ensure healthy lives and

⁶ Petersen PE, Baez RJ, Oga wa H. Global application of oral disease prevention and health promotion as measured 10 years after the 2007 World Health Assembly statement on oral health. *Community Dent Oral Epidemiol.* 2020;48:338–348. doi: <https://doi.org/10.1111/cdoe.12538>.

Commented [A1]: Recommend including home and community-based settings, to be inclusive of older adults and people with disabilities who are not in long-term care facilities or institutions.

“Global oral health goals to achieve by the year 2030 by FDI/WHO/IADR (2003) emphasized the importance of promoting oral health within groups and populations with the greatest disease burden. This is especially important for people with disabilities as they typically experience greater levels of oral disease. These groups are often under-served and experience high levels of unmet need for dental care, with the oral disease they experience often remaining untreated. Most dental care for people with disabilities is not complex and can be provided in primary care and community settings, by a dental workforce with the relevant attitudes and competencies.”

FDI World Dental Federation (FDI) . (n.d.). Oral Health and Dental Care of People with Disabilities. FDI World Dental Federation (FDI) . Retrieved September 1, 2022, from <https://www.fdiworlddental.org/oral-health-and-dental-care-people-disabilities>

promote well-being for all at all ages) and its target 3.8 on achieving UHC, as well as pillars 1 and 3 of WHO's Thirteenth General Programme of Work, 2019–2023.

The Global Strategy on Oral Health

13. As a first step in the implementation of the resolution on oral health, Member States adopted the global strategy on oral health in May 2022 at the Seventy-fifth World Health Assembly (A75/10 Add.1 and WHA75(11)). The strategy is aligned to the Operational Framework for Primary Health Care of 2020; the Global Competency and Outcomes Framework for Universal Health Coverage of 2022; the Global Strategy on Human Resources for Health: Workforce 2030 of 2016; the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020; the WHO Framework Convention on Tobacco Control adopted in 2003; resolution WHA74.16 (2021) on social determinants of health; decision WHA73(12) (2020) on the Decade of Healthy Ageing 2020–2030; and resolution WHA67.11 (2014) on public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention.

14. The vision of the global strategy on oral health is UHC for oral health for all individuals and communities by 2030, enabling them to enjoy the highest attainable state of oral health and contributing to healthy and productive lives. Universal health coverage means that all individuals and communities have access to essential, quality health services that respond to their needs and that they can use without suffering financial hardship. These services should include oral health promotion and prevention, treatment and rehabilitation interventions related to oral diseases and conditions across the life course. Achieving the highest attainable standard of oral health is a fundamental right of every human being.

15. The goal of the global strategy on oral health is to guide Member States to: (a) develop ambitious national responses to promote oral health; (b) reduce oral diseases, other oral conditions and oral health inequalities; (c) strengthen efforts to address oral diseases and conditions as part of UHC; and (d) consider the development of national and subnational targets and indicators, in order to prioritise efforts and assess progress made by 2030.

16. The six guiding principles of the global strategy on oral health are: a public health approach to oral health, integration of oral health in primary health care, innovative workforce models to respond to population needs for oral health, people-centred oral health care and tailored oral health interventions across the life course and optimizing digital technologies for oral health.

17. The six strategic objectives of the global strategy on oral health relate to oral health governance, oral health promotion and oral disease prevention, the health workforce, oral health care, oral health information systems, and oral health research agendas. Specifically:

- **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.
- **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.
- **Strategic objective 3:** Health workforce - Develop innovative workforce models and revise and expand competency-based education to respond to population oral health needs.
- **Strategic objective 4:** Oral health care – Integrate essential oral health care and ensure related financial protection and essential supplies in primary health care.
- **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 policy-making.

Commented [A2]: In addition to creating more robust surveillance system in general, there also needs to be some degree of widely agreed upon set of standardized data metrics to measure oral health outcomes and trends

- **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.

SCOPE, GOAL AND OVERARCHING TARGETS OF THE GLOBAL ORAL HEALTH ACTION PLAN (2023-2030)

18. The global oral health action plan (2023-2030) is a critical step in the implementation of both the resolution on oral health and the global strategy on oral health. It is grounded in the strategy's vision, goal, guiding principles, strategic objectives, and the roles it outlines for Member States, WHO, international partners, civil society and the private sector.

19. The goal of the global oral health action plan is to translate the global strategy on oral health into a set of evidence-informed actions that can be adapted to national and sub-national contexts, including a monitoring framework for tracking implementation progress with measurable targets to be achieved by 2030.

20. The global oral health action plan and its monitoring framework provide two overarching global targets and, for each strategic objective, identify respective global targets with proposed actions for Member States, the WHO Secretariat, international partners, civil society organizations and the private sector. The proposed actions should be adapted and prioritised by Member States depending on national circumstances, taking into consideration social, economic and political contexts and available resources.

21. The global oral health action plan has two overarching global targets to be achieved by 2030:

Overarching global targets

Overarching global target I: UHC for oral health

KEY AREAS FOR GLOBAL ACTION

22. The key areas of the global oral health action plan are aligned with the six strategic objectives of the global strategy on oral health. Actions for Member States, the WHO Secretariat, international partners, civil society organizations and the private sector are proposed for each of the strategic objectives.

Commented [A3]: Health coverage is an important piece of the goal however we often see it has no value without associated utilization. In the U.S. for instance 95% of Medicaid/CHIP eligible children do have coverage, however utilization rates for annual dental visit are around 50%. The infrastructure to support that coverage must accompany it

ACTION AREA FOR STRATEGIC OBJECTIVE 1: ORAL HEALTH GOVERNANCE

23. Strategic objective 1 aims to improve political and resource commitments to oral health, strengthen leadership and create win-win partnerships within and outside of the health sector. This objective seeks the recognition and integration of oral health in all relevant policies and public health programmes as part of the broader national NCD and UHC agendas. Increased political and resource commitment to oral health are vital at the national and subnational levels, as is reform of health and education systems. Central to this process is establishing or strengthening the capacity of a national oral health unit with professionals trained in public health. A dedicated, qualified, functional, well-resourced and accountable oral health unit should be established or reinforced within NCD structures and other relevant public health and education services.

24. Sustainable partnerships within and outside the health sector, as well as engagement with communities, civil society and the private sector, are essential to mobilize resources, target the social and commercial determinants of oral health and implement reforms.

Global target 1

Global target 1.1: National leadership for oral health

Proposed actions for Member States

- Action 1. **Develop and implement a national oral health policy, strategy or action plan:** Develop a new or review the existing national oral health policy and ensure alignment with the global strategy for oral health and national NCD and UHC policies. Prepare implementation guidance, including a monitoring framework aligned with the monitoring framework of the global oral health action plan.
- Action 2. **Strengthen national oral health leadership:** Institute or strengthen an oral health unit at the ministry of health to oversee national policy, technical, surveillance, management, coordination and advocacy functions. Appoint an officer to lead the oral health unit. Consider, as appropriate for the national context, active coordination mechanisms between the oral health unit and the NCD department or other technical programmes. Strengthen capacities of oral health unit staff by assessing training needs, providing training and coaching opportunities, including management, leadership, and public health skills as appropriate.

- Action 3. **Create and sustain dedicated oral health budgets:** Consider, as appropriate for national context, establishing dedicated oral health budgets at national and subnational levels covering policy, public service staff, programme and supply costs.
- Action 4. **Integrate oral health in broader policies:** Advocate for UHC as a means of improving prevention and control of oral diseases and conditions for the whole population. Facilitate the inclusion of oral health in all related national policies, strategies and programmes, particularly in the context of NCDs, primary health care and universal health coverage, including sectors beyond health such as education, environment and sanitation, finance, telecommunication or social protection.
- Action 5. **Forge strategic partnerships for oral health:** Identify potential for strategic partnerships to implement policies, mobilize resources, target social and commercial determinants and accelerate required reforms. Develop policies setting rules for engagement with partners, including policies to avoid conflicts of interest and undue influence. Initiate or strengthen existing ministerial coordination and oversight mechanisms related to partnerships, including public-private partnerships. Collaborate with international and development partners to support implementation of oral health policies in the broader context of health systems strengthening.
- Action 6. **Engage with civil society:** Ensure participation of civil society organizations and empowerment of the community in planning, implementation and monitoring of appropriate programmes by providing platforms for engagement. Involve national oral health, medical and public health associations and community-based organizations in policy and guideline development and implementation.
- Action 7. **Phase down the use of dental amalgam:** Ratify the Minamata Convention on Mercury, or, for those Member States that have already done so, accelerate implementation of recommended measures to phase down the use of dental amalgam in accordance with existing and future decisions of the Minamata Convention Conference of Parties.
- Action 8. **Strengthen health emergency preparedness and response:** Include oral health in national emergency preparedness and response plans to ensure safe and uninterrupted essential oral health services during health emergencies or other humanitarian crises, in accordance with WHO operational guidance on maintaining essential health services.
- Action 9. **Strengthen response to noma, where relevant:** In countries affected by noma, develop and implement a national noma action plan, integrated with existing regional or national programmes, such as those targeting neglected tropical diseases.
- Actions for the WHO Secretariat**
- Action 10. **Lead and coordinate the global oral health agenda:** Monitor the global oral health agenda and coordinate the work of other relevant United Nations agencies, development banks and regional and international organizations

Commented [A4]: Noting again, UHC is only half of the puzzle, there needs to be sufficient oral health providers that accept that UHC as payment and sufficient reimbursement infrastructure/processing, to have the coverage translate to utilization of services

Commented [A5]: If there is an effort to phase down dental amalgam there should be an evaluation of potential impact of access to restorative dental services in poorer countries with less resources and infrastructure. Currently dental amalgam is the cheapest material for restoring prepped teeth and has long term strength and retention. It is also still supported by many dental organizations as a safe and effective means to restore teeth ([ADA reaffirms that dental amalgam is 'durable, safe, effective' restorative material | American Dental Association](#)). An interim approach might be to strongly recommend use of amalgam separators on dental units and following strict environmental guidelines around safe disposal and recycling.

Commented [A6]: Would recommend holding this example until the 2023 review

related to oral health. Set the general direction and priorities for global oral health advocacy, partnerships and networking. Advocate for oral health at relevant high-level meetings and platforms, such as the WHO Global NCD Platform, the United Nations High-Level Meeting on Universal Health Coverage and the High-level Meeting of the United Nations General Assembly on the Prevention and Control of on NCDs. Accelerate implementation of the action plan by organising a WHO global oral health summit involving key stakeholders.

- Action 11. **Mobilize resources and funding for oral health:** Explore and pursue funding options to strengthen WHO capacities in oral health at global, regional and country level and enable timely and appropriate technical support to countries. Advocate to increase resource allocation to oral health within the NCD agenda to ensure adequate staffing and programmatic activities. Include oral health in bi- and multi-lateral conversations with Member States and partners to mobilise resources for WHO oral health activities. Extend engagement with nongovernmental organizations and philanthropic foundations to increase resources for implementing the global oral health action plan.
- Action 12. **Support implementation of the global action plan:** Establish a technical advisory group on oral health to strengthen international and national action and accelerate implementation of the global oral health action plan. Continue working with global partners, including WHO collaborating centres and non-state actors in official relation with WHO, to establish networks for building capacity in oral health promotion and care, research and training. Set-up dedicated oral health teams at the regional level to address countries' technical support needs for implementation of the global oral health action plan, including data collection for the monitoring framework of the global oral health action plan. Provide technical support upon request of Member States.
- Action 13. **Fulfil the mandates given to the WHO secretariat in the resolution on oral health:** Develop technical guidance on environmentally-friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury. Continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies. Develop "best buy" interventions on oral health, as part of an updated Appendix 3 of the global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Compendium of health interventions. Include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030. Report back on progress and results until 2031 as part of the consolidated report on NCDs.

Proposed actions for international partners

- Action 14. **Advocate for the global oral health action plan:** Develop technical expertise related to oral health as part of the support mandate of development partners and donor organizations. Promote oral health in alignment with the global oral health action plan by including it as a topic in meetings within and outside of the health sector, including in donor, bi- and multi-lateral government meetings, conferences and other fora.

- Action 15. **Support implementation of the global oral health action plan in countries:** Strengthen national capacities and resources for oral health through technical and financial assistance. Help establish and sustain national technical working groups on oral health involving donors, development partners and the national government.

Proposed actions for civil society organizations

- Action 16. **Advocate for a whole-of-government approach to oral health:** Advocate for integrating management of oral diseases and other NCDs in primary health care. Engage in multisectoral coordination mechanisms to deliver on oral health and other NCD targets within and beyond the health sector.
- Action 17. **Promote oral health as a public good:** Promote and protect oral health as a public good by monitoring and raising awareness of incompatible partnerships. Advocate for governments to phase out subsidies and implement taxation of unhealthy commodities, such as sugar, tobacco and alcohol. Support governments in developing guidance on private sector engagement in oral health and NCD programmes.
- Action 18. **Hold governments accountable to global oral health targets:** Participate in the regular monitoring of national NCD work, including development and use of oral health targets and indicators. Strengthen independent accountability efforts related to oral health.
- Action 19. **Include people affected by oral diseases and conditions:** Call for and participate in inclusive oral health governance mechanisms. Ensure that institutionalized oral health decision-making processes engage people living with oral diseases, special care needs or disabilities across settings, as well as oral health professionals.

Proposed actions for the private sector

- Action 20. **Support implementation of the global oral health action plan:** Identify areas for meaningful and appropriate engagement to support oral health public health priorities at the global, regional, or national level. Respect rules of engagement set by public entities and government partners, including voluntary commitments and regulations, such as advertising for children.

ACTION AREA FOR STRATEGIC OBJECTIVE 2: ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION

25. Strategic objective 2 aims to 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. This objective calls for evidence-based, cost-effective and sustainable interventions to promote oral health and prevent oral diseases and conditions. At the upstream level, oral health promotion includes creating public policies and fostering community action to improve people's control over their oral health and to promote oral health equity. At the midstream level, oral health promotion and oral disease prevention interventions can be implemented in key settings, such as educational venues, schools, workplaces, homes, and care homes, and long-term care facilities. At the downstream level, oral health education supports the development of personal, social and political skills that enable all people to achieve their full potential for oral health self-care.

Commented [A7]: Will also require promoting the need for infrastructure and resources for that integration such as single dual purpose electronic health records software that can support both medical and dental records. Alignment will also be needed in reimbursement and payment mechanisms as well as medical/dental coding.

Commented [A8]: Recommend updating the list of settings to include homes, care homes, and long-term care facilities, as these are settings where older adults and people with disabilities may receive services.

26. Prevention efforts target key risk factors and the social and commercial determinants of oral diseases and conditions. These initiatives should be fully integrated and mutually reinforcing with other relevant NCD prevention strategies and regulatory policies to reduce or eliminate tobacco use, harmful alcohol use and free sugars intake. Prevention efforts should also include safe and cost-effective community-based methods to prevent dental caries, such as the use of quality fluoride toothpaste, topical fluoride application and access to systemic fluoride, where appropriate.

Global targets for strategic objective 2

Global target 2.1: Reduction of sugar consumption

By 2030, 70% of countries will have implemented a tax on sugar-sweetened beverages.

Global target 2.2: Optimal fluoride for population oral health

By 2030, at least 50% of countries will have national guidance to ensure optimal fluoride delivery for the population.

Proposed actions for Member States

Action 21. **Intensify upstream health promotion and prevention approaches:** Ensure that a national oral health policy addresses common risk factors as well as social and commercial determinants of oral diseases and conditions. Support initiatives to coordinate and accelerate the response to NCDs, including oral diseases and conditions, in the context of broader health promotion and disease prevention focusing on key common risk factors, determinants and inequalities.

Action 22. **Support policies and regulations to limit free sugars intake:** Support initiatives to transform the food environment by implementing policies to reduce free sugar consumption and promote availability of healthy foods and beverages in line with WHO's recommendations. Initiate or support implementation of health taxes, particularly taxation of food and beverages with high sugar content; and advocate for earmarking such tax revenue for oral health and health promotion, depending on country context. Advocate and collaborate with other line ministries to limit package sizes and include transparent labelling of unhealthy foods and beverages; strengthen regulation of marketing and advertising of such products to children and adolescents; and reduce sponsorship by related companies for public and sports events. Work with the private sector to encourage them to reduce portion sizes and reformulate products to lower sugar levels, in order to shift consumer purchasing towards healthier products.

Action 23. **Support policies and regulations to reduce all forms of tobacco consumption and betel-quinid and areca-nut chewing:** Accelerate full implementation of the WHO Framework Convention on Tobacco Control. Implement the WHO MPOWER package of policies and interventions,

Commented [A9]: In box below:

Consider clarifying that the objective is to reduce consumption of free sugars.

Where does this target of 70% of countries implementing tax on sugar-sweetened beverages come from? This does seem to be the best indicator to measure a reduction of sugar content or be a specific outcome from the majority of proposed actions.

Commented [A10]: In conjunction with prevention efforts, consider harm reduction strategies and look at effective approaches of harm reduction efforts that have proven beneficial at improving other health outcomes

Commented [A11]: The WHO is not the International Organization that has authority over labeling of food

Commented [A12]: One aspect of this is access to clean and safe public drinking water systems and the infrastructure that supports their development

including offering people help to quit tobacco use, warning about the dangers of tobacco; enforcing bans on advertising, promotion and sponsorship; and raising taxes on tobacco products. Integrate brief tobacco interventions into oral health programmes in primary care. Where relevant, develop or strengthen actions for the reduction of betel-quid chewing, including advocating for legislation to ban areca-nut sales.

- Action 24. **Support policies and regulations to reduce the harmful use of alcohol:** Implement the WHO SAFER initiative of the five most cost-effective interventions to reduce alcohol-related harm, including strengthening restrictions on alcohol availability; advancing and enforcing drunk-driving counter-measures; facilitating access to screening, brief interventions and treatment; enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion; and raising prices on alcohol through excise taxes and pricing policies.
- Action 25. **Optimize the use of fluorides for oral health:** Develop or update national guidance related to fluorides for oral health, addressing the universal availability of systemic or topical fluorides, taking into consideration needs and disease burden across the life-course, available resources, and technical, political and social factors. Depending on the country context, consider adding or removing fluoride from drinking water to provide safe, optimal levels for protection against dental caries, as recommended by national and international guidance.
- Action 26. **Promote fluoride toothpaste as an essential health product:** Implement measures to improve the affordability and availability of fluoride toothpaste, including reducing or eliminating taxes and tariffs and other fiscal measures, as well as bulk purchasing or manufacturing agreements for use of fluoride toothpaste in community settings. Strengthen quality and labelling of fluoride toothpaste in accordance with ISO Standard 11609 for fluoride toothpaste by developing national standards and quality controls. Enhance environmental sustainability along the fluoride toothpaste production and supply chain. Promote effective self-care and oral hygiene through twice-daily tooth brushing with fluoride toothpaste and making affordable, quality toothpaste universally available. Enhance measures to protect consumers from counterfeit products.
- Action 27. **Review and improve mid-stream promotion and prevention measures:** Create supportive environments for oral health promotion in key settings, such as schools, pre-schools, workplaces, home and community-based settings, and long-term care facilities. Establish rules and regulations for commercial support and sponsorship in schools, workplaces and other key settings, including mechanisms for monitoring and evaluation. Collaborate in joint health and education ministry oversight of school health programming. Facilitate social mobilisation and engage and empower a broad range of actors, including women as change-agents in families and communities, to promote dialogue, catalyse societal change and address oral diseases and conditions, their social, environmental and economic determinants and oral health equity. Promote and implement vaccination of girls and boys against human papilloma virus (HPV) to address cervical and oro-pharyngeal cancers, in accordance with national and international guidance.

Commented [A13]: Focusing on the “optimal” level should be the key message as there still exists a significant lack of knowledge in the general population as to what the target/range is

Commented [A14]: See previous comment and policy paper from FDI World Dental Federation.

- Action 28. **Strengthen and scale-up downstream promotion and prevention measures:** Develop and implement evidence-based, cost-effective, sustainable, age-appropriate interventions to prevent oral diseases and promote oral health. Include oral health in broader health communication, health education and literacy campaigns to raise awareness and empower people for prevention through self-care and oral hygiene, as well as early detection of oral disease. Draw on the WHO mobile technologies for oral health implementation guide to promote oral health literacy among individuals, communities, policy makers, the media and civil society using digital health technologies. Tailor interventions to address oral health along the life-course, such as programmes targeting children, mothers, and older adults, with special consideration for people living in vulnerable or disadvantaged situations, including indigenous people, migrant populations and people with disabilities.

Commented [A15]: Very supportive of Action 28, in particular the focus on tailoring interventions along the life course and leveraging mobile technology

Actions for the WHO Secretariat

- Action 29. **Ensure integration of oral health promotion in relevant WHO guidance:** Consider establishing a WHO internal coordination mechanism to facilitate systematic integration of oral health in related policies, strategies and technical documents. Integrate oral health in technical guidance on health taxes. Encourage research with WHO collaborating centres and other research entities on interventions to effectively address the social and commercial determinants of oral health.
- Action 30. **Provide technical guidance for oral health promotion and oral disease prevention:** Recommend cost-effective, evidence-based oral health promotion and disease prevention interventions by 2023 as part of the updated Appendix 3 of the NCD-GAP and the WHO UHC Compendium of health interventions.
- Action 31. **Hold to account economic operators in the production and trade of harmful products:** Encourage private sector transparency and alignment with regulations and voluntary codes of practice to reduce the marketing, advertising and sale of products harmful to oral health, such as tobacco products and food and beverages that are high in free sugars.

Proposed actions for international partners

- Action 32. **Target risk factors and determinants of oral health:** Include oral health in new or existing programmes addressing NCDs, common risk factors and determinants of health. Support and conduct research to strengthen the evidence for interventions that effectively target the determinants of oral health, including those that reduce oral health inequalities.
- Action 33. **Consider oral health in policy impact assessments:** When conceptualising, negotiating, or implementing programmes in related sectors, such as trade, food, environment and finance, ensure that oral health is considered when conducting health and environmental impact assessments so that unintended health impacts can be avoided and mitigation measures be put in place.

Proposed actions for civil society organizations

- Action 34. **Mobilise support for oral health promotion:** Facilitate community action with diverse groups, such as nongovernmental organizations, academia, media, human rights organizations, faith-based organizations, labour and trade unions, and organizations focused on poor, disadvantaged and vulnerable members of societies, including those who are on low incomes, people living with disability, older people living ~~alone~~ at home or in care homes and long-term care facilities, people who are refugees, in prison or living in remote and rural communities and people from minority and other socially marginalised groups, as well as organizations of patients and people affected by oral diseases and conditions. Support the development of personal, social and advocacy skills to enable all people to achieve their full potential for effective self-care and oral hygiene.
- Action 35. **Advocate for policies and regulations for oral disease prevention:** Support policies aiming at healthy environments and settings, such as healthy school meals, tobacco-free environments and related sales restrictions for minors. Advocate for the implementation of health taxes, including those for foods and beverages with high sugar content.
- Action 36. **Ensure civil society inclusion in policy development:** Advocate for inclusion of professional organization and other civil society organizations in the development and implementation of policies related to oral health promotion, common risk factors and the determinants of oral health. Strengthen transparency and commitment by holding all stakeholders accountable to the global oral health action plan's actions on oral health promotion and oral disease prevention.

Commented [A16]: Recommend clarifying that this plan addresses older adults who live in a variety of settings: in their homes, in care homes, or in long-term care facilities.

Proposed actions for the private sector

- Action 37. **Implement occupational oral health measures:** Strengthen commitment and contribution to health and oral health by implementing measures at the workplace, including through good corporate practices, workplace health and wellness programmes and by providing health insurance coverage to employees according to country context.
- Action 38. **Improve affordability of fluoride products for oral health:** Cooperate with governments to improve affordability and quality of fluoride-containing products for oral health and ensure that tax reductions or subsidies applied to such products are entirely reflected in lower consumer prices.
- Action 39. **Reduce marketing, advertising and sale of harmful products:** Prioritise monitoring, transparency and compliance with voluntary and legally binding policies and regulations related to healthy settings, protection of vulnerable population groups, marketing, advertising, and sponsorship. Consider reformulation of products to reduce sugar intake.

ACTION AREA FOR STRATEGIC OBJECTIVE 3: HEALTH WORKFORCE

27. Strategic objective 3 aims to develop innovative workforce models and revise and expand competency-based education. Progress towards UHC for oral health requires health workers who are educated and empowered to provide the oral health services that populations need. This objective seeks to ensure that there is an adequate number, availability and distribution of skilled health workers to deliver an essential package of oral health services. This requires that the planning and prioritization of oral health services be included in all health workforce strategies and investment plans.

28. More effective workforce models will likely involve a new mix of oral health professionals and other relevant health professionals who have not traditionally been involved in oral health care. Implementing such models may require reassessing and updating national legislative and regulatory policies for the licensing and accreditation of the health workforce. Curricula and training programmes need to adequately prepare health workers to manage and respond to population oral health needs and public health aspects of oral health, as well as address the environmental impact of oral health services on planetary health. Professional oral health education must go beyond development of a clinical skill set to incorporate community health and research competencies. Intra- and inter-professional education and collaborative practice will also be important to allow the full integration of oral health services in the primary care level and in broader health systems.

Global targets for strategic objective 3

Global target 3: Innovative workforce model

Proposed actions for Member States

Action 40. **Foster innovative oral health workforce models:** Develop and implement workforce models which enable sufficient numbers of adequately trained health workers to provide oral health services as members of collaborative primary health care teams at all levels of care. Review and update national legislative and regulatory policies for licensing and accreditation to support flexible workforce models and competency-based education and practice. Increase availability of mid-level oral health providers. Ensure career transition pathways between professional tracks to increase flexibility and deployment of oral health providers in underserved areas.

Action 41. **Increase capacity for universal health coverage for oral health:** Expand coverage of essential oral health care by planning for and providing an adequate number, availability, accessibility and geographical distribution of skilled health workers able to deliver an essential package of oral health care. Ensure that investment in human resources for oral health is efficient, sustainable and aligned with current and future needs of the population. Include oral health workforce planning in national health workforce strategies. Develop comprehensive investment plans to scale up the oral health workforce. Consider development of a standardised national competency-based training

Commented [A17]: Considerations of this also are provider scope regulations and licensure portability

curriculum for oral health aligned with the WHO Global Competency and Outcomes Framework for Universal Health Coverage, which guides the standards of education and practice for health workers in primary care, so they are fully aligned with efforts to achieve UHC.

- Action 42. **Strengthen collaborative, cross-sectoral workforce governance:** Establish and enable professional councils and associations to develop, regularly review and adapt accreditation mechanisms and regulation, including standards of practice and professional behaviour, under the oversight of the ministry of health and in full alignment with national health workforce planning. Collaborate among the ministries of health, labour, economy, finance and education, and engage with related professional councils and associations, to ensure occupational health and safety, health worker rights and appropriate remuneration.
- Action 43. **Reform oral health workforce training programmes:** Reform education to prioritise competencies in public health, health promotion, disease prevention, evidence-informed decision-making, digital oral health, service planning and the social and commercial determinants of health. Ensure the curriculum provides oral health workers with competencies to prevent and treat the most common oral diseases with essential oral health care and rehabilitation measures in a primary care context. Strengthen collaborative intra- and inter-professional education and practice towards integration in primary health care. Ensure equitable access to oral health professional education to increase socio-economic, gender, ethnic and geographic diversity and the cultural competency of the oral health workforce. Encourage professional organizations and dental schools to educate and train oral health professionals and students on the use of mercury-free dental restoration alternatives and on promoting best waste management practices of materials used in oral healthcare facilities.
- Action 44. **Strengthen professional accreditation:** In accordance with country regulations, create or improve accreditation mechanisms for oral health education and training institutions, including effective oversight institutions as well as standards for social accountability and social determinants of health. Work with professional associations to define oral health specialisations and their training and accreditation requirements, recognizing the priority of primary oral health care and public health specialists while balancing the demand for advanced and specialist oral health care. Make continuous life-long professional education mandatory to retain accreditation and license to practice.

Actions for the WHO Secretariat

- Action 45. **Explore innovative workforce models for oral health:** Initiate regional and national workforce assessments to inform the development of innovative workforce models for oral health, based on the WHO Competency Framework for Universal Health Coverage approach and the objectives of the Global Strategy on Human Resources for Health “Workforce 2030”. Consider capacity building programmes to support workforce reform, in collaboration with the WHO Academy.

- Action 46. **Provide normative guidance and technical support for oral health workforce reform:** In collaboration with partners, disseminate best practices on assessment of health system needs, reform of education policies, health labour market analyses, and costing of national strategies on human resources for health. Review and strengthen tools, guidelines and databases relating to human resources for NCDs, including oral health, in collaboration with the WHO health workforce department.
- Action 47. **Strengthen country-level reporting on human resources for oral health:** Gather, analyse and report oral health workforce data as part of the monitoring framework of the global oral health action plan to track progress in implementation of workforce-related actions. Support country-level data collection on the oral health workforce in the context of national health workforce accounts.

Proposed actions for international partners

- Action 48. **Support the workforce reform agenda:** Engage international professional, research and dental education associations to align with the workforce reform agenda and support regional and national member associations. Strengthen innovative oral health workforce models by focusing international and regional support to countries with the most critical workforce shortages.
- Action 49. **Provide technical support for health system strengthening:** Strengthen integrated health and oral health workforce planning, including technical support for national oral health workforce data collection, analysis and use for improved planning and accountability, in alignment with the national health workforce accounts framework.
- Action 50. **Improve oral health training and accreditation:** Under the oversight of the ministry of health and in collaboration with professional associations, integrate basic oral health competencies for oral health in health worker training programmes on prevention and management of major NCDs. Promote mutual recognition of professional diplomas and qualifications by regional and national accreditation entities to enable free movement and practice of oral health professionals between countries and geographic areas of need, in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Proposed actions for civil society organizations

- Action 51. **Collaborate to accelerate oral health workforce reform:** Develop appropriate task-sharing and inter-professional collaboration models for the provision of oral health care. Strengthen effective accreditation and regulation processes for improved workforce competency, quality and efficiency, under the oversight of the government and through collaboration with professional councils and associations, and, where appropriate, community and patient organizations. For academic training and research institutions, support implementation of the global oral health action plan by prioritising oral health worker competencies in line with the WHO Competency Framework for Universal Health Coverage and the Global Strategy on Human Resources for

Health and by fostering abilities to minimize the environmental impact of oral health services.

Action 52. **Strengthen oral health in primary care:** Foster continuous self-reflection of the dental profession with a goal to improve access to and quality of primary oral healthcare as a societal responsibility within and beyond dentistry.

Action 53. **Improve quality of care through continued education:** Continuously improve quality of care through oral health workforce education. Develop or review codes of practice and similar frameworks to enhance management of potential conflicts of interest and undue influences, including when dental and pharmaceutical companies and other private sector entities sponsor professional education and conferences.

Proposed actions for the private sector

Action 54. **Align private and public oral health workforce training:** Ensure alignment of all oral health workforce training institutions with national health workforce planning to address population health needs. Adapt concepts and programmes of private oral health education to include competency-based training and strengthen education in the public interest.

ACTION AREA FOR STRATEGIC OBJECTIVE 4: ORAL HEALTH CARE

29. Strategic objective 4 aims to integrate essential oral health care and ensure related financial protection and essential supplies in primary health care. This objective seeks to increase access by the entire population to safe, effective and affordable essential oral health care as part of the national UHC benefit package. Essential oral health care covers a defined set of safe, cost-effective interventions at individual and community levels. These promote oral health and prevent and treat the most prevalent and/or severe oral diseases and conditions, including appropriate rehabilitative services and referral. Health workers who provide oral health services should be active members of the primary health care team. Financial protection through expanded private and public insurance policies and programmes, including coverage of oral health services, is one of the cornerstones of UHC. Ensuring the reliable availability and distribution of essential medical consumables, generic medicines and other dental supplies is also important for the management of oral diseases and conditions in primary health care and referral services.

30. Digital health technology should be examined for its potential role in the delivery of accessible and effective essential oral health care. This might include the development of policy, legislation and infrastructure to expand the use of digital health technologies as well as remote access and consultation for early detection and referral to services for the management of oral diseases and conditions.

Global targets for strategic objective 4

Global target 4.1: Oral health in primary

By 2030, at least 50% of countries will have included the WHO essential dental medicines in the national essential medicines list.

Proposed actions for Member States

- Action 55. **Establish an essential oral health care package:** Facilitate a national stakeholder engagement process to review evidence, assess current oral healthcare service capacity and agree on cost-effective oral health interventions as part of national UHC benefit packages. Ensure that the packages include emergency care, prevention and treatment of common oral diseases and conditions as well as essential rehabilitation. Advocate that national UHC includes safe, affordable essential oral health care based on the WHO UHC Compendium of health interventions and oral health-related interventions comprised in Annex 3 of the WHO global action plan for the prevention and control of noncommunicable diseases. Support the introduction of remuneration systems that incentivize prevention over treatment.
- Action 56. **Integrate oral health care into primary care:** Develop and review all aspects of primary health care services and plan for integration of oral healthcare at all service levels, including required staffing, skill mix and competencies. Implement workforce models that ensure sufficient numbers of adequately trained health workers provide oral health services as members of collaborative primary health care teams at all levels of care. Ensure that referral pathways and support mechanisms are in place to streamline coordination of care with other areas of the health system. Consider inclusion of private oral health providers through appropriate contracting and/or reimbursement schemes.
- Action 57. **Work towards achieving universal health coverage for oral health:** Expand coverage through on-demand care in primary care facilities, using an essential oral health care package. Assess, strengthen and rehabilitate essential clinical infrastructure for oral health services as part of primary care, including the provision of essential oral health supplies and consumables to ensure the quality and scope of needed oral health services.
- Action 58. **Provide financial protection for oral health care:** Establish appropriate financial protection for patients through expanded public and private insurance policies and programmes, in accordance with national UHC strategies. Ensure that vulnerable and disadvantaged population groups have access to an essential oral health care package without financial hardship.
- Action 59. **Ensure essential oral health supplies:** Prioritise availability and distribution of essential oral health care supplies and consumables as part of public procurement mechanisms for primary health care. Establish or update national lists of essential medicines that include supplies and medicines required for oral health services, aligned with the WHO Essential Medicines List. Develop guidance on rational antibiotic use for oral health professionals and promote engagement in initiatives addressing antimicrobial resistance. Strengthen standard procedures for infection prevention and control in line with WHO and other national and international guidance.

- Action 60. **Promote mercury-free products and minimal intervention:** Advocate for the prevention and treatment of dental caries with minimal intervention. Restrict the use of dental amalgam to its encapsulated form. Promote the use of mercury-free alternatives for dental restoration. Discourage insurance policies and programmes that favour dental amalgam use over mercury-free dental restoration.
- Action 61. **Reinforce best environmental practices:** In collaboration with the ministry of environment, ensure that measures to reduce the environmental impact of oral health services are put in place, including minimising waste, carbon emissions and use of resources. Use best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land.
- Action 62. **Optimise digital technologies for oral health care:** Support digital access and consultation for early detection, management of oral diseases and referral, and continue the evaluation of effectiveness and impact of such interventions. Integrate digital access and consultation in interprofessional platforms to facilitate access for patients. Draw on the WHO Mobile Technologies for Oral Health implementation guide for guidance on digital technologies related to improving oral health literacy, health worker training, early detection of oral diseases and oral health surveillance within national health systems. Develop and strengthen data protection and privacy policies to ensure full confidentiality, patient access to personal data and appropriate consent to data use in a digital health context.

Actions for the WHO Secretariat

- Action 63. **Provide guidance on cost-effective oral health interventions:** Recommend interventions as part of the updated Appendix 3 to the WHO global action plan for the prevention and control of noncommunicable diseases and the WHO UHC Compendium of health interventions by 2023 and update them routinely. Support Member States to implement cost-effective interventions on oral health as part of other NCDs initiatives. Facilitate learning and sharing of best practices related to primary oral care and UHC.
- Action 64. **Advocate for digital oral health:** Drawing on the Global Strategy on Digital Health 2020-2025 and the WHO Mobile Technologies for Oral Health implementation guide, provide technical guidance and support on digital oral health. Encourage cross-country learning and promote sharing of best practices related to digital oral health technology.
- Action 65. **Accelerate implementation of the Minamata Convention on mercury:** In collaboration with the UN Environment Programme, support countries in implementing the provisions of the Minamata Convention on Mercury, particularly those related to the phase down in use of dental amalgam in the framework of the WHO GEF7 project on “Accelerate implementation of dental amalgam provisions and strengthen country capacities in the environmental sound management of associated wastes under the Minamata Convention”. Develop technical guidance on environmentally-friendly and less-invasive dentistry.

Commented [A18]: A consideration for this is promoting better defined language in various countries, states and local regions around teledentistry rules and regulations

Commented [A19]: This also requires expanding coverage and access to high speed internet globally

Proposed actions for international partners

- Action 66. **Strengthen universal health coverage for oral health:** Consider inclusion of oral health services in the context of programmatic and budget planning for UHC. Support the development and implementation of a package of essential oral health services. Provide platforms to share lessons learned and key success factors to transition UHC schemes to incorporate oral health services.

Proposed actions for civil society organizations

- Action 67. **Mobilise stakeholders for oral health care:** Consider establishing multistakeholder advisory committees for NCDs, including oral health, at national and local levels of government, with representation from civil society organizations to strengthen participation and ownership. Encourage new and strengthen existing civil society organizations to serve as advocates and catalysts to increase access to essential oral healthcare and inclusion in UHC.
- Action 68. **Empowerment for self-care:** Strengthen the development of personal, social and political skills of all people to enable them achieving their full potential for oral health self-care. Promote oral health self-care through skills-based oral hygiene education in communities and schools, as well as through inclusion of oral health in population health education campaigns and digital and social media platforms. Advocate for supportive policies to strengthen the availability and affordability of fluoride toothpaste.
- Action 69. **Address the environmental impact of oral health care:** Advocate for sustainability, environmental protection and preservation of resources in the context of oral health services, including accelerating the phase down in use of dental amalgam.

Proposed actions for the private sector

- Action 70. **Invest in digital oral health for all:** Amplify research and development of digital oral health care devices and technologies that are low-cost and simple to use, in support of population-based interventions.
- Action 71. **Commit to sustainable manufacturing:** Develop, produce and market oral health care products and supplies that are cost-effective, environment-friendly and sustainable. Engage with governments to improve availability and affordability of such products through bulk purchasing and other cost-saving public procurement approaches. Accelerate research and development of new mercury-free, safe and effective dental filling materials.
- Action 72. **Establish sustainable public-private partnerships:** Engage manufacturers and suppliers of oral care products in ethical, transparent and long-term partnership agreements with key national actors to improve access to essential oral health care and supplies, in line with public health principles and the global oral health action plan. Encourage insurance policies and programmes that

favour the use of quality alternatives to dental amalgam for dental restoration in the context of implementation of the Minamata Convention.

ACTION AREA FOR STRATEGIC OBJECTIVE 5: ORAL HEALTH INFORMATION SYSTEMS

31. Strategic objective 5 aims to enhance surveillance and health information systems to provide timely and relevant feedback on oral health to decision-makers for evidence-based policy-making. This objective involves developing more efficient, effective and inclusive integrated health information systems that include oral health to inform planning, management and policy-making. At the national and subnational levels, strengthening information systems should include the systematic collection of data on oral health status, social and commercial determinants, risk factors, workforce, oral health services readiness and resource spending. These improved systems should ensure protection of patient data. They should monitor patterns and trends in oral health inequalities and track the implementation and impact of existing policies and programmes related to oral health. Development and implementation of oral health information systems should be guided and supported by the monitoring framework of the global oral health action plan, as relevant to the country context.

32. New oral health research methods, including high-resolution video, multispectral imaging and mobile technologies, have the potential to improve the quality of population-based oral health data while reducing costs and complexity.

Global targets for strategic objective 5

Global target 5: Integrated oral health

Proposed actions for Member States

Action 73. **Strengthen oral health information systems:** Improve oral health information and surveillance systems, and, depending on country context, integrate into existing national health information systems, such as facility-based service reporting. Strengthen integrated surveillance of population health by incorporating oral health indicators into national NCD and UHC monitoring frameworks. Monitor risk factors as well as the social and commercial determinants of oral health inequalities. Improve information on the oral health workforce in national health workforce accounts. Consider conducting population-based oral health surveys or other appropriate oral disease-specific surveillance, integrated with existing NCD surveillance systems.

Action 74. **Integrate electronic patient records and protect personal health data:** Encourage integration of electronic dental patient records with medical and pharmacological records, as well as public and private providers, to facilitate continuity of patient-centred care as well as population-level health

monitoring. Ensure data protection and confidentiality regulations protect patient-related information while allowing anonymized data analysis and reporting in accordance with national regulations. Ensure that patients have access to all information recorded and stored about them.

- Action 75. **Use innovative methods for oral health data collection:** Participate in periodic global WHO surveys that collect NCD, health system and other health information. Develop and standardize innovative methods for gathering oral health and epidemiological data by using digital technologies for data collection and analysis, including artificial intelligence-supported applications in mobile devices; opportunities provided by more complex and big data sets from new data sources; and novel approaches to generating comprehensive disease estimates.
- Action 76. **Increase transparent use of oral health information:** Make de-identified information and appropriately disaggregated data on population oral health publicly available to inform research and analysis, planning, management, policy decision-making and advocacy. Ensure alignment of the national oral health monitoring framework with the monitoring framework of the global oral health action plan and regularly report national data, including to WHO as proposed.

Actions for the WHO Secretariat

- Action 77. **Track implementation and impact of the global oral health action plan:** Gather and analyse country data for the monitoring framework of the global oral health action plan and provide findings as required within broader NCD reporting. Create an oral health data portal as part of WHO's data repository for health-related statistics. Compile health systems information from multiple data sources to routinely update information on implementation of the global oral health action plan. Adapt and update existing global WHO surveys and tools to enable tracking progress on the implementation of the global oral health action plan.
- Action 78. **Build capacity for integrated oral health information systems and surveillance:** Develop guidance documents for effective oral health information system strengthening at global, regional, national and subnational levels. Engage with WHO collaborating centres, international partners such as Institute of Health Metrics and Evaluation's Global Burden of Disease group and others, to improve indicators, data inclusion, analysis methodology and interpretation of oral health-related estimates.

Proposed actions for international partners

- Action 79. **Advance oral health metrics aligned with global health metrics:** Promote the use of oral health indicators aligned with standard global health metrics used to assess burden of disease, such as prevalence and disability-adjusted life years, to strengthen usability of information in the context of the Sustainable Development Goals and other key global health agendas.

Commented [A20]: In addition to publicly available, there should be efforts to create centralized repositories of data, given that even with the publicly available data currently, it is fragmented across many databases in various organizations and systems that don't collectively aggregate easily or accurately

- Action 80. **Support the monitoring framework of the global oral health action plan**
Improve capacities for effective oral health information systems and surveillance, research and data analysis by providing appropriate tools and training opportunities at all levels and for all stakeholders in the context of health system strengthening.

Proposed actions for civil society organizations

- Action 81. **Advocate for data protection and confidentiality regulations:** In accordance with country regulations, advocate for protection of patient-related information while allowing anonymized data analysis and reporting for planning, evaluation and research.

Proposed actions for the private sector

- Action 82. **Provide access to insurance data for research and service planning:** Enable transparent access to private insurance data on coverage, health outcomes and economic information, in full compliance with national data protection policies.

ACTION AREA FOR STRATEGIC OBJECTIVE 6: ORAL HEALTH RESEARCH AGENDAS

33. Strategic objective 6 aims to create and continuously update context and needs-specific research that is focused on the public health aspects of oral health. This objective strives to create and implement new oral health research agendas that are oriented towards public health programmes and population-based interventions. The translation of research findings into practice is equally important and should include the development of country-specific, evidence-informed clinical practice guidelines. Researchers have an important role in supporting the development and evaluation of population oral health policies and evaluating and applying the evidence generated by public health interventions.

Global targets for strategic objective 6

Global target 6: Research in the public

Proposed actions for Member States

- Action 83. **Reorient the oral health research agenda:** Define national oral health research priorities to focus on public health and population-based interventions. Review and establish adequate public funding mechanisms for oral health research, aligned with national priorities. Facilitate the dissemination of and alignment with the national oral health research agenda among all national research institutions, academia and other stakeholders. Foster partnerships within and across countries including multi-disciplinary

research, based on the principles of research ethics and equity in health research partnerships.

- Action 84. **Prioritise oral health research of public health interest:** Support research areas of high public health interest while maintaining a balance with basic health research. Close evidence-gaps for: upstream interventions; implementation and operational research; evaluation of primary oral health care, including workforce models and learning health systems; barriers to access to oral health care; oral health inequalities; oral health promotion in key settings such as schools; digital technologies and their application in oral health; environmentally sustainable practices and mercury-free dental restorative materials; and economic analyses to identify cost-effective interventions. In countries where oral cancer and oro-facial clefts are prevalent, support large-scale population-based epidemiological studies to strengthen the evidence for prevention and control of these diseases and conditions. Consider research on noma's incidence, prevalence, aetiology, prevention, therapy and rehabilitation, to contribute to more effective care and support the review process for integration of noma in the WHO list of neglected tropical diseases. Promote research and development of quality mercury-free materials for dental restoration.
- Action 85. **Translate oral health research findings into practice:** Ensure that dedicated funding is available for implementation and translation research. Evaluate population oral health policies. Apply evidence generated from innovative public health approaches, such as digital health technologies. Strengthen evidence-informed decision-making. Develop country-specific, evidence-based clinical practice guidelines.

Actions for the WHO Secretariat

- Action 86. **Guide Member States in oral health research:** Provide guidance on research priority-setting and research partnerships to support Member States. Promote implementation research focusing on an integrative, life-course and public health approach to improve oral health, in coordination with the WHO Technical Advisory Group on NCD-related Research and Innovation.
- Action 87. **Contribute to noma research:** Set up a platform for knowledge-sharing and initiate a research agenda on noma, in collaboration with WHO collaborating centres and academia.

Proposed actions for international partners

- Action 88. **Promote equity in all aspects of global health research:** Support shared agenda-setting for global oral health research, programme planning, implementation and evaluation. Ensure equitable partnerships in priority setting, methodological choices, research funding, project management, analysis and reporting of results and scientific publication authorship.
- Action 89. **Facilitate reorientation of the oral health research agenda:** Support the prioritization of research on public health and population-based oral health interventions. Promote capacity building and training that meets the needs of new oral health research priorities. Strengthen evidence of the prevalence and

incidence of diseases and conditions of public health interest that may be under-researched, such as oro-facial clefts and noma.

Proposed actions for civil society organizations

- Action 90. **Consider establishing a national oral health research alliance or task force:** Engage academia, research institutions, professional associations, the government, community representatives, patients and other stakeholders. Ensure alignment and prioritization of the national oral health research agenda and transparent reporting of progress and results.
- Action 91. **Ensure research alignment with national oral health priorities:** Review research and science training curricula of academic and research institutions to assess whether they address public health, implementation research, and national priorities. Enhance representation of oral health research priorities in relevant conferences and research forums.
- Action 92. **Conduct participatory research to identify oral health needs and interventions:** When considering interventions for inclusion in essential oral healthcare packages and universal health coverage, enlist the participation of diverse community members, including patients, people living with oral diseases, and people who are poor, vulnerable or disadvantaged. Establish and evaluate patient-public panels for prioritisation of studies, design and management of research, data collection, analysis, reporting and dissemination of findings. Evaluate different social participation and community engagement approaches to improve oral health, such as citizen forums.

Proposed actions for the private sector

- Action 93. **Develop modalities of public-private partnerships for oral health research:** Strive to reduce or avoid real or perceived conflict of interest and researcher bias in public-private research partnerships. Foster the public's interest in reforming oral health research agendas.
- Action 94. **Invest in research for mercury-free dental filling materials:** Accelerate research and development of new mercury-free, safe dental filling materials. Strengthen the production and trade of environment-friendly and sustainable products and supplies.

MONITORING IMPLEMENTATION PROGRESS OF THE GLOBAL ORAL HEALTH ACTION PLAN

34. A monitoring framework will track the implementation of the global oral health action plan through monitoring and reporting on progress towards the two overarching global targets and nine strategic objective global targets (see Appendix 1). The global monitoring framework is composed of 11 core and 30 complementary indicators, which based on regional, national, and subnational contexts, can be used to prioritize efforts, monitor trends and assess progress on oral health within broader NCD and UHC agendas. The core indicators relate to assessing the global targets and will be used by WHO to populate the monitoring framework of the global oral health action plan. The complementary indicators can be used by countries to monitor specific actions at national level (see Appendix 2).

35. The monitoring framework of the global oral health action plan is based on a results chain approach that visualises the logical relations from inputs and processes to desired outputs, outcomes and impact, supported by evidence-informed policies. The conceptual model of the monitoring framework draws on the results chain framework in the WHO Primary Health Care Measurement Framework and Indicators, and the monitoring approach of the WHO's Thirteenth General Programme of Work 2019–2023 to measure progress made towards programmatic milestones and the triple billion targets.

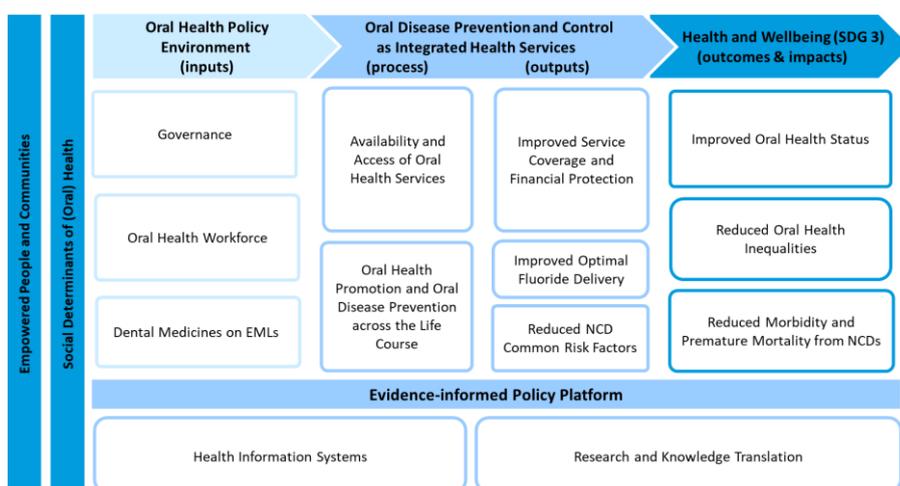
APPENDIX 1

MONITORING FRAMEWORK OF THE GLOBAL ORAL HEALTH ACTION PLAN

MONITORING FRAMEWORK GOALS

The monitoring framework will track implementation of the global oral health action plan by monitoring and reporting on progress towards the two overarching global targets and nine strategic objective global targets. Tracking progress towards UHC for oral health by 2030 supports mobilization of political and resource commitment for stronger and more coordinated global action on oral health.

UHC FOR ORAL HEALTH MONITORING FRAMEWORK



OVERVIEW OF INDICATORS

The global monitoring framework is composed of 11 core and 30 complementary indicators to track and monitor progress on the implementation of the global oral health action plan. As a priority, data on the **core indicators** should be collected in all countries using existing systems and resources. Countries may complement the core indicators by using **complementary indicators** as relevant according to their specific national or regional contexts. Where possible, the monitoring framework indicators align with existing global, regional and national monitoring activities to minimize the reporting burden and avoid duplication of work.

CORE INDICATORS

Overarching global target I: UHC for oral health

By 2030, 75% of the global population will be covered by essential oral health care services to ensure progress towards UHC for oral health

Core Indicator	I.1. Proportion of population covered by essential oral health interventions under a public health benefit package
Indicator definition	<p>Proportion of population covered by essential oral health interventions under a health benefit package of 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.</p> <p>Essential oral health interventions include, but are not limited to:</p> <ul style="list-style-type: none"> • Routine and preventive oral health care (including oral health examination, counselling on oral hygiene with fluoride toothpaste, fluoride varnish application, glass ionomer cement as a sealant, oral cancer screening for high-risk individuals) • Essential curative oral health care (including topical silver diamine fluoride, atraumatic restorative treatment, glass ionomer cement restoration, urgent treatment for providing emergency oral care and pain relief such as non-surgical extractions and drainage of abscesses) <p>Numerator: number of people covered by essential oral health interventions under the health benefit package of the largest government health financing scheme</p> <p>Denominator: total country population listed in World Population Prospects by the United Nations Department of Economic and Social Affairs</p>
Data type	Percent
Data source	WHO Health Technology Assessment/Health Benefit Package Survey
Years for data collection	2023 2025 2029/2030
Comments	Data for indicator I.1 was collected by WHO in 2020/21 using the global Health Technology Assessment and Health Benefit Package Survey. The questionnaire was completed by officially nominated survey focal points in WHO Member States and areas. It is anticipated that minor adjustments will be required to the existing collection tool for reporting on this indicator.

Overarching global target II: Reduce oral disease burden

By 2030, the global prevalence of the main oral diseases and conditions over the life course will show a relative reduction of 10%

Core Indicator	II.1. Prevalence of the main oral diseases and conditions
Indicator definition	Estimated prevalence of the main oral diseases and conditions. Main oral diseases and conditions include: <ul style="list-style-type: none"> • untreated dental caries of deciduous teeth • untreated dental caries of permanent teeth • edentulism • severe periodontal diseases • other oral disorders (excluding lip and oral cavity cancer and orofacial clefts). <i>*Refer to GBD source for further definitions.</i>
Data type	Percent
Data source	IHME Global Burden of Disease database
Years for data collection	2023 2025 2029/2030
Comments	Estimates for indicator II.1 are provided in the IHME Global Burden of Disease (GBD) 2019 database. The GBD 2019 estimates are based on multiple relevant data sources, such as National Oral Health Surveys. Countries are encouraged to conduct population-based oral health surveys or other appropriate oral disease-specific surveillance, integrated with existing NCD surveillance systems. The WHO Global Oral Health Status Report (in press) uses the latest available from GBD 2019.

Strategic Objective 1. Oral health governance
Global target 1.1: National leadership for oral health

By 2030, 80% of countries will have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the Ministry of Health

Core Indicators	1.1.1 Existence of operational national oral health policy, strategy or action plan 1.1.2. Presence of dedicated staff for oral diseases in the NCD Department or other Department of the Ministry of Health
Indicator definition	1.1.1 Existence of an operational policy, strategy, or action plan for oral health available in respective country. Operational is defined as a policy, strategy or plan of action which is being used and implemented in the country and has resources and funding available to implement it. 1.1.2 Presence of technical/professional staff in the unit/branch/department working on NCDs at Ministry of Health dedicating a significant portion of their time to oral diseases, such as a Chief Dental Officer
Data type	Categorical (Yes/No)
Data source	Ministry of Health (Responding to WHO NCD Country Capacity Survey which is conducted periodically by WHO and completed by NCD focal point at the Ministry of Health)
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicators 1.1.1 and 1.1.2 have been periodically collected and regularly reported by WHO through the WHO NCD Country Capacity Survey. The questionnaire is completed by national NCD focal points or designated officers within the Ministry of Health or national institute/agency. It is anticipated that minor adjustments will be required to the existing data collection tool for reporting on these indicators. A country would need to respond “Yes” to both indicators (1.1 and 1.2) in order to count towards the target.

Global target 1.2: Environmentally-sound practices

By 2030, 90% of countries will have implemented two or more of the recommended measures to phase down dental amalgam in line with the Minamata Convention on Mercury or will have phased it out.

Core Indicator	1.2. Implemented measures to phase down the use of dental amalgam
Indicator definition	<p>The extent to which measures have been implemented by a country to phase down the use of dental amalgam, taking into account national circumstances and relevant international guidance, in accordance with the provisions of the Minamata Convention on Mercury and decisions made by the Conference of the Parties.</p> <p><i>“Measures to be taken by a Party to phase down the use of dental amalgam shall take into account the Party’s domestic circumstances and relevant international guidance and shall include two or more of the measures from the following list:</i></p> <ul style="list-style-type: none"> <i>(i) Setting national objectives aiming at dental caries prevention and health promotion, thereby minimizing the need for dental restoration;</i> <i>(ii) Setting national objectives aiming at minimizing its use;</i> <i>(iii) Promoting the use of cost-effective and clinically effective mercury-free alternatives for dental restoration;</i> <i>(iv) Promoting research and development of quality mercury-free materials for dental restoration;</i> <i>(v) Encouraging representative professional organizations and dental schools to educate and train dental professionals and students on the use of mercury-free dental restoration alternatives and on promoting best management practices;</i> <i>(vi) Discouraging insurance policies and programmes that favour dental amalgam use over mercury-free dental restoration;</i> <i>(vii) Encouraging insurance policies and programmes that favour the use of quality alternatives to dental amalgam for dental restoration;</i> <i>(viii) Restricting the use of dental amalgam to its encapsulated form;</i> <i>(ix) Promoting the use of best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land.</i> <p><i>In addition, Parties shall:</i></p> <ul style="list-style-type: none"> <i>(i) Exclude or not allow, by taking measures as appropriate, the use of mercury in bulk form by dental practitioners;</i> <i>(ii) Exclude or not allow, by taking measures as appropriate, or recommend against the use of dental amalgam for the dental treatment of deciduous teeth, of patients under 15 years and of pregnant and breastfeeding women, except when considered necessary by the dental practitioner based on the needs of the patient.”</i> <p>Phase out dental amalgam: Country no longer using dental amalgam and not allowing the manufacture, import or export of the material.</p>
Data type	Categorical (Yes/No, by measure)

Data source	WHO consultation in preparation to Conference of the Parties of the Minamata Convention on Mercury, in collaboration with the Secretariat of the Convention
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 1.3 was collected and reported by WHO in 2019 and 2021 through an informal consultation. The indicator has been defined so that it is relevant for all countries (including Parties and non-Parties of the Minamata Convention on Mercury) and assesses progress to phase down the use of dental amalgam at the global level.

Strategic Objective 2. Oral health promotion and oral disease prevention

Global target 2.1: Reduction of sugar consumption

By 2030, 70% of countries will have implemented a tax on sugar-sweetened beverages

Core Indicator	2.1. Implemented tax on sugar-sweetened beverages (SSBs)
Indicator definition	Country has implemented a tax on sugar-sweetened beverages. "Yes" responses refer to the application of excise taxes and/or special VAT/sales tax rates.
Data type	Categorical (Yes/No)
Data source	WHO NCD Country Capacity Survey
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 2.1 has been periodically collected and regularly reported by WHO. Data is collected through the WHO NCD Country Capacity Survey. The questionnaire is completed by national NCD focal points or designated officers within the Ministry of Health or national institute/agency.

Commented [A21]: Where does the "70% of countries" target come from?

Global target 2.2: Optimal fluoride for population oral health
By 2030, at least 50% of countries will have national guidance to ensure optimal fluoride delivery for the population

Core Indicator	2.2. National guidance on optimal fluoride delivery for oral health
Indicator definition	<p>Availability of national guidance related to fluorides for oral health, addressing the universal availability of systemic or topical fluorides. Depending on the country context, consider adding or removing fluoride from drinking water to provide safe and optimal levels for prevention of dental caries.</p> <p>Fluoride delivery methods may include, but are not limited to:</p> <ul style="list-style-type: none"> • Topical fluorides: Self-applied (e.g. fluoride toothpaste) and professionally applied (e.g. fluoride gels or foams, fluoride varnish, silver diamine fluoride) • Systemic fluorides (e.g. water fluoridation) • Defluoridation methods in fluorosis-endemic areas
Data type	Categorical (Yes/No, by fluoride delivery methods included in guidance)
Data source	Government representative at Ministry of Health; Government databases
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 2.2 has not been collected or reported in the past by WHO. Data will be collected through an updated version of the existing WHO NCD Country Capacity Survey.

Commented [A22]: Accurate fluoride measurements require a longitudinal sampling to establish a trend sufficient for a baseline. So the infrastructure and capacity needs to be in place, not just for the operational adjustment of fluoride levels but also for the measurement, evaluation, and ongoing quality control of the data.

Strategic Objective 3. Health workforce

Global target 3: Innovative workforce model for oral health

By 2030, at least 50% of countries have an operational national health workforce strategy that includes workforce trained to respond to population oral health needs

Core Indicator	3.1. Existence of an operational national health workforce strategy that includes workforce trained to respond to population oral health needs
Indicator definition	<p>Existence of an operational national health workforce strategy, and whether a workforce trained to respond to population oral health needs are included in the strategy</p> <p>Workforce trained to respond to population oral health needs may include:</p> <ul style="list-style-type: none"> • Oral health professionals (dentists, dental assistants, dental therapists, dental hygienists, dental nurses, dental prosthetic technicians) • Primary health care workers (including community health workers)
Data type	Categorical (Yes/No)
Data source	Government/Ministry of Health; government databases
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 3.1 has not been collected or reported in the past by WHO. Data will be collected through an updated version of the WHO NCD Country Capacity Survey, in line with the WHO Global strategy on human resources for health: Workforce 2030 and the WHO Global competency framework for UHC

Strategic Objective 4. Oral health care

Global target 4.1: Oral health in primary care

By 2030, 80% of countries will have oral health care services available in primary care facilities of the public health sector

Core Indicator	4.1. Availability of oral health care services in primary care facilities of the public health sector
Indicator definition	<p>Availability of procedures for detecting, managing and treating oral diseases in primary care facilities of the public health sector: 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.</p> <p>The indicator requires that <u>all</u> of the following oral health care services are generally available in the country:</p> <ul style="list-style-type: none"> • availability of oral health screening for early detection of oral diseases • availability of urgent treatment for providing emergency oral care and pain relief • availability of basic restorative dental procedures to treat existing dental decay
Data type	Categorical (available/unavailable, by oral health care service as defined in the WHO NCD Country Capacity Survey)
Data source	WHO NCD Country Capacity Survey
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 4.1 has been periodically collected and regularly reported by WHO. Data is collected through the existing global survey titled WHO NCD Country Capacity Survey. The questionnaire is completed by national NCD focal points or designated officers within the Ministry of Health or national institute/agency.

Commented [A23]: For any screening/assessment, consider the need for a standardized method that may require a calibration or training tool for screenings

Global target 4.2: Essential dental medicines

By 2030, at least 50% of countries will have included the WHO essential dental medicines in the national essential medicines list

Core Indicator	4.2. WHO EMLs dental preparations are listed in the national essential medicines list (or equivalent guidance)
Indicator definition	The extent to which dental preparations on the WHO Essential Medicines List and WHO Essential Medicines List for children are listed in the national Essential Medicines List (or equivalent guidance). Responses can be disaggregated by dental preparations (fluoride, glass ionomer cement and silver diamine fluoride) and/or amount of dental preparations (1,2 or all).
Data type	Categorical (Yes/No, by dental preparation)
Data source	Government/Ministry of Health (Oral health officer/essential medicines unit)
Years for data collection	2023 2025 2027 2029/2030
Comments	Additional dental preparations were added to the WHO EML in 2021, data for this indicator has not been previously collected. Data will be collected through an updated version of the WHO NCD Country Capacity Survey in collaboration with the WHO Department of health products, policies and standards.

Strategic Objective 5. Oral health information systems
Global target 5: Integrated oral health indicators

By 2030, 75% of countries will have included oral health indicators in their national health information systems in line with the monitoring framework of the global oral health action plan

Core Indicator	5.1. Oral health indicators in routine health information systems
Indicator definition	The extent to which indicators are integrated into the existing national routine health information system (e.g., Health Management Information System (HMIS), The District Health Information Software (DHIS2), Integrated Disease Surveillance and Responses (IDSR)) in line with the monitoring framework of the global oral health action plan.
Data type	Categorical (Yes/No, by indicator)
Data source	Routine health information system; Government representative at Ministry of Health (oral health officer/oral health unit)
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 5.1 has not been collected or reported in the past by WHO. Data will be collected through an updated version of the existing WHO NCD Country Capacity Survey.

Strategic Objective 6. Oral health research agendas
Global target 6: Research in the public interest

By 2030, at least 50% of countries will have national oral health research agenda focused on public health and population-based interventions

Core Indicator	6.1. Setting national oral health research agendas focused on public health and population-based interventions
Indicator definition	Existence of a national oral health research agenda (e.g. priority list, research focus guidance, specific research component in the national oral health policy, specific oral health research component in the national research agenda) that focusses on public health programmes and population-based interventions.
Data type	Categorical (Yes/No)
Data source	National and sub-national government health research agencies
Years for data collection	2023 2025 2027 2029/2030
Comments	Data for indicator 6.1 has not been collected or reported in the past by WHO. Data will be collected in collaboration with international research partners.

APPENDIX 2

COMPLEMENTARY INDICATORS

UHC FOR ORAL HEALTH COMPLEMENTARY INDICATORS

Complementary Indicator	I.2. Prevalence of unmet oral health needs (and reason for unmet needs) [it includes unmet oral health needs due to financial reason]
Indicator definition	<p>Proportion of the population unable to obtain oral health care when they perceive the need (e.g. question „during the past year, have you had need for oral health care but not been able to obtain it? “).</p> <p>Reasons for unmet oral health care needs would include financial (too expensive), transportation/geographic (too far to travel), or timeliness (long waiting lists) reasons.</p> <p>Numerator: Number of people unable to obtain oral health care when they perceive the need</p> <p>Denominator: Total number of people surveyed.</p> <p>Data type: Percent, by reason (financial, transportation/geographic, and timeliness)</p>
Complementary Indicator	I.3. Out-of-pocket payment for oral health care services, US\$ per capita
Indicator definition	<p>Out of pocket payments for oral health care services are any direct payments made by a household at the point of using any oral health care service.</p> <p>Data type: Money</p>

REDUCE ORAL DISEASE BURDEN COMPLEMENTARY INDICATORS

Complementary Indicator	II.2. DMFT
Indicator definition	DMFT is the sum of the number of Decayed, Missing due to caries, and Filled Teeth in the permanent teeth. The mean number of DMFT is the sum of individual DMFT values divided by the sum of the population. Data type: Count
Complementary Indicator	II.3. PUFA index
Indicator definition	The Pulp, Ulceration, Fistula, Abscess (PUFA) Index qualifies and quantifies the systemic consequences of severe dental caries in deciduous (pufa) and permanent teeth (PUFA). The index can be used as a stand-alone indicator for the severity of dental caries, or in addition to other indices such as DMFT. Data type: Count
Complementary Indicator	II.4. Prevalence of untreated caries of deciduous teeth in children
Indicator definition	Estimated prevalence of untreated caries of deciduous teeth in children: Rate of children who have caries in one or more deciduous teeth. Untreated caries is defined as a lesion in a pit or fissure, on a smooth tooth surface, has an unmistakable cavity, undermined enamel, or a detectably softened or floor or wall (coronal caries), or feel soft or leathery to probing (root caries). Data type: Percent
Complementary Indicator	II.5. Prevalence of untreated caries of permanent teeth
Indicator definition	Estimated prevalence of untreated caries of permanent teeth in people: Rate of persons with one more carious permanent teeth. Untreated caries is defined as a lesion in a pit or fissure, on a smooth tooth surface, has an unmistakable cavity, undermined enamel, or a detectably softened floor or wall (coronal caries), or feel soft or leathery to probing (root caries). Data type: Percent
Complementary Indicator	II.6. Prevalence of severe periodontal disease
Indicator definition	Estimated prevalence of severe periodontal disease in people: Rate of persons 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 as Community Periodontal Index (CPI) score of 4, or a clinical attachment loss (CAL) more than 6 mm. Data type: Percent

Complementary Indicator	II.7. Missing teeth
Indicator definition	Missing teeth status refers in the number of the missing teeth. Normally measured in in permanent teeth and adult populations and is related to a fully dentate status of 28 teeth (excluding third molars). A person suffers from severe tooth loss when less than nine teeth are remaining in the mouth, including complete toothlessness.
Complementary Indicator	II.8. Incidence rate of oral cancer (lip and oral cavity cancer)
Indicator definition	Estimated incidence rate of lip and oral cavity cancer (age-standardized per 100,000 population): Incidence rates of lip and oral cavity cancer in female, male and total, among all ages as age-standardized per 100,000 population. Data type: Rate
Complementary Indicator	II.9. Prevalence of orofacial clefts
Indicator definition	Estimated prevalence of orofacial clefts in people. Any livebirth with isolated cleft lip, isolated cleft palate, and combined cleft lip and cleft palate resulting from the tissues of the face not joining properly during foetal development. Data type: Percent
Complementary Indicator	II.10. Self-reported oral health status
Indicator definition	Self-reported oral health status, including pain or discomfort, dry mouth, difficulty in chewing food and swallowing water, days not at work because of teeth or mouth (e.g. question: "During the past 12 months, did your teeth or mouth cause any pain or discomfort?") Data type: Categorical (Yes/No) or Ordinal (Likert scale)

STRATEGIC OBJECTIVE 1. ORAL HEALTH GOVERNANCE COMPLEMENTARY INDICATORS

Complementary Indicator	1.3. Government per capita expenditure on oral health care
Indicator definition	Domestic general government expenditure per capita on oral healthcare. Data type: Money
Complementary Indicator	1.4. Per capita expenditure on oral health care
Indicator definition	Estimate of the annual national per capita expenditure on oral healthcare for outpatient oral health care (public and private). Data type: Money
Complementary Indicator	1.5. National policies, strategies or action plans with a specific policy goal or action towards reducing sugars intake (exc. SSBs taxation)
Indicator definition	Existence of a national policy, strategy or action plan with a specific goal or action towards reducing sugars intake. Specific goal or action could refer to measures such as: -Taxes: Taxes on sugars or on foods high in sugars (excluding sugar-sweetened beverages (SSBs) taxes that are captured by another indicator) -Nutrition labelling: Front-of-pack or other interpretative labelling/claim to indicate healthier food choices related to sugars -Reformulation limits or targets to reduce sugars content in foods and beverages -Public food procurement and service policies to reduce the offer of food high in sugars -Restriction of marketing of food and non-alcoholic beverages high in sugars to children Data type: Categorical (Yes/No, by measure)
Complementary Indicator	1.6. National policy or legislation to restrict all forms of tobacco consumption

Commented [A24]: Recommend that this be changed to reducing "free" sugar intake.

Commented [A25]: The Codex Committee on Food Labeling (CCFL) has the international expertise on nutrition labeling international standards. Codex now has a FOPNL Guideline:

CCFL: <https://www.fao.org/fao-who-codexalimentarius/committees/committee/en/?committee=CCFL>

FOPNL Guideline (see Annex 2):
https://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?Ink=1&url=https%253A%252F%252Fwork.ace.fao.org%252Fsites%252Fcodex%252Fstandards%252F2FCXG%2B2-1985%252F2FCXG_002e.pdf

Indicator definition	<p>State Parties to WHO Framework Convention on Tobacco Control (FCTC) with complete policies on MPOWER measures (as defined in the WHO Report of the Global Tobacco Epidemic, page 23):</p> <ul style="list-style-type: none"> - Smoke-free environments: All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation) - Cessation programmes: National quit line, and both nicotine replacement therapy (NRT) and some cessation services (cost-covered). - Pack warnings: Large warnings with all appropriate characteristics. - Mass media: National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio - Advertising bans: Ban on all forms of direct* and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship) - Taxation: $\geq 75\%$ of retail price is tax <p>Data type: Categorical (Yes/No, by measure)</p>
Complementary Indicator	1.7. Oral health integration in community-based programs
Indicator definition	<p>Oral health integration in community-based programs that serve specific targeted populations, for example, programs set in schools, workplaces, aged care facilities, outreach programs, and other settings.</p> <p>Data type: Categorical (Yes/No, by program) or Percent, by program</p>
Complementary Indicator	1.8. Noma recognized as a national public health problem
Indicator definition	<p>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.</p> <p>Data type: Categorical (Yes/No)</p>

STRATEGIC OBJECTIVE 2. ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION COMPLEMENTARY INDICATORS

Complementary Indicator	2.3. Population using fluoride toothpaste on a daily basis
Indicator definition	<p>Proportion of the population cleaning or brushing daily with fluoride toothpaste.</p> <p>The recommended concentration in toothpaste is between 1000 and 1500 ppm for all age groups. Current recommendations for young children suggest a “smear/rice sized” (for children below 3 years) and “pea sized” amount for young children.</p> <p>Data type: Percent</p>
Complementary Indicator	2.4. Per capita availability of sugar (grams/day)
Indicator definition	<p>Per capita availability of sugar (g/day) (2019): The availability of sugar (raw equivalent) including i) raw cane or beet sugar, ii) cane sugar, centrifugal, iii) beet sugar, iv) refined sugar and v) sugar confectionery for national consumption and then computed as grams available per person and day.</p> <p>Data type: Count</p>
Complementary Indicator	2.5. Prevalence of current tobacco use, 15+ years (% , age-standardized rate)
Indicator definition	<p>The percentage of the population aged 15 years and over who currently use any tobacco product (smoked and/or smokeless tobacco) on a daily or non-daily basis.</p> <p>Tobacco products include cigarettes, pipes, cigars, cigarillos, waterpipes (hookah, shisha), bidis, kretek, heated tobacco products, and all forms of smokeless (oral and nasal) tobacco. Tobacco products exclude e-cigarettes (which do not contain tobacco), “e-cigars”, “e-hookahs”, JUUL and “e-pipes”.</p> <p>Data type: Percent</p>
Complementary Indicator	2.6. Per capita total alcohol consumption, 15+ years (litres of pure alcohol per year)
Indicator definition	<p>Per capita total alcohol consumption, 15+ (litres of pure alcohol): The total alcohol per capita consumption comprises both, the recorded and the unrecorded alcohol per capita consumption.</p> <p>Data type: Rate</p>
Complementary Indicator	2.7. Prevalence of current betel quid use among persons aged 15 years and older
Indicator definition	<p>Prevalence of current betel quid use among persons aged 15 years and older (%): The percentage of the population aged 15 years and over who currently chew BQ at least 3 days a week.</p> <p>Data type: Percent</p>

STRATEGIC OBJECTIVE 3. HEALTH WORKFORCE COMPLEMENTARY INDICATORS

Complementary Indicator	3.2. Active oral health personnel (per 10,000 population)
Indicator definition	<p>Total active oral health personnel density, per 10,000 population: 1) dentists; 2) dental assistants and therapists, dental hygienists, and dental nurses; and 3) dental prosthetic technicians.</p> <p>“Active” oral health worker is defined as one who provides services to patients and communities (<i>practising health worker</i>) or whose oral health education is a prerequisite for the execution of the job (e.g. education, research, public administration) even if the oral health worker is not directly providing services (<i>professionally active health worker</i>). If data are not available for practising or professionally active health workers, data with the closest definition can be used, such as “<i>health worker licensed to practice</i>”.</p> <p>Data type: Rate (density)</p>
Complementary Indicator	3.3. Trained primary healthcare workers (inc. community healthcare workers) can perform cost-effective interventions on oral health
Indicator definition	<p>“Yes” responses to the question “Can trained primary healthcare workers (inc. community healthcare workers) perform cost-effective interventions on oral health in your country?” Primary healthcare workers exclude oral health care personnel (dentists, dental assistants and therapists, dental hygienists, and dental nurses, dental prosthetic technicians). Cost-effective interventions on oral health (Best buys) are currently under development.</p> <p>Training can include both pre-service education (prior to and as a prerequisite for employment in a service setting; e.g. during undergraduate training) or in-service education (for persons already employed in a service setting; e.g. as part of continuing professional development)</p> <p>Data type: Categorical (Yes/No)</p>

STRATEGIC OBJECTIVE 4. ORAL HEALTH CARE COMPLEMENTARY INDICATORS

Complementary Indicator	4.3. Proportion of the population who visited an oral health care professional
Indicator definition	<p>Proportion of the population who visited an oral health care professional within a certain period of time (e.g. question: "Did you consult with an oral health professional during the past year?")</p> <p>Numerator: Number of people who visited an oral health care professional within a certain period of time Denominator: Total number of people surveyed.</p> <p>Data type: Percent</p>
Complementary Indicator	4.4. Existence of technical guidance on the prescription of antibiotics for use in oral health care
Indicator definition	<p>Existence of technical guidance on the prescription of antibiotics for use in oral health care Categorical (Yes/No)</p>

**STRATEGIC OBJECTIVE 5. ORAL HEALTH INFORMATION SYSTEMS
COMPLEMENTARY INDICATORS**

Complementary Indicator	5.2. Collection of oral health data using WHO NCD survey tools or national oral health survey, across the life course
Indicator definition	Collection of oral health data using WHO NCD survey tools (STEPS, NCD Country Capacity Surveys, Global School-based Student Health Survey, etc.) or national oral health survey (using or not digital technology), across the life course. Data type: Categorical (Yes/No, by indicator)
Complementary Indicator	5.3. Full set of oral health information received by WHO HQ
Indicator definition	Countries reporting data for all core indicators in line with the monitoring framework of the global oral health action plan
Complementary Indicator	5.4. National Monitoring Framework to track national oral health policy
Indicator definition	Existence of a National Monitoring Framework to track the progress of implementation of the national oral health policy/strategy/plan (Y/N) (Among those countries that have an oral health policy, strategy, or action plan). Data type: Categorical (Yes/No)

STRATEGIC OBJECTIVE 6. ORAL HEALTH RESEARCH AGENDAS COMPLEMENTARY INDICATOR

Complementary Indicator	6.2. Percentage of government funds for oral health research
Indicator definition	Percentage of public funds for health research that is allocated for oral health-related projects. Numerator: Amount of public funds devoted to oral health-related research projects Denominator: Total amount of public funds for health research Data type: Percent

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