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ORAL HEALTH

Oral health has long been neglected in health systems, despite being essential to overall health and well-being. In the Western Pacific Region, more than 800 million people are affected by oral diseases that are mostly preventable. Oral health shares risk factors with noncommunicable diseases (NCDs) such as diabetes, cancer and cardiovascular disease. Yet investments in oral health remain limited and services are often fragmented and inaccessible, particularly for vulnerable populations.

In response, the draft *Western Pacific Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health* was developed to operationalize the [Global strategy and action plan on oral health 2023–2030](#) and the Bangkok Declaration, as part of the regional vision, [Weaving Health for Families, Communities and Societies in the Western Pacific Region \(2025–2029\)](#). The Implementation Plan reflects Member State feedback and responds to the call for stronger action on oral health by the Regional Committee for the Western Pacific in October 2024. The regional plan prioritizes areas for acceleration: integrating oral health into primary health care and universal health coverage; strengthening workforce capacity; promoting oral health through healthy settings; linking oral health with NCD prevention; and developing strong national policies as a foundation for sustained progress on oral health.

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft *Western Pacific Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health*.

DRAFT
WESTERN PACIFIC REGIONAL IMPLEMENTATION PLAN
FOR THE GLOBAL STRATEGY AND ACTION PLAN
ON ORAL HEALTH

1. BACKGROUND

Oral diseases – which include dental caries, periodontal diseases, tooth loss and oral cancer – represent significant health challenges in the Western Pacific Region, affecting more than 800 million people (over 40% of the population).

1.1 Oral disease burden in the Western Pacific Region

- Oral cancer causes 25 000 deaths each year in the Region, with more than 60 000 new cases reported every year. Papua New Guinea has the highest prevalence of oral cancer in the Region (27.9 cases per 100 000 population).
- The Western Pacific Region has the highest burden of tooth loss of all WHO regions. Tooth loss affects about 92 million people aged 20 and over in the Region. Prevalence is especially high among those 60 and older, ranging from 12.0% to 37.7% across the Region.
- Untreated dental caries affect 46.2% of children aged 1 to 9 years, with more than 102 million reported cases in deciduous teeth in 2019.
- Severe periodontal disease affects 16.3% of people aged 15 and older, with prevalence peaking around age 55 in the Region.

1.2 Shared risk factors

Common modifiable risk factors – excessive free sugar consumption, tobacco use and harmful alcohol consumption – link oral diseases with other major noncommunicable diseases (NCDs) such as cardiovascular disease, diabetes and some cancers. Addressing these risks could lead to substantial improvements across other areas and vice versa. For example, diabetes increases the risk of periodontitis, dental caries and tooth loss, while periodontal treatment may help improve glycaemic control for people with diabetes.

1.3 Population ageing

In 2020, the Region was home to more than 245 million people aged 65 and older. That figure is projected to double by 2050. Demographic shifts underscore the need for a life-course approach that emphasizes prevention and sustained care to improve oral health outcomes. Good oral health is key to maintaining function, nutrition and social connection in older people. If neglected, the risks of tooth loss, poor nutrition and isolation increase.

1.4 Policy and access gaps

Fourteen of 27 countries in the Region lack dedicated oral health policies, action plans or strategies; seven did not have dedicated staff for oral health in their ministries of health in 2021. Oral health efforts are hindered by socioeconomic inequities and limited access to services, particularly for poor and remote populations, as the oral health workforce is often concentrated in urban areas.

This regional implementation plan defines key priorities and acceleration projects to catalyse progress on oral health by 2030. It is aligned with the *Global strategy and action plan on oral health 2023–2030*, the WHO Western Pacific regional vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)*, as well as the *Bangkok Declaration: No Health Without Oral Health* and the global WHO Fourteenth General Programme of Work. Together, these frameworks emphasize the need to address oral health within broader NCD strategies and universal health coverage (UHC), emphasizing the importance of people-centred primary health care (PHC) that addresses health inequities in the Region.

2. PLAN OF WORK

2.1 Key priorities for actions

2.1.1 Essential oral health interventions and workforce integration into PHC

Integrating essential oral health services into PHC and UHC ensures that everyone – including poor and vulnerable populations – can access essential prevention and treatment services for oral diseases.

Cook Islands is expanding the role of dental therapists, who make up a significant part of the oral health workforce. The country also plans to recruit and train local individuals for long-term community-based roles, ensuring sustained access to oral health services in the PHC system.

Cambodia is strengthening the skills of dental nurses through regular training in oral health promotion and preventive care. This enables dental nurses to apply fluoride varnish to the teeth of children aged 3 and under during routine vaccination visits. This approach also provides an opportunity to educate parents on oral hygiene, strengthening early and effective preventive care for families.

2.1.2 Oral health promotion through the life course

Engaging families and communities is essential to promote oral health and prevent oral diseases at all ages. Community- and school-based initiatives – including daily toothbrushing, fluoride use and oral health education – foster healthy habits from early childhood and prevent oral diseases. Targeted outreach to vulnerable populations helps address barriers to care and reduce inequalities. The promotion of oral health among older adults plays a critical role in ensuring proper nutrition and sustaining social connections for healthy ageing.

The Fit for School programme in the Philippines, led by the Department of Education, integrates daily group toothbrushing with fluoride toothpaste into school health initiatives. Supervised by teachers and older students, the programme promotes hygiene and fluoride access for all students, regardless of socioeconomic status. The results would bring a smile to anyone's face: the prevention of up to 38% of cavities and reduced student absenteeism.

Japan's 8020 Campaign, launched in 1989 with support from the Ministry of Health and Welfare and the Japan Dental Association, promotes lifelong oral health by engaging multiple sectors and targeting all ages. The goal is for individuals to retain at least 20 of their natural teeth up to age 80, supporting nutrition, social participation and well-being. The result has been a huge increase in 80-year-olds retaining 20 or more natural teeth – from 7% in 1989 to over 50% in recent years – boosting their quality of life and healthy ageing.

2.1.3 Strengthening governance for oral health

Robust governance, political commitment and evidence-informed planning are essential to integrate oral health into PHC and lifelong oral health promotion efforts. This includes developing and updating national oral health policies aligned with NCD and UHC plans; designating oral health units in ministries of health; engaging health, education, finance and other sectors to address broader determinants of oral health; and optimizing resource use. By strengthening oral health surveillance and research, countries and areas can use evidence and data to tailor policies to local contexts.

In 2024, the Ministry of Health of **Vanuatu** launched its *Oral Health Policy and Strategic Action Plan (2024–2030)*, aligned with the WHO Global Strategy and integrated within national NCD and PHC frameworks. Developed with the education sector, local authorities and partners, the policy addresses high levels of untreated dental decay in children through nurse-led oral health services, school-based programmes and the **Gudfala Smiles** programme, which trains nurses in early detection and referral. Efforts are supported by expanded oral hygiene education in schools.

Malaysia has a *National Oral Health Strategic Plan (2022–2030)* that embeds oral health into national NCD, PHC and UHC strategies. Led by a Ministry of Health team, the plan sets national targets, formalizes cross-sectoral collaboration and strengthens surveillance and digital integration. Results include a rise in healthy periodontal status from 10.6% in 2007 to 71.6% in 2020, as well as higher caries-free rates among children.

2.2 Opportunities for acceleration projects to implement the Global Strategy in the Western Pacific

Aligned with the regional vision, projects proposed to accelerate the implementation of basic oral health prevention and management services in the Western Pacific include:

Acceleration Project A: Build capacity for essential oral health interventions among the health and community workforce

Actions for Member States:

- Integrate oral health workforce planning into broader national health workforce strategies through existing multisectoral task forces (for example, NCD, PHC or UHC task forces).
- Develop simple and practical capacity-building programmes for PHC and community-based workforces to deliver essential preventive and treatment interventions, including:
 - Training and equipping PHC providers (for example, nurses, mid-level providers, community health workers) in collaboration with academic and training institutions.
 - Integrating oral health training into pre-service education for PHC and community-based workforces.
 - Developing task-shifting and in-service training models, supported by national guidelines.
- Use practical tools such as [oral health and oral diseases flip charts](#) and [WHO Academy online training](#) (modules on identifying oral diseases, fluoride varnish application, and pregnant women and newborn care).
- In addition, a regional set of training modules on essential oral health interventions for PHC workers is under development to support standardized, practical capacity-building across Member States.

Indicators and regional targets by 2030:

Percentage of countries that have an operational national health workforce policy document that includes a workforce trained to respond to population oral health needs (target 50%; baseline not available).

Acceleration Project B: Integrate basic oral health prevention and management services into PHC and UHC

Actions for Member States:

- Expand UHC benefit packages to include essential oral health services – covering preventive and management services based on local needs and service capacity.

An expanded package of essential preventive and management services for oral health should include the following:

Prevention and early intervention actions to reduce oral disease burden and avoid costly treatments, including:

- o Proper toothbrushing education and supervised brushing programmes;
- o Promoting affordable fluoride toothpaste (containing 1000 to 1500 ppm fluoride) as a population-wide preventive measure;
- o Fluoride varnish applications for caries prevention; and
- o Pit and fissure sealants for children and high-risk groups.

Essential treatment services through PHC, including:

- o Silver diamine fluoride applications for arresting dental caries;
- o Glass ionomer cement filling for cavities after removal of decayed tooth tissue using hand instruments; and
- o Emergency extractions of badly decayed or severely periodontally involved mobile teeth.

- Integrate basic oral health assessment in intrinsic capacity assessments for older adults, using tools such as the WHO [Integrated care for older people approach \(ICOPE\)](#).

Indicators and regional targets by 2030:

- Percentage of countries with oral health-care services that are generally available in PHC facilities (target 100%; baseline 88.9%).
- Percentage of countries that include dental preparations listed in the WHO Model Lists of Essential Medicines in their national essential medicines list (target 22.2%; baseline not available).

Acceleration Project C: Include oral health prevention in Healthy Settings initiatives

Actions for Member States:

The regional vision proposes expanding Healthy Settings across schools, workplaces and communities. Integrating oral health into everyday environments is critical for early education, prevention and timely intervention, ultimately reducing oral disease and improving overall health.

Health Promoting Schools:

- Integrate oral health education into school curricula, teaching children from an early age about proper oral hygiene, healthy diets, reduction of sugar consumption and harmful use of tobacco.
- Enact school-based preventive programmes, including supervised toothbrushing using fluoride toothpaste (1000 to 1500 ppm), fluoride mouth rinses, fluoride varnish applications, pit and fissure sealants, oral health screenings and teacher training.
- Establish referral pathways for treatments, such as atraumatic restorative treatment (using glass ionomer cement, in line with the WHO best-buy interventions), application of silver diamine fluoride and urgent oral treatment.

Healthy Workplace:

- Integrate oral health into workplace wellness, focusing on hygiene education and dietary advice.
- Implement targeted programmes for pregnant women and employees living with NCDs, including screenings and referrals.

Healthy Cities:

- Integrate oral health into local policies by linking oral health objectives with initiatives to lower risks of dental caries and oral cancers, such as taxation of sugar-sweetened beverages, nutrition standards in public institutions, comprehensive tobacco and alcohol control measures, and advertising bans.
- Expand preventive oral health services by embedding routine screenings and preventive care into broader community health programmes to promote early detection and timely intervention.
- Leverage partnerships across public health, education and urban planning to incorporate oral health education and resources into Healthy City initiatives.
- Embed sustained oral health support into long-term care programmes for continuous access to preventive services and improved oral hygiene among older adults as part of daily living assistance activities.

Indicators and regional targets by 2030:

Percentage of countries that have national guidance on optimal fluoride delivery for oral health of the population (target 74.1%; baseline 44.4%).

Acceleration Project D: Integrate oral health into NCD prevention programmes, such as those for tobacco, alcohol and nutrition

Actions for Member States:

Recognizing the synergy between NCD prevention and oral health promotion, integrating oral health into NCD prevention campaigns offers co-benefits by addressing shared risk factors.

Key components include:

- Tobacco control: Integrate oral health messages into tobacco control campaigns by using evidence linking tobacco use to increased risks of oral cancers and periodontal diseases.
- Taxation of sugar-sweetened beverages: Emphasize the oral health co-benefits when discussing sugar taxation, highlighting how decreased sugar consumption can reduce dental caries and improve overall health.
- Alcohol control: Include oral health benefits in alcohol control strategies by promoting evidence on how reducing excessive alcohol consumption can decrease the risk of developing oral cancers.

Indicators and regional targets by 2030:

Percentage of countries that implement policy measures aiming to reduce intake of free sugars (target 37.0%; baseline 14.8%).

Acceleration Project E: Develop national oral health policies

Actions for Member States:

- Use effective multisectoral platforms (for example, for NCDs, PHC and UHC) to develop a comprehensive national oral health plan or integrate oral health into NCD strategies, ensuring alignment with broader health goals, greater coordination and targeted implementation.
- Leverage surveys (for example, the [oral health module in the STEPwise approach to NCD risk factor surveillance](#), or STEPS, survey) to inform national policies and programmes.

- Facilitate policy development – a regional template for national oral health strategies is being developed, offering a flexible framework aligned with the Global Strategy and adaptable to national contexts.

Indicators and regional targets by 2030:

Percentage of countries that have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the ministry of health or other national governmental health agencies (target 92.6%; baseline 55.6%).

3. ROLE OF THE WHO SECRETARIAT

WHO advocates for oral health as an essential part of overall health and development, fully integrated into the NCD, PHC and UHC agendas. The Organization engages high-level policy-makers and leverages regional and global political opportunities, such as the United Nations high-level meetings on NCDs (September 2025) and UHC (in 2027), to ensure oral health is prioritized. WHO also leads coordination, partnership and joint resource mobilization efforts that are aligned with the regional vision and the global WHO Fourteenth General Programme of Work.

WHO provides technical assistance to support and accelerate implementation of Member State actions to integrate oral health into PHC. These efforts include supporting the development of national policies, strengthening workforce capacity, promoting task-sharing and task-shifting, and addressing inequalities, especially in vulnerable populations. WHO is also developing regional tools, including training modules for PHC workers and a policy template to support the development and alignment of national oral health strategies.

WHO facilitates knowledge-sharing and cooperation by supporting Member States to monitor and report progress using practical indicators and tools. The Organization promotes sharing of lessons learnt, good practices and innovations through global and regional platforms, such as the Global Oral Health Coalition and regional communities of practice, as well as providing technical updates to accelerate implementation of oral health frameworks.

4. MONITORING AND EVALUATION

A structured monitoring and evaluation framework will track progress in the implementation of the Global Strategy by integrating oral health indicators into national health information systems. Progress will be monitored through six key indicators taken from the Global Strategy monitoring framework and aligned with regional acceleration projects. The definitions and methodologies for these

indicators follow the guidance outlined in the WHO baseline report, *Tracking progress on the implementation of the Global oral health action plan 2023–2030*.

Countries can leverage current surveys for data collection, such as WHO STEPS and NCD country capacity surveys. Biennial reviews with governments, stakeholders and WHO will ensure accountability, support evidence-based decision-making, and help share lessons and good practices across the Region.

The indicators and their corresponding regional priorities in the Global Strategy are:

Regional targets by 2030			Baseline in 2025
50% of the regional population will be entitled to essential oral health services as part of essential health service packages.			3%
The combined regional prevalence of the main oral diseases and conditions over the life course will show a relative reduction of 10%.			40%
Regional acceleration project	Key milestones to achieve regional targets	Baseline in 2025	Target by 2030
A. Build capacity for essential oral health interventions among the health and community workforce	Percentage of countries that have an operational national health workforce policy, plan or strategy that includes a workforce trained to respond to population oral health needs	Data not available	50%
B. Integrate basic oral health prevention and management services into PHC and UHC	Percentage of countries that have essential oral health-care services generally available in PHC facilities	88.9%	100%
	Percentage of countries that include dental preparations listed in the WHO Model Lists of Essential Medicines in their national essential medicines list	Data not available	22.2%
C. Include oral health prevention in Healthy Settings initiatives	Percentage of countries that have national guidance on optimal fluoride delivery for oral health of the population	44.4%	74.1%
D. Integrate oral health into NCD prevention programmes, such as those for tobacco, alcohol and nutrition	Percentage of countries that implement policy measures aiming to reduce free sugar intake	14.8%	37.0%
E. Develop national oral health policies	Percentage of countries that have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the ministry of health or other national governmental health agencies	55.6%	92.6%

5. CONCLUSION

This Implementation Plan sets out practical actions to improve oral health across the Western Pacific Region. It focuses on making basic services more available through PHC, supporting families and communities with prevention, and helping countries strengthen workforces and policies.

The Plan encourages early intervention, better use of current services and action on shared risk factors such as sugar, tobacco and alcohol. It also promotes links with other health areas – including care for older people and people with chronic diseases – to improve overall health outcomes. With these efforts, countries can reduce preventable oral diseases, improve access to care, and support better nutrition, well-being and quality of life for all age groups.

By applying this Plan in ways that support national priorities – and by learning from one another – countries can make steady progress towards stronger oral health systems. This Plan supports the Region's vision for healthier communities and contributes to the broader shared goals of WHO and Member States in the WHO Fourteenth General Programme of Work.