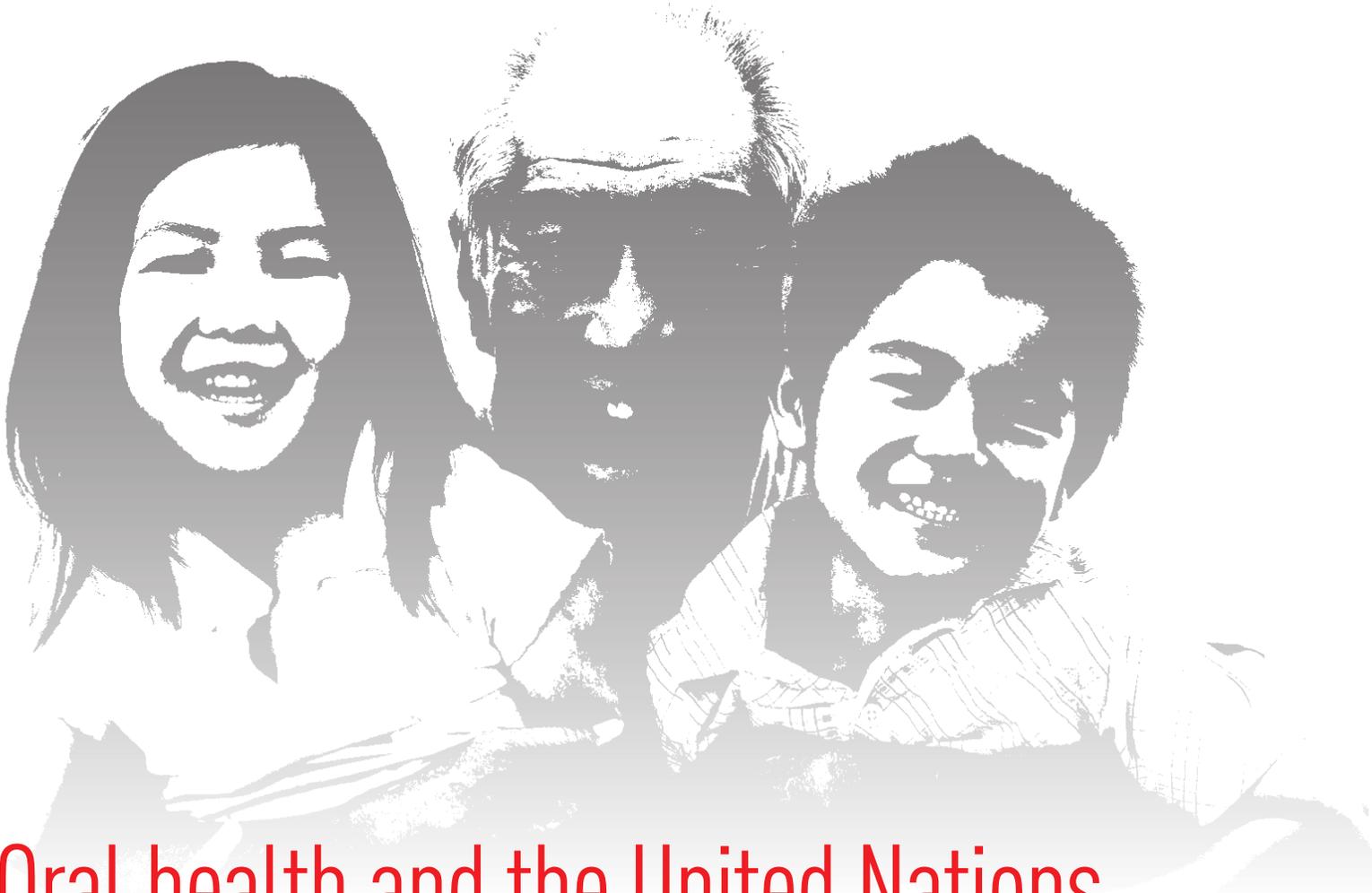


FDI World Dental Federation

Leading the World to Optimal Oral Health



Oral health and the United Nations Political Declaration on NCDs

A guide to advocacy



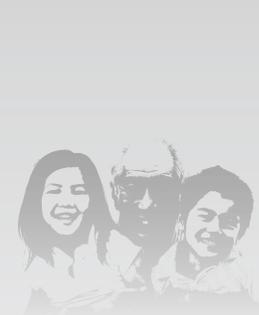
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Disclaimer

This *Guide to Advocacy* is not a statement of FDI policy. It contains a series of practical recommendations for national dental associations (NDAs) and equips them with the necessary knowledge base on the United Nations *Policy Statement on Noncommunicable Diseases* (NCDs) for their meetings with politicians, government officials, the press and others. It should therefore be considered as FDI's rapid response to a constantly and swiftly evolving issue of crucial importance to public health, oral health and the dental profession. Its aim is to enable NDAs to act within tight deadlines.

FDI is in the process of developing a Policy Statement on Noncommunicable Diseases, which will be submitted for approval during the 100th FDI Annual World Dental Congress in Hong Kong (29 August to 1 September 2012).



Part 1: Executive briefing

Purpose of this *Guide to Advocacy*

The purpose of this *Guide to Advocacy* is to assist national dental associations (NDAs) in the follow-up to the United Nations (UN) *Political Declaration on the Prevention and Control of Noncommunicable Diseases* (NCDs), adopted by the 193 Member States present at the UN High Level Meeting on Noncommunicable Diseases (19-20 September 2011 in New York).

The UN High Level Meeting on NCDs

The UN High Level Meeting was the culminating point in a series of events and moves to raise awareness at international level of the need to combat the inexorable rise of noncommunicable diseases in both the developed and developing world.

The UN *Political Declaration* defines a united global response to NCDs, signifying recognition of the problem by governments and the need to act. Further, and contrary to previous international documents on NCDs, which “advise” or “urge” measures, it contains a series of commitments to action.

A Declaration is considered to be one of the most powerful tools within the UN for international cooperation and action.

The *Declaration*, NCDs and Oral Health

This *Guide* in no way implies an FDI position on the communicability of disease, including oral disease. Other diseases recognized as NCDs by the World Health Organization (WHO)—for example, cervical cancer—do have a communicable component. However, FDI, in line with WHO, acknowledges oral diseases as part of the noncommunicable chronic disease group and therefore welcomes this unique opportunity to raise their profile and advocate for better oral health at a global level.

Placing oral health on the political agenda

In the run-up to the UN High Level meeting, FDI’s strategic aim was to place oral health on the political agenda. The rationale was that oral diseases such as tooth decay affect 90% of the world’s population and share common risk factors with the four chronic diseases listed by the UN: cancer, cardiovascular and respiratory disease and diabetes (*see Figure 1: 4 risks/ 5 diseases, page 6*).

Here, FDI, working in concert with its members and many other partners in oral health, made a significant contribution: in Article 19 of the Political Declaration, Member States recognize:

“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;”

Some governments, notably Tanzania, Australia and Sweden, provided support by proposing an amendment to the draft declaration making oral health a priority, and sponsoring a High Level Meeting side-event ‘*Putting the teeth into noncommunicable diseases*’. There, Tanzanian President H.E. Jakaye M. Kikwete emphasized the importance of oral health within the context of NCDs. At the same event, the Administrator of the United Nations Development Programme, Helen Clark, called oral diseases “obstacles to development”.



The next move

The commitments in the *Political Declaration* have been made by national governments; it is therefore at national level that civil society and other stakeholders must hold their governments accountable for the commitments they have made.

This *Guide* includes a brief, thematic analysis of the document, which NDAs can draw upon in their discussions with ministers, chief dental officer and senior health officials. NDAs are experts in the field of oral health: they are able, and indeed have an obligation, to provide crucial insights to governments in the process of oral health-related strategic planning and policy making.

Indicators and targets

The High Level Meeting was one in a series of events and moves to raise awareness at international level. The *Political Declaration* recognizes that the effectiveness of strategic planning and policy-making needs to be monitored and evaluated.

On the one hand, WHO working in concert with expert partners such as FDI, and through the contribution of the Member States, is called upon to develop “a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings”. On the other, Member States should consider “the development of national targets and indicators based on national situations”.

NDAs can contribute to the debate both at the global level, through their government representatives at WHO and the UN, and on a national level, by proposing realistic oral health indicators and by being involved in the planning process. In fact, the FDI Policy Statement on *National Health Policy*, adopted in 1998, explicitly mandates them to do so:

“Member Associations should become involved in all political and legislative processes and decisions regarding matters of oral health and oral health care.”

Both the UN *Political Declaration* and the *Rio Political Declaration on Social Determinants of Health* (October 2011) acknowledge unequal distribution of health and disease within and between countries. This is also true for oral health.

Oral health indicators

Three global indicators and targets for oral health that might be considered are given in the table below. [See also pages 14 and 15].

| | Indicator | Target | Note |
|---|---|--|--|
| 1 | Proportion of children with caries | Reduction in the proportion by ... | FDI's Datamirror [www.fdiworldental.org/data-mirror] uses the indicator 'Dental caries in young people aged 6 to 19 years'. |
| 2 | Number of school days lost due to oral diseases | Reduction in number of school days lost by ... | This measure has already been used in a number of countries. Example: FDI's <i>Oral Health Atlas</i> records 1,900 hours of school lost per 1,000 children in 2008 in Thailand because of dental problems. |
| 3 | Number of national primary health care facilities able to provide safe, urgent oral treatment | Increase the number by ... | Oral pain ranks high among health complaints of patients seeking help in primary health care. Having skilled health workers able to use emergency oral care and refer complicated cases to the next level of primary health care is a key measure to increase access to safe and affordable oral care. |



Key messages

In this *Guide to Advocacy*, FDI is offering four key messages for NDAs to communicate in their high-level discussions with national decision makers. They are:

1. That the dental profession, because of the shared risk factors with other NCDs, is committed to contributing its longstanding experience in prevention and its ever-increasing potential in early NCD diagnosis;
2. That the dental profession is in a unique position to support national NCD policy and strategy. In industrialized countries, its access to 'healthy' patients during regular check-ups is an opportunity to raise their awareness over risk behaviour and thereby increase prevention;
3. That, where resources are scarce, dentists are willing to combine their force with primary care providers and teachers in prevention strategies. The focus should be on achieving the objectives of the Millennium Development Goals: access to health care facilities, including oral care;
4. That (a) there is a close and proven link between oral health, in particular periodontal disease, and the major NCDs, and (b) that science is pointing to oral disease as being an NCD risk factor in an of itself.

An opportunity for the dental profession

The issue of oral health and NCDs is equally an opportunity to increase the visibility of the dental profession at the highest levels of government. Contributing its significant skills to tackling a major health issue of our times and its determination to serve the oral health needs of the population will enhance its credibility as a profession.

The dental profession's focus on NCDs also signals a major shift, reflecting the reality of its more medical role and its greater integration into the medical system.

An opportunity for national governments

NDAs have much to offer ministers and officials in terms of experience and expertise, notably in the field of prevention, called "the cornerstone of the response" to NCDs in the UN *Political Declaration*.

The indicators proposed on page 4 have a real potential to draw government's attention to a national health issue impacting upon NCD strategy and policy. Furthermore, the dental profession has the potential of making a significant contribution to the diagnosis of NCDs.

FDI's role within the UN, WHO and other international agencies is consultative: it cannot directly bring about change of policy. Only Member States can cast a vote. This is why action on a national level by NDAs to advise and influence government position is key to FDI's overall strategy on NCDs.



Oral health and general health: a reminder

NDA's contribution to national strategy on NCDs will place oral health on the national agenda and provide an opportunity to get across the message that oral health is an integral part of general health. The obligation to do so is spelled out in the FDI Policy Statement *Improving Access to Oral Care*, which states that "Oral health is an integral part of general health and must be prioritised".

Furthermore, "Recent increased awareness of the association between oral diseases and systemic diseases has generated interest and hope for a clear understanding of the role of oral health care professionals in the screening and prevention of generalized diseases, as well as to foster understanding among medical professionals regarding the effect systemic disease may have on oral health.

- Oral diseases may be signs of or serve as indicators of the presence of systemic diseases or conditions."¹

Part 2: FDI and NCDs

The beginnings

NCDs have been on the FDI's agenda for several years but, following a decision at the 98th FDI Annual World Dental Congress in 2010, they have now become a priority area for policy and advocacy. The rationale is simple: oral diseases share common risk factors related to diet, tobacco and alcohol use. Most oral diseases are caused by sugars in diet, poor levels of cleanliness, smoking, and injuries. In addition, oral health has a significant impact on general health.

This is spelled out in a document adopted by the 60th World Health Assembly 2007 entitled *Oral health: action plan for promotion and integrated disease prevention*², which acknowledges "the intrinsic link between oral health, general health and quality of life. Further, it emphasizes "the need to incorporate programmes for promotion of oral health and prevention of oral diseases into programmes for the integrated prevention and treatment of chronic diseases".

| Noncommunicable diseases 4 Modifiable Shared Risk Factors 5 Diseases | | | | |
|--|-------------|----------------|---------------------|------------------------|
| | Tobacco use | Unhealthy diet | Physical Inactivity | Harmful Use of Alcohol |
| Cardio-vascular | | | | |
| Diabetes | | | | |
| Cancer | | | | |
| Chronic Respiratory | | | | |
| Oral Diseases | | | | |

Figure: 4 risks/ 5 diseases

¹From the FDI Policy Statement: *The association between oral health and general health*. (revised version adopted in 2009);

²Document available at www.fdiworldental.org/library.



Activity in advance of the UN High Level Meeting

In the run-up to the UN High Level Meeting, FDI made a two-page written submission to a pre-UN Meeting Civil Society hearing held on 16 June 2011³, where it outlined its recommendations with regard to oral health and NCDs, namely:

- A clear recognition that oral conditions are among the global NCD priorities;
- A focus on the economic and health benefits of adopting a collaborative approach to health system strengthening and integrated delivery of care;
- The explicit inclusion of oral health professionals in health promotion, prevention, early diagnosis and control of NCDs.

At the same hearing, FDI also made a verbal intervention on behalf of its partners in the World Health Professions Alliance WHPA⁴, where it recommended:

- an holistic approach;
- due attention paid to the social determinants of health;
- not to restrict the scope to a small number of diseases, and
- recognition of, and investment in, the healthcare workforce.

A direct approach

An initial draft of the UN *Political Declaration* proved disappointing. FDI therefore called upon its member NDAs to contact their minister of health /chief dental officer to ensure that 'oral health' was specifically mentioned. It also wrote directly to Joseph Deiss, President of the UN 65th General Assembly, and Sir George Alleyne, editor of the *Declaration*, with a detailed list of specific modifications and clarifications.

FDI also took the step of writing personally to all the heads of missions to the United Nations in New York and Geneva on behalf of WHPA, commenting that the draft was "brief, fragmented and, in our view, lacks focus and a clear statement of actions, steps and priorities" and reiterating WHPA recommendations.

Thanks to its own lobbying and direct action by FDI member NDAs, as well as to the sustained efforts of the WHO Oral Health Programme and a number of other governmental and non-governmental stakeholders, the Declaration's Article 19 now recognizes 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"**.

Oral diseases and development

Article 19 reflects a general consensus on oral disease and development, further highlighted during a High Level Meeting side event '*Putting the teeth into noncommunicable diseases: encouraging priority actions for noncommunicable diseases*', sponsored by the United Republic of Tanzania and co-sponsored by Australia and Sweden.

In his keynote address, Tanzanian President Jakaya M. Kikwete, expressed his deep concern over the burden of oral diseases for Tanzania and other resource-constrained countries. In her address, Helen Clark, Administrator of the United Nations Development Programme, called oral diseases "obstacles to development".

"Something as preventable as tooth decay can impair people's ability to eat, to interact with others, attend school, or work. These consequences all detract from human wellbeing, economic potential, and development progress," noted Ms Clark, who is also a former New Zealand Prime Minister.

³Document available at www.fdiworldental.org/library.

⁴The WHPA is: FDI, World Medical Association (WMA), International Council of Nurses (ICN), World Pharmaceutical Federation (FIM), and World Confederation of Physical Therapists (WCPT).

Part 3: The UN Political Declaration

This *Guide* analyses the contents of the *Declaration* under the following themes:

- National leadership and ownership
- Focus on early diagnosis and treatment
- Prevention: the cornerstone of the response
- Strengthening health systems
- Research and development
- Resources
- NCDs and the global development agenda
- Partnerships with NGOs
- Monitoring and evaluation
- Follow-up action

Note: bearing in mind that article 19 recognizes 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”, for NCDs, read, as the sense of the phrase dictates, ‘oral health and NCDs’ or ‘oral disease and NCDs’.

| Synopsis | |
|-----------------------------------|--|
| Subject | Commitments |
| National leadership and ownership | <ul style="list-style-type: none"> • By 2013, establish and strengthen multisectoral national NCD policies and plans • Integrate NCD policies and programmes into national health planning and development agendas • Promote a whole-of-government, whole-of-society approaches across sectors |
| Early diagnosis and treatment | <ul style="list-style-type: none"> • Prioritize early detection, screening, diagnosis and treatment of NCDs • Increase access to affordable, safe, effective and quality medicines and technologies, including through the use of generics and patent licensing flexibilities • Improve affordability, accessibility and maintenance of diagnostic equipment and technologies • Promote patient empowerment |
| Prevention | <ul style="list-style-type: none"> • Promote health in all policies • Advance implementation and strengthening of cost-effective, population-wide interventions to reduce NCD risk factors • Promote healthy diets through implementation of WHO recommendations on marketing of foods and non-alcoholic beverages to children; the elimination of trans fats; reduction of salt, sugars and saturated fats; and encourage policies that support production of healthy foods • Increase physical activity by giving greater priority to physical education in schools, urban planning, active transport, work-site healthy lifestyle programmes and increased availability of safe environments in public parks and recreational spaces • Accelerate implementation by States parties to the WHO Framework Convention on Tobacco Control ... and encourage countries that have not yet done so to consider acceding • Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces • Promote the inclusion of NCD prevention and control within sexual and reproductive health and maternal and child health programmes, including breastfeeding for the first 6 months |



| | |
|---|---|
| Health system strengthening | <ul style="list-style-type: none"> • Strengthen health systems to support universal coverage, primary healthcare and cost effective integrated services for prevention, detection, treatment and care of NCDs • Promote training and retention of health workers • Strengthen information systems for health planning and management • Strengthen healthcare infrastructure, including procurement, storage and distribution of medicines |
| Research and development | <ul style="list-style-type: none"> • Strengthen national capacity for quality research and development on NCDs and its translation into programmes on the ground |
| Resourcing | <ul style="list-style-type: none"> • Identify and mobilize adequate, predictable and sustained financial resources <i>via</i> domestic, bilateral, regional and multilateral channels, and innovative financing mechanisms • Provide technical assistance and capacity building to developing countries for NCDs, enhance the quality of aid and fulfil Official Development Assistance (ODA)-related commitments • According to national priorities, prioritize budgetary allocations for NCDs, and establish taxation measures where appropriate |
| Global Development Agenda | <ul style="list-style-type: none"> • Encourage the continued inclusion of NCDs in development cooperation agendas and initiatives, such as the successors to the Millennium Development Goals (MDGs) |
| Collaborative partnerships with NGOs Monitoring and evaluation | <ul style="list-style-type: none"> • Foster collaborative partnerships between government and civil society • Ensure the full and active participation of people with NCDs in national responses • Promote capacity building of NCD-related NGOs at national and regional levels • Strengthen country-level surveillance and monitoring systems • By 2012, develop a comprehensive global monitoring framework for NCDs and a set of voluntary global targets and indicators • Consider national targets and indicators |
| Follow-up | <ul style="list-style-type: none"> • In 2012, UN Secretary General to present recommendations for a multisectoral NCD partnership • In 2013, UN Secretary General to present a report on progress on NCDs and the impact on internationally-agreed development goals (MDGs) • In 2014, UN to hold a comprehensive review and assessment on progress achieved |

Detailed analysis

National leadership and ownership

National NCD Plans: the Declaration recognises the primary role and responsibility of governments in responding to the challenge of NCDs and commits them, in article 45, to developing and taking steps to implement national multisectoral NCD plans by 2013.

Integration and harmonization: these are key principles within national NCD frameworks, both across NCDs and other health and development frameworks, including strategies to reduce poverty. It is important for national policies, plans or strategies to be fully implemented and funded. According to WHO, only 50% of NCD policies, plans and strategies are adequately funded.

Whole-of-government, whole-of-society approach: governments lead but emphasis is placed on the “full and active involvement of people living with NCDs, civil society and the private sector, where appropriate” (article 45.i). The Declaration implicitly mandates NGO engagement in the development, review and implementation of national plans and policies (article 37). It encourages a whole-of-government approach that engages sectors as broad as health, education, energy, agriculture, sports, transport, urban planning, environment, labour, and finance (article 36).



Early diagnosis and treatment

Early detection, diagnosis and screening: governments commit, according to national priorities, to giving greater priority to early detection, screening, diagnosis and treatment of NCDs (article 45.l). Undetected, untreated and poorly controlled NCDs remain a major issue in many low- and middle-income countries (LMCs).

Essential medicines and technologies: to treat NCDs, governments commit (article 45.l) to improving access to affordable, safe, effective and quality-assured medicines and technologies and developing and using evidence-based guidelines. The *Declaration* includes specific language on the use of generics and patent licensing flexibilities (article 45.p) to improve access, availability and affordability. For diagnostic services, governments commit (article 45.q) to increasing capacity of and access to laboratory and imaging services, and collaborating with the private sector to improve affordability, accessibility and maintenance of diagnostic equipment and technologies.

Patient empowerment and health literacy: governments commit to strengthening and implementing, as appropriate, multisectoral public policies and action plans to promote health education and health literacy (article 43.b) and acknowledge the importance of promoting patient empowerment for people with NCDs (article 45.b).

Prevention

Health in all policies: governments recognize the need to assess the health impact of new policies in every sector, notably urban design and housing; workplace design and work practices; poverty and social exclusion; food production, storage, distribution, advertising and pricing; trade; pharmaceutical and medical technology procurement, pricing and distribution; maternal health and gender equality; health insurance and social security (articles 43 and 44).

Life course approach: the *Declaration* mandates governments to go beyond adult lifestyle modification interventions for NCD prevention, and recommends the adoption of a life course approach. It recognises the linkages between maternal undernutrition and low birth weight to diabetes and cardiovascular disease later in life (article 26) and commits governments to promoting, protecting and supporting breastfeeding, including exclusive breastfeeding, for about six months from birth.

Promote healthy diets: governments commit to reducing salt, sugars, and saturated fats, and eliminating industrially produced trans fats in foods. They further commit to supporting the production, manufacturing and accessibility of healthy foods, as well as promoting implementation of WHO recommendations to limit the marketing of foods and non-alcoholic beverages to children (article 43.i).

Eliminating tobacco use: governments commit to accelerate implementation of the WHO Framework Convention on Tobacco Control, recognizing the full range of measures, including measures to reduce consumption and availability (article 43.c).

Harmful use of alcohol: governments commit to promoting implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol, while recognizing the need to develop appropriate domestic action plans for developing specific policies and programmes (article 43.e)



Health system strengthening

Support primary health care: governments commit to pursuing comprehensive well-functioning health systems that support primary health care and deliver NCD prevention strategies and care to people with NCDs (article 45.b), and to bringing together a trained workforce with appropriate skills, affordable technologies, reliable supplies of medicines and technologies, referral systems and empowerment of people for self-care. Many low- and middle-income countries have weak health system capacity, and many are oriented around vertical programmes that deal with acute illness.

Training and retention of health workers: in support of one of the crucial building blocks for effective health systems – the health workforce – governments commit to training and equipping in-country health workforces to prevent and manage NCDs. The *Declaration* makes reference to the WHO Global Code of Practice on the International Recruitment of Health Personnel (article 45.j).

Integrated health services: given the rationale that health services should be organized to respond to the needs of the whole person, and not according to disease, the *Declaration* calls on governments to integrate responses for NCDs and other diseases. Notably, it recognizes linkages with HIV/AIDS (article 27) and (article 26) maternal and newborn child health (MNCH). The *Declaration* calls upon governments to integrate responses where appropriate, giving political force behind the move away from vertical disease-specific programmes that have dominated global health for the past decade.

Universal health coverage: governments recognize the importance of universal coverage in national health systems to provide access to health services for all (article 45.n).

Information systems: governments commit to strengthening information systems for health planning and management to facilitate appropriate and timely interventions for the entire population (article 45.k)

Procurement, storage and distribution systems: governments commit to strengthening healthcare infrastructure including medicine transport and storage networks to facilitate efficient service delivery (article 45.l).

Research and development

Capacity building for quality research: governments commit to actively promoting national and international investment and strengthening national capacity for quality research and development in a sustainable and cost-effective manner (article 57). They nevertheless note the importance of continuing to provide incentives for innovation in research and development.

Translational research: governments commit to supporting and facilitating NCD research and its translation to enhance the knowledge base for ongoing national, regional and global action (article 59).

Resources

Priority to NCD funding: governments commit (article 45.c) to (according to national priorities) increasing and prioritizing budgetary allocations for addressing NCD risk factors, surveillance, prevention, early detection, treatment and care.

Adequate, predictable and sustained resources: acknowledging that resources devoted to NCDs are inadequate, governments commit to exploring the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels (article 45.d).



Innovative financing mechanisms: when exploring potential resources, governments will look into 'innovative financing mechanisms'. These refer to 'innovative' projects such as micro-contributions, taxes, public-private partnerships and market-based financial transactions, which have the potential to bridge considerable funding gaps.

Global Development Agenda

Future global development agenda: the declaration (article 65) asks the UN Secretary General (among others) to report on progress in the commitments and the impact on achieving internationally agreed development goals, including the Millennium Development Goals (MDGs). In doing so, it integrates NCDs into the global development agenda, in preparation for a comprehensive review and assessment, in 2014, of the progress achieved in NCD prevention and control and, by 2015, the MDG Review.

Collaborative partnerships with NGOs

Partnerships with NGOs: governments commit to fostering partnerships with civil society, building on the contribution of health-related NGOs and patients' organizations, as well as promoting the capacity-building of non-communicable disease-related NGOs at the national and regional levels. They also commit, in devising responses to NCDs, to the active participation of people living with the diseases.

Monitoring and evaluation

Strengthen surveillance and monitoring systems: governments commit to strengthening country-level surveillance and monitoring systems (article 60). Further, they call upon WHO to develop, before the end of 2012, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings.

Targets: governments call upon WHO to prepare recommendations for a set of voluntary global targets for NCD prevention and control and commit to considering developing national targets and indicators, building on guidance provided by WHO.

Follow-up

Global NCD partnership: governments ask the UN Secretary General to submit, by the end of 2012, options for strengthening and facilitating multisectoral action for NCD prevention and control through effective partnership (article 64).

Progress report: the *Declaration* asks the UN Secretary General to report back to the 68th Session of the UN General Assembly (2013-2014) on the progress achieved in the implementation of the commitments and impact on the internationally agreed development goals.

Comprehensive review and assessment: a comprehensive review and assessment of progress achieved in the prevention and control of NCDs will be carried out in 2014.



Part 4: Government commitments and national action

In relation to the UN Political Declaration on NCDs, the goal of advocacy at national level is to hold governments accountable for the commitments they have made and assist in monitoring progress, giving advice and ensuring follow up. NDA intervention at national level is key to influencing the position their national government will take and the recommendations it makes within the UN and WHO.

The objective is to be of service to the government in following up its commitments. In doing so, NDAs are respecting one of the key themes of the *Political Declaration*, which calls for civil society (i.e. NGOs) to be involved in the process. This should include participation in task forces and working groups charged with devising, developing or reviewing national action plans.

The dental profession has a number of specific aims: many are listed in the FDI Policy Statement *Global Goals for Oral Health*, adopted in 2003. Other statements of intent will be integrated into the FDI's 'Vision 2020' project, set to provide a roadmap for the dental profession over the next eight years. The full list of FDI Policy Statements is online at www.fdiworldental.org/policy-statements.

At this stage, however, it is preferable to distinguish between advocacy directly related to immediate goals derived from the UN *Declaration* and advocacy in support of the *Declaration's* medium-term goals for NCD prevention, set alongside the dental profession's medium-term goals for oral health.

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Timeframe

The timeframe for action is constantly evolving as the process moves forward within the UN and WHO. The next Global Action Plan on NCDs will run from 2013 to 2020 and it is imperative for WHO to have a draft ready for consideration by the WHO Executive Board at its January 2013 meeting. The timeline of consultations/decisions is as follows:

| | |
|--|--|
| Urgent: end February 2012 | There is still a small window to take part in the web-based Member State consultation on the WHO Discussion Paper <i>A Comprehensive Global Monitoring Framework and Voluntary Targets for the Prevention and Control of NCDs</i> ⁵ . |
| March 2012 | WHO will revise proposals for the monitoring framework and example targets |
| Between late March and early May 2012 | A second consultation will be held with Member States. This means NDAs arranging discussions with their government mid-February to mid-March. |
| In advance of World Health Assembly (21 to 26 May 2012) | WHO to hold consultations with all interested stakeholders. FDI will be among the stakeholders; however, previous pressure from NDAs at national level is essential to support our efforts. |
| At World Health Assembly | WHO to present a substantive progress report, including initial indicators and targets. |
| February through June 2012 | Regional consultations. See page 16 for 'Actions at a regional level'. |
| Before end 2012 | WHO to hold another Member State consultation and complete the work on the global monitoring framework, including a set of indicators and targets. There is a second opportunity for NDAs to make their views heard by their government in advance of this consultation. |
| 2013: January (WHO Executive Board) and May (66th World Health Assembly) | WHO to report on recommendations relating to articles 61 and 62 of the <i>Political Declaration on NCDs</i> . |

⁵Document available at www.fdiworldental.org/library.



The immediate future

The most urgent commitment, within the timeframe of the *Declaration* (i.e. by 2013), is to develop national indicators and targets. The WHO Executive Board had a look at first draft during its January 2012 meeting, where FDI made an intervention supporting the inclusion of oral health indicators. Here are the indicators and key messages from page 4 with further explanatory background details.

| | Indicator | Target | Note |
|---|---|--|--|
| 1 | Proportion of children with caries | Reduction of the proportion by ... | FDI's Datamirror [www.fdiworldental.org/data-mirror] uses the indicator 'Dental caries in young people aged 6 to 19 years'. This indicator is already available in many countries and links also with other targets such as reduction in consumption of sugars, consumption habits, and access to better prevention including fluoride. |
| 2 | Number of school days lost due to oral diseases | Reduction in number of school days lost by ... | This measure has already been used in a number of countries. Example: FDI's <i>Oral Health Atlas</i> records 1,900 hours of school lost per 1,000 children in 2008 in Thailand because of dental problems. This indicator refers to the impact on education, development, and the economic consequences of poor education. It fits in well with the concerns on social determinants and the Millennium Development Goals ⁴ . It can also be supported by other NCDs such as asthma and diabetes. |
| 3 | Number of national primary health care facilities able to provide safe, urgent oral treatment | Increase the number by ... | Oral pain ranks high among health complaints of patients seeking help in primary health care. Having skilled health workers able to use emergency oral care and refer complicated cases to the next level of primary health care is a key measure to increase access to safe and affordable oral care. It aligns with the aim of an holistic approach to patients and integrated care and prevention. |

Key messages

In this *Guide to Advocacy*, FDI is offering four key messages for NDAs to communicate in their high-level discussions with national decision makers. They are:

1. That the dental profession, because of the shared risk factors with other NCDs, is committed to contributing its longstanding experience in prevention and its ever-increasing potential in early NCD diagnosis;

2. That the dental profession is in a unique position to support national NCD policy and strategy. In industrialized countries, its access to 'healthy' patients during regular check-ups is an opportunity to raise their awareness over risk behaviour and thereby increase prevention;

3. That, where resources are scarce, dentists are willing to combine their force with primary care providers and teachers in prevention strategies. The focus should be on achieving the objectives of the Millennium Development Goals: access to health care facilities, including oral care;

4. That (a) there is a close and proven link between oral health, in particular periodontal disease, and the major NCDs, and (b) that science is pointing to oral disease as being an NCD risk factor in an of itself.

⁴See www.unmillenniumproject.org/goals/index.htm



Note: FDI has drawn up guidelines on Goals – See Hobdell M, Petersen PE, Clarkson J, Johnson N. Global goals for oral health 2020. *Int Dent J* 2003;53:285-8. The FDI/WHO/IADR collaboration published guidelines on developing broader oral health goals than using only oral disease goals. These guidelines stress the importance of oral health-related quality of life (OHRQoL). They state that the goals of oral health services are “to minimise the impact of diseases of oral and craniofacial origin on health and psychosocial development”. They encourage local actions to adopt such a broader approach to goal setting and oral health service planning. The FDI/WHO/IADR guidelines also provide examples of goals for reductions of specific oral diseases that are known to cause impacts on quality of life.

Templates (letter & media release)

A template of how to integrate the indicators into an initial contact with your minister of health and chief dental officer is provided in Annex B. You can also find a template media release, which publicly underlines the dental profession’s determination to be part of the overall NCD strategy. It may also be useful to contact your national or regional WHO Office and other UN agency representatives to discuss implementation.

Note that government commitments to action resulting from the UN *Political Declaration* do not mean that every government minister or official is aware of the UN High Level Meeting, the *Political Declaration* or national commitments. A first step, and in support of the *Declaration’s* call for a ‘whole-of-government’ approach across all sectors, would be to raise awareness, most efficiently *via* the national media.

In practice, this would mean issuing media/press briefings to accompany written approaches to ministers of health and chief dental officers, supported and reinforced by post-meeting media/press releases. Many larger NDAs have their own media and communications services and will need no help in producing an appropriate media information kit. However, for smaller NDAs with no such facilities, a template is provided in Annex B.

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Medium-to-long-term

For medium-to-long-term oral health, you should include advocacy for:

- appropriate fluoride exposure, a proven intervention to improving oral health;
- increased integration of dentistry with other members of the medical profession;
- integration of oral care into primary health care, highlighting the role of the dental team in promoting optimal health care for all;
- the development of an enabling environment to promote oral care and the removal of administrative barriers (e.g. import taxes) on oral health supplies (to reduce the cost of essentials such as fluoride toothpaste and toothbrushes);
- integrating oral health in school and pre-school health programmes to start prevention from an early age.
- including oral care in corporate health insurance schemes and health promotion activities.

It would be useful to exchange ideas with other NGOs working in the field of oral health and/or NCDs and develop a common approach to priorities. These would include national members of FDI’s partners in the WHPA and other NGOs with a proven track record of effective advocacy, for example in the field of communicable diseases such as HIV/AIDS. Other groups would include business and labour organizations.

National priorities

The *Political Declaration* allows leeway on how commitments are implemented based on nationally-defined priorities. Commitments to advocate at national level may include:



- Adopting, as highest priority, an integrated approach to the determinants of NCDs as recommended by the WHO Commission on the Social Determinants of Health;
- Establishing/strengthening multisectoral plans and policies for oral health and NCDs using a Common Risk Factor Approach. This is important as oral diseases have major determinants in common with other NCDs (see *Declaration*, article 45);
- Devising evidence-based and tested health promotion strategies and public awareness campaigns to prevent oral diseases and NCDs and promote health education and health literacy (article 43.b);
- Producing/training/retraining health workers to work on oral diseases and NCD prevention and treatment (article 45.j);
- Providing adequate, predictable and sustained resources for promoting oral health and preventing NCDs (see article 45.d);
- Strengthening information systems for health planning and management (article 45.k);
- Strengthening national oral health and NCD surveillance and monitoring systems to evaluate policies (see article 60);
- Involving communities and indigenous people in the development, implementation and evaluation of oral health/NCD policies, plans and programmes;
- Strengthening national capacity for quality research and development on oral diseases and NCDs;
- Promoting gender-based approaches to NCDs, including gender-disaggregated data.

Progress report 2013; review of progress 2014

Declaration article 65 calls for a progress report to be presented at the 68th Session of the UN General Assembly by the UN Secretary General, in collaboration with, among others, Member States. You can remind your government of this and offer your support as well as your support for your government's preparations for the comprehensive review in 2014 of progress achieved.

Note: the rotating Presidency of the 68th UN General Assembly moves to the Latin American and Caribbean Group (GRULAC). GRULAC has nominated Dr John W. Ashe as 68th session President.

Actions at regional level

Regional actions might include:

- Following up on the regional commitments in the *Declaration*;
- Developing FDI regional strategies to implement and monitor progress of the *Declaration*;
- Lobbying funding sources such as the regional development banks to include oral health and NCDs in their health and development programmes;
- Ensuring the five FDI regional organizations receive key publications and resources from NDAs operating in the same region to increase knowledge and awareness of oral health;
- Using World Oral Health Day as an opportunity to visit or write to key regional organizations to raise the case of oral health and ask them what action they are taking to implement the *Political Declaration*;
- Lobbying for the inclusion of sessions on the *Declaration* at regional and sub-regional UN, WHO, and civil society meetings and conferences, such as:
 - Periodic high-level meetings of Heads of Government or Health Ministers in regional/political blocs;
 - WHO Regional Committee Meetings;
 - Strategy planning meetings of regional banks;
 - National consultations of UN agencies and multilateral banks with NGOs to define country strategies.



Part 5: FDI commitments

The post-High Level Meeting period has been one of intense activity, given the tight deadlines imposed. This is notably the case for WHO, tasked with preparing a draft comprehensive framework for monitoring and evaluation, with indicators and targets, by end 2012.

In December 2011, WHO launched a process of consultation, first with other UN agencies to discuss implementation of the *Political Declaration*, then an informal dialogue with NGOs. This process continued through January 2012, with consultations of Member States and further discussions with NGOs during the meeting of the WHO Executive Board. There, FDI called upon WHO to take four specific actions regarding oral health and NCDs:

- Ensure that oral diseases are incorporated into NCD programmes and included in national health planning;
- Include oral diseases at the same level as the four main NCDs in the Global NCD Monitoring Framework;
- Add a target related to reducing the number of days at school or work missed due to oral diseases (see *Indicators and targets, page 14*), which would also address wider determinants of health and general development;
- Develop and agree a set of optional and more comprehensive oral health targets and indicators for which the global oral health community can make precise proposals.

Now FDI is focusing on keeping track of the ongoing process within WHO, contributing its expertise to consultations and working groups and translating relevant information back to all FDI member associations. With this in mind, FDI is making the following commitments.

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Communicate

To raise awareness of the *Political Declaration* and its impact on oral health policy, FDI will:

- post online the relevant documents from the UN, WHO, the International Association for Dental Research (IADR) and other sources, for the benefit of its member associations and the public;
- provide up-to-date coverage of developments in NCD policy and strategy on its website, in its newsletters and through specific campaigns, for example World Oral Health Day;
- monitor and participate in coverage of oral health and NCDs in traditional and social media;
- convene a special session for the oral health community at the 2012 FDI Annual World Dental Congress;
- continue to emphasize with all international stakeholders the key role oral health plays in general health based on available evidence.

Mobilize

To translate commitments into action on the ground, FDI will:

- mobilize the oral health community behind a roadmap for oral health called 'Vision 2020', currently under preparation;
- provide guidance and advocacy tools for NDAs;
- harmonize action and encourage exchange of information and best practice.

Pressure

To ensure compliance with the short-term commitments and deadlines in the *Political Declaration*, FDI will:

- participate in the ongoing process led by WHO to develop global targets and a monitoring framework in 2012, and ensure that oral health indicators are taken into account;
- ensure the voice of oral health is heard and included in the process undertaken by the UN



- Secretary General to develop a global NCD partnership in 2012;
- support the UN Review and Assessment of progress in 2014;
 - reinforce *Declaration* commitments at other major political events and meetings

Cooperate

To facilitate and strengthen partnerships between the UN, governments, NGOs and the private sector, FDI will:

- continue to play a leading role globally in the oral health and NCD issues;
- continue to work with its partners in the WHPA to develop and trial prevention and control strategies toolkits;
- maintain permanent advisory contact with the UN and its agencies, notably WHO and UNEP;
- consolidate alliances with other health and development communities (HIV/AIDS, Maternal, Newborn and Child Health (MNCH)), cancer, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease;
- pursue socially responsible partnerships with business to develop oral health programmes.

Reinforce

To address the gaps and weaknesses in the *Political Declaration*, FDI will advocate for:

- addressing the social determinants driving the NCD epidemic;
- increased allocation of resources to oral disease prevention and control;
- a rapid response to newly-developing obstacles to prevention and treatment.

Innovate

To build on opportunities derived from fixing oral health and NCDs onto the global agenda, FDI will seek to:

- integrate oral health into the future internationally agreed development agenda, including the successors to the Millennium Development Goals (MDGs)
- promote research and innovation for workable cost-effective solutions.

Annex A: Health advocacy

Advocacy is a means of increasing the influence or voice of civil society on public policy, priorities or actions and thereby effecting change. It can be carried out:

- directly, through meetings with ministers, parliamentarians (including members of the opposition) and officials;
- through membership of specific committees and working groups involved in drafting legislation, defining budgets and so on;
- in the media (media releases, interviews, etc.);
- public demonstrations.

Health advocacy

Health advocacy encompasses activities that promote health and access to health care in communities and the general public. As professional associations working in the field of health, NDAs represent practitioners with direct access to patient care and patient services.

It is this proximity to the needs and requirements of patients and public that places them in a unique position to advocate for positive change in the health care system to take into account strategies to deal with oral health and NCDs.



Advocacy for oral health and NCDs

To carry out an effective advocacy campaign on a specific issue such as oral health and NCDs, it is crucial to:

- **Define:** what ultimate goal you want to achieve.

For example, integrating oral health into national monitoring framework and targets for non-communicable diseases.

- **Decide:** what policy/priority/action you wish to promote, influence or change.

At the outset, it is better not to be too ambitious: it is up to NDAs to read this guide and decide their national priorities, for example public policy in the field of prevention. If that is your wish, here are some policies enacted in some countries that have visibly achieved their desired goals:

| | |
|--|---|
| Unhealthy diet and physical inactivity | <ul style="list-style-type: none"> - reduce non milk extrinsic sugars in foods and drinks - reduce salt intake in food - replace trans fat with polyunsaturated fat - promote public awareness about diet and physical activity |
| Tobacco use | <ul style="list-style-type: none"> - raise taxes on tobacco - protect people from tobacco smoke - warn about the dangers of tobacco - enforce bans on tobacco advertising |
| Alcohol use | <ul style="list-style-type: none"> - raise taxes on alcohol - restrict access to retailed alcohol - enforce bans on alcohol advertising |

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- **Identify:** who makes the decision you are trying to influence and the timeline for the decision to be made.

These would include government ministers and their advisers, in particular minister of health and chief dental officer but, given the 'whole-of-government' focus, heads of other departments, parliamentarians (including members of the opposition) business leaders and other agencies that implement policy.

- **Form alliances:** with other groups with similar interests.

Who are the partners you could work with to be more effective? FDI is part of the WHPA: making contact with their national associations (*see footnote 4, page 7*) could be a start as well as other groups such as professional and patient associations in the field of cardiology and chronic respiratory disease. Patient groups such as national associations for diabetics or HIV groups have also scored notable successes.

- **Get the facts:** this means being in possession of the data and facts to support your case. 'Facts' can be objective (e.g. evidence-based data); however, they can also be subjective (e.g. public appraisals of, e.g. public awareness campaigns) or patients' perceptions of living with oral diseases or NCDs. Note that the *Declaration* specifically includes involving patients in national oral disease and NCD strategy. Statements of policy or best practice can also be used to support your arguments

- **Devise:** appropriate tactics.

There are numerous approaches: securing a place in the working group/committee charged with national implementation; ensuring allocation of a 'civil society' seat in public hearings; ensuring presence in the policy review process; direct contacts with ministers, parliamentarians and providing information and developing contacts among members of the media.



- *Develop*: key messages and stay on message. Messages should be evidence-based, brief, compelling, in a conversational style, maybe including human interest stories that demonstrate the effectiveness of the approach you are advocating. Any data should be national, possibly supplemented by regional data.

FDI advocacy at work

The WHPA NCD Toolkit and Health Improvement Card

FDI took the lead in developing and launching an *NCD Action Toolkit for Health Professionals, Patients and Public*. Developed within the context of the ongoing WHPA campaign on NCDs, the Toolkit demonstrates the determination of health professionals to join with governments and international agencies in the fight against NCDs by providing a practical tool for NCD prevention.

The *NCD Action Toolkit* is a practical tool that nurses, pharmacists, physical therapists, dentists and physicians can use when communicating with patients and the public on NCDs on how their health can be improved through positive changes in behaviour and lifestyles. The Toolkit includes:

- A Health Improvement Card
- A User Guide for Health Professionals
- A User Guide for Patients and Public

Copies can be obtained directly from FDI or downloaded from the library on the FDI Website.

Annex B - Templates

Template letter to Minister of Health / Chief Dental Officer

Dear XX

The September 2011 United Nations High Level Meeting on Noncommunicable Diseases and its resulting Political Declaration is clear indication of worldwide determination to decrease the incidence of NCDs and reduce their socioeconomic impact.

We would like to draw your attention in particular to the provisions of articles xx (in annex). These outline the specific task and role of national governments in the short term. The dental profession hereby declares itself ready and willing to place its experience and expertise at your service to provide advice and assistance in your efforts to devise strategy and policy in the field of oral health and NCDs. We would therefore propose a meeting at your earliest convenience to discuss in what ways we can contribute in the coming months.

In support of the advisory role, we would highlight the dental profession's long standing experience in prevention, its unique position to support national NCD policy due to its access to otherwise 'healthy' patients during regular check-ups, as well as its ever-increasing potential in early NCD diagnosis, notably through saliva prognostics and diagnostics.

The immediate task the Declaration assigns to governments is to develop national indicators and targets for NCDs, and provide input to the process launched by the World Health Organization to develop global targets and indicators and a monitoring framework. The xx National Dental Association would like to propose the following:



| Exposure target | Indicator | Data source |
|------------------|--|-------------|
| Poor oral health | 1. Proportion of children 6 to 19 with caries | |
| | 2. Number of school days lost due to oral diseases | |
| | 3. Number of primary health care facilities with an oral health unit | |

Template media release

A media release in advance of, or following, an event should answer the following questions, known in journalism as “the five ‘Ws’ and (one ‘H)”, i.e. What, Why, Who, Where, When, How. This template assumes a release in advance of the event but can easily be modified for a post-event release.

Other background information, called a ‘Backgrounder’, to support longer feature articles can be included in the media kit. This is reference material and does not need to be stylistically perfect. The most effective pieces of information are factsheets, statistics, frequently asked questions, as well as quotes from source materials such as the *Political Declaration* and previous national policy statements.

| Media Release | |
|------------------|---|
| Title | X Dental Association to advise Health Minister on oral health targets |
| Sub-title | “Our aim is to be of service to the government,” says XXX [Acronym of NDA] President” |
| | <i>Ideally, and to provide for coverage by the audiovisual media, the whole story should emerge in the first paragraph</i> |
| 1 | Place, date: [Acronym of NDA] President, [Name] is set to meet Minister of Health [Name] in [place] on [date] to discuss oral health and general health. The purpose, says [name of President], is to assist government in formulating national indicators and targets in the fight against chronic disease, now considered a government health priority. |
| | <i>National and international context</i> |
| 2 | Chronic diseases—also known as noncommunicable diseases or NCDs—currently consume XX% of the nation’s health budget, up from XX% in 20XX. According to the World Health Organization, 36.1 million people worldwide died from conditions such as heart disease, strokes, chronic lung diseases, cancers and diabetes in 2008. Nearly 80% of these deaths occurred in low- and middle-income countries. |
| | <i>Outline to problem and potential solution</i> |
| 3 | With cuts to health funding in the current economic climate, the most viable approach to the problem is prevention and early diagnosis. “The dental profession is well-placed to engage: risk factors [such as tobacco, alcohol or unhealthy diet] and NCD symptoms are frequently in evidence during the course of a dental check-up,” said [acronym of NDA] President [name]. |
| | <i>Expand on previous statement</i> |
| 4 | However, the effectiveness of any NCD strategy needs to be monitored, with appropriate indicators and targets. “Our aim is to be of service to the government in this difficult task,” said [name of President]. “We will be presenting a package of proposals for oral health targets and indicators, which we believe will measure over time not only the nation’s oral health, but also general health and pre-disposition to NCDs.” |
| | <i>Final statement</i> |
| 5 | The subject of NCDs has moved up national political agendas around the world since 193 United Nations Member States signed a <i>Declaration</i> in September 2011 containing a series of commitments on noncommunicable disease prevention and control. |
| | <i>Media information</i> |
| 6 | Name, mission, and other details of NDA + name of press contact. |



Annex C - Continuing momentum

Key opportunities for the global oral health community to pursue dialogue on the NCD agenda and reinforce commitments of the UN *Political Declaration* include:

FDI World Dental Federation

29 August to 1 September: Annual World Dental Congress, Hong Kong, SAR China. Programmed sessions include: Nutrition-NCD-Oral Health Connection; Tobacco Control Forum; Saliva; Oral Cancer / Oral Cancer Pathology; Paedodontics / Geriatric Dentistry; Global Caries Initiative; Periodontal diseases and Systemic Interactions; Obstructed Sleep Apnoea; Care for the Elderly; and Cariology.

12 September: World Oral Health Day

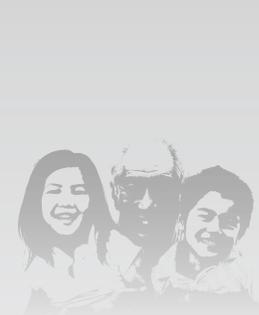
World 'Days' 2012

| | |
|---------------|---------------------------|
| 8 March: | International Women's Day |
| 7 April: | World Health Day |
| 1 May: | World Asthma Day |
| 31 May: | World No Tobacco Day |
| 29 September: | World Heart Day |
| 12 November: | World Pneumonia Day |
| 14 November: | World Diabetes Day |
| 16 November: | World COPD Day |
| 1 December: | World AIDS Day |
| 10 December: | Human Rights Day |

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Events 2012

| | |
|-------------------|--|
| 27 Feb-9 March: | 56 th UN Commission on the Status of Women, New York, USA |
| 20-24 March: | 15 th World Conference on Tobacco and Health, Singapore |
| 31 March-5 April: | 126 th Assembly of the Inter Parliamentary Union (IPU), Kampala, Uganda |
| 18-21 April: | World Congress of Cardiology, Dubai, United Arab Emirates |
| 23-27 April: | 45 th UN Commission on Population and Development, New York, USA |
| 23-27 April: | 13 th World Congress on Public Health, Addis Ababa, Ethiopia |
| 15-22 May: | G8 Summit, Chicago, USA |
| 16-23 May: | 65 th World Health Assembly, Geneva, Switzerland |
| 4-6 June: | UN Conference on Sustainable Development (Rio+20), Rio de Janeiro, Brazil |
| 18-22 July: | 14 th International AIDS Conference, Washington, USA |
| 27-30 August: | World Cancer Congress |
| 14-17 November: | 2 nd Global Diabetes Summit |
| 13-17 November: | 43 rd Union World Conference on Lung Health, Kuala Lumpur, Malaysia |



Annex D - Information resources

A. Relevant FDI Policy Statements (www.fdiworldental.org/policy-statements)

1. Ethical International Recruitment of Oral Health Professionals (adopted 2006)
2. Global Goals for Oral Health (adopted 2003)
3. Improving Access to Oral Care (adopted 1998, reconfirmed 2009)
4. National Health Policy (adopted 1998)
5. Need and Demand for Oral Health Care (adopted 1998, revised 2005)
6. Oral Cancer (adopted 1998, revised 2008)
7. Preventing oral diseases (adopted 1998, revised 2008)
8. The association between oral health and general health (revised version adopted in 2009)

B. Other publications (at www.fdiworldental.org/library)

1. Improving the oral health of older people: the approach of the WHO Global Oral Health Programme
2. WHO A60/16: Oral health: action plan for promotion and integrated disease prevention
3. WHO Global Status Report on NCDs 2010
Outlines the global burden of NCDs, their risk factors and determinants.
4. WHO Scaling up Action on NCDs: How Much Will it Cost?
A financial planning tool for delivering cost-effective interventions in low- and middle-income countries.
5. WHO NCD Country profiles 2011
Report details information on the scale and challenges of NCDs in 193 Member States.
6. WHO Action Plan for the Global Strategy for the Prevention and Control of NCDs 2008-2013
Report outlining strategy to prevent and control the four NCDs and four common risk factors.
7. World Economic Forum: Global Economic Burden of NCDs
Report detailing estimates of the economic impact of NCDs from 2010-2030.

See also www.who.int/nmh/publications/policy_implementation/en/index.html

D. Political declarations/resolutions/reports on NCDs and related issues (at www.fdiworldental.org/library)

1. A/66/L.1 - United Nations: Political Declaration of the High Level Meeting of the General Assembly on the Prevention and Control of NCDs
Signed by 193 Member States at the 66th UN General Assembly on the 19th September 2011.
2. Rio Political Declaration on Social Determinants of Health.
Signed by WHO Member States in Rio de Janeiro, Brazil, on 21 October 2011.
3. WHA64.11 - World Health Assembly: Preparations for the High Level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs, following on the Moscow Conference
The 64th World Health Assembly adopted the Moscow Declaration in May 2011.
4. Brazzaville Declaration on Prevention and Control of NCDs Prevention and Control in the WHO Africa Region
Adopted at the regional consultation on NCDs in Brazzaville, April 2011.
5. The Pan American Health Organization Declaration on NCDs
Adopted at the regional consultation on NCDs and obesity in Mexico, February 2011.
6. The Moscow Declaration on NCDs
Adopted at the first Global Ministerial Conference on healthy lifestyles and NCD control in Moscow, April 2011.
7. Seoul Declaration on NCD Prevention and Control in Western Pacific Region
Adopted at regional high level meeting on NCDs in Seoul, March 2011.
8. Jakarta Call to Action on NCDs
Adopted at the South East Asia regional meeting on health and development challenges of NCDs, March 2011
9. UNDESA/WHO: Addressing NCDs - Major Challenges to Sustainable Development in the 21st Century
Summary report of the European regional high level consultation in Oslo, November 2010.
10. A/65/L.50: Scope, modalities, format and organization of the high-level meeting of the General Assembly on the prevention and control of NCDs
The 65th UN General Assembly set out the nature and logistics of the UN Summit on 13 December 2010.
11. A/RES/64/265: Resolution Adopted by the General Assembly on Prevention and Control of NCDs
The 64th UN General Assembly resolution to hold the summit, adopted on the 20 March 2010.

FDI World Dental Federation

Leading the World to Optimal Oral Health



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