



## **FDI POLICY STATEMENT**

### **Non-Communicable Diseases**

**Adopted by the FDI General Assembly: 31 August 2012 – Hong Kong**

#### **Introduction**

Non-communicable diseases (NCDs) such as cancer, cardiovascular disease, diabetes, and chronic lung disease are now the leading causes of disease burden and death worldwide. They represent a major threat to global development. In recognition of the importance of NCDs, a United Nations (UN) High-level Meeting on Non-Communicable Diseases attended by Heads of State and Government was convened at the UN General Assembly in September 2011. Stakeholders such as non-governmental and professional organizations, civil society organizations, the private sector and academia participated in the preparatory process. The groundbreaking declaration drawn up by the meeting recognized the growing burden of NCDs and their socio-economic impacts. The meeting generated political commitments to take priority actions globally and nationally to prevent and treat NCDs. In particular the declaration called for interventions affecting upstream social determinants of health and illness.

The increasing global burden of NCDs is a major barrier to development and achievement of the Millennium Development Goals. NCDs are a contributing factor to poverty and hunger. Moreover the shared, modifiable risk factors are also major causes of inequalities in health. The inequitable distribution of social determinants of health was fundamental to the Rio Political Declaration on Social Determinants of Health that acknowledged that health is unequally distributed within and between countries. They advocated inter-sectorial approaches, international cooperation to promoting health equity and a reorientation of the health sector towards reducing inequalities.

#### **Implications for oral health**

NCDs are largely caused by a cluster of risk factors: tobacco, unhealthy diet, particularly sugars, physical inactivity and harmful use of alcohol. Those risk factors also cause oral diseases. Indeed, the UN Political Declaration recognized in Paragraph 19, "that renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to non-communicable diseases".

The global burden of oral diseases is among the most common NCDs. Their impact on individuals and communities is considerable in terms of pain and suffering, impairment of function and reduced quality of life and cost of treatment. The extent of inequalities in oral health outcomes is unacceptable. This was underlined by IADRs group on Global Oral Health Inequalities Research Agenda which called for a shift from the current downstream approaches on alleviating oral health disparities by integrating oral health strategies with those directed at the major NCDs and reducing the "knowledge-implementation gap" by implementing evidence based approaches.

## **The role of FDI**

The FDI is preparing this policy statement that will be a benchmark for FDI's oral health policy for the coming years and serve as an advisory document for the National Dental Associations (NDAs). The statement, which takes into account the outcome of the Rio Summit on Social Determinants of Health and the UN Political Declaration on NCDs, will have direct effects on the oral health sector and will also expand the scope of dentistry. FDI has recognized this by being part of the World Health Professions Alliance's (WHPA) joint statement on non-communicable diseases and social determinants of health. Therefore, FDI plans to play a major part in the present and future global health agenda.

FDI recognizes that health as well as psychosocial and economic consequences of oral diseases in both developing and developed countries has not been translated into a global integrated response proportionate to the magnitude of their impacts. Therefore FDI should plan to:

1. Be part of global health improvement initiatives and incorporate oral health into the NCD agenda. That will also improve health and oral health worldwide and in particular in countries where there are insufficient dental personnel.
2. Explore possibilities of establishing an Oral Health Alliance for promoting oral health globally with other stakeholders, continue collaborations with NGOs and the private sector and continue to be active in the WHPA and the NCD Alliance.
3. Explore with WHO and IADR possibilities that guidelines on developing oral health goals should include sociodental goals for oral health and manpower needs in the context of social determinants of health.

## **Strategies and management of oral diseases in the context of NCDs**

A 2007 WHO resolution called for oral health to be integrated with chronic disease prevention programs. Commonly used approaches to prevention and control of oral diseases have been relatively ineffective. However, methods exist to prevent a very large proportion of oral diseases.

Therefore, FDI will encourage:

1. Reducing the "knowledge- implementation gap" by recommending guidelines for evidence based health promotion approaches.
2. Applying the principles outlined in the Ottawa Charter for Health Promotion, which recommends a shift from a vertical to a more horizontal approach and involves more integration with others involved in tackling NCDs.

As mentioned earlier, most oral diseases and other NCDs such as cardiovascular disease, diabetes and cancer have common risk factors. The Common Risk Factor Approach (CRFA) addresses risk factors common to many chronic conditions and prevention of oral disease needs to be integrated with preventing other NCDs. *The CRFA will be a guiding principle for FDI when giving advice to NDAs on prevention, tobacco cessation and caries and periodontal disease management and should start early in the life course.* The evidence-based strategies for action need to be: comprehensive, multidisciplinary and participatory and address the social

determinants of oral health. It should focus mainly on population-wide interventions focusing on the factors that promote health as well as interventions that reduce disease burdens.

### **Oral Health and other NCDs – areas of action for National Dental Associations (NDAs)**

There is strong connection between oral diseases and the four main NCDs, diabetes, cancer, cardiovascular diseases and respiratory diseases. Diabetes mellitus has a predisposing role for the development of periodontal disease and the treatment of periodontal disease contributes positively to blood glucose control. Periodontal disease is also associated with cardiovascular diseases. Oral cancer is among the world's most common cancers and tobacco use and excessive intake of alcohol are the two major risk factors. Respiratory diseases may be influenced by the oral microflora.

FDI and its member NDAs will present practical and tangible options for tackling oral diseases in the context of the social determinants of health and NCDs. The NDAs must inform their national health authorities that there are close links between oral diseases and other NCDs and that they have risk factors in common. Authorities should be informed that oral diseases cause considerable pain and suffering disruption of daily life, and presents an economic burden to society.

The global NCD movement is now gaining momentum and this will have major impacts on the addressing the determinants of NCDs. Among these are the reduction of sugars and tobacco, potentially reducing oral diseases and thereby having an impact on the dental practices, numbers of oral health personnel and also the dental manpower infrastructure. Indeed dentistry needs to consider that the worldwide NCD movement will be most effective reducing the burden of oral diseases with the direct participation of the dental profession. It is therefore of the utmost importance that the NDAs are pro-active in the present global health initiatives.

The principal role of dentists and NDAs in addressing social determinants of health and NCDs is as advocates. This involves advocating the implementation of integrated well- planned interventions both within and outside the health sector and considering ways to create and enhance synergies between different sectors such as the education, employment and agriculture sectors. It also involves informing and educating government, policy makers and community leaders about specific issues that will impact oral health and well-being such as clear sugars and tobacco control policies and dietary influences within the tobacco and food industries.

In order to tackle oral diseases as part of the present NCD agenda, NDAs should use the common risk factor approach and evidence based prevention in addressing the determinants of oral health. This focused approach on the determinants will not only help improve oral health and evidence based appropriate oral health care, but will also reduce the rates of other NCDs and address the social determinants of overall health.