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FDI World Dental Federation's submission to the WHO consultation on the Draft Global Oral Health Action Plan (2023–2030)

FDI World Dental Federation (FDI) — representing over one million dentists and close to 200 national dental associations, thanks the World Health Organization (WHO) for preparing the WHO discussion paper: Draft Global Oral Health Action Plan (2023–2030) (hereinafter “draft *action plan*”) following the request made by Member States through resolution on Oral health ([WHA74.5](#)).

FDI led a consultation with its stakeholders, including its members, Council, Committees, Task Teams, partners, and other organizations, to ensure a comprehensive and consolidated response. **We are pleased to share the following comments and suggestions for your consideration.**

Strengths of the current draft

The draft action plan, the first of its kind, demonstrates a growing international political commitment to oral health. We commend the call for national leadership for oral health, efforts to create and sustain dedicated oral health budgets and actions to ensure safe and uninterrupted essential oral health services during health emergencies.

The draft action plan builds on the solid foundations of Universal Health Coverage (UHC), primary health care (PHC), integrated people-centred care and the life-course approach. These interlinkages present significant opportunities to address the social and commercial determinants of oral health. We commend WHO for its scope and the ambitiousness of the proposed targets to be achieved by 2030, to ensure the effective implementation of the action plan in a measurable way.

We are extremely pleased to see that the draft action plan aligns with FDI's roadmap – [Vision 2030: Delivering Optimal Oral Health for All](#) and other urgent civil societies' priorities. It also aligns with existing guidance and policies on noncommunicable diseases (NCDs), UHC and PHC, the Human Resources for Health, healthy ageing and emergency preparedness and response. Vision 2030 notes that integrating oral health into primary care, for example, can have significant benefits in terms of disease prevention, overall



health improvement and the affordability of healthcare. It can also contribute to health security and the resilience of health systems.

The monitoring framework and its indicators are comprehensive, and we applaud WHO for the time-bound targets aligned with existing health targets. The draft action plan supports and complements other major global health and development agendas, including the United Nations (UN) Sustainable Development Goals (SDGs); the Global Implementation roadmap 2023-2030 for the global action plan for the prevention and control of NCDs 2013-2030 (NCD-GAP); and global ageing. This emphasizes how addressing oral health supports the delivery of the global health and well-being agenda and sustainable development. There is no health without oral health.

We commend WHO for emphasizing the importance of oral disease prevention through population-based public health measures and improving health literacy. The global burden of untreated oral disease remains unacceptably high and is accompanied by marked inequalities within and between countries. As highlighted in Vision 2030, the prevention and management of oral diseases can only be truly effective if combined with improved health literacy, and this is the premise under which World Oral Health Day (WOHD) was born in 2007. WOHD was celebrated in over 190 countries in 2022. The campaign provides a real opportunity for all stakeholders, to build on the momentum and leverage it for their own educational and awareness purposes.

It is very positive to see proposed actions to integrate oral health in WHO's technical guidance on health taxes. We also applaud the proposed actions to identify cost-effective, evidence-based oral health promotion and disease prevention interventions by 2023 as part of the updated Appendix 3 of the NCD-GAP and the WHO UHC Compendium of health interventions. The prevalence of oral diseases tends to increase across the life course due to ageing and the cumulative effect of exposure to the social and commercial determinants of health. Therefore, these proposed actions provide critical evidence and resources that will address the tactics used by the unhealthy commodity industries to promote products and support more significant investment in oral healthcare.

Recommendations

While we congratulate WHO for a strong draft action plan, we outline some suggestions below on how it could be further strengthened. In particular, the FDI draft submission calls for more concrete leadership roles for dentists and promotes oral care 'integration' rather than 'alignment' with other relevant programmes. It urges governments to prioritize the training and retention of competent dental care teams. It emphasizes the need for governments to integrate the global trends in antimicrobial stewardship in national oral health action plans. It also recommends co-creating national oral health policies with national dental associations. We have proposed additional actions (*introduced with the word "Add"*) and suggested a review of some proposed actions (*introduced with the word "Edit"*) where appropriate.

The following paragraphs are the rationales for some of the recommendations we have proposed:

- **Action 4: Integrate oral health in broader policies**
 - We call for the **co-creation of national oral health action plans, strategies or policies with national dental associations.** Dentists are front-line medical professionals in preventing, detecting, and treating oral and systemic diseases. They should therefore play a leadership role



within the oral health profession and in relation to other health professions to improve oral health and thereby contribute to the improvement of general health and quality of life for all.

- We strongly recommend the aligning of national oral health action plans/ strategies or policies with global strategies for **emergency preparedness and response**, antimicrobial resistance, and stewardship (AMR/AMS) and sustainability. Dentists are responsible for about 10% of antibiotic prescribing for humans, and [there is evidence](#) that, despite efforts to reduce dental antibiotic use, too many antibiotics are still being prescribed by dentists. WHO reported extensive disruptions in essential services until February 2022, and oral health services were among the most affected. Lack of access to dental care led to a sharp increase in antibiotic prescribing rates – with a 25 per cent increase in England alone. Our vision is that by 2030, the prescribing of antibiotics in dentistry will be substantially reduced worldwide.

National oral health action plans must support safe and uninterrupted dental services that cover oral disease prevention, detection and care, including during health emergencies, to promote oral health equity and limit the potential contribution of dentistry to antimicrobial resistance. They should also include guidance on antibiotic stewardship.

- **Action 7: Phase down the use of dental amalgam.**
 - Action 7 provides a unique opportunity to highlight the importance of the primary prevention of dental caries as the optimum strategy to reduce the need for restorative materials and support the phase down of dental amalgam.
- **Action 9 & 13: Strengthen response to Noma, where relevant.**
 - While we commend the focus on Noma through different actions, we also noted that [treatment for acute Noma is empirical](#) due to the limited understanding of the drug sensitivities of the causative bacteria. Also, there is limited information on the potential role that multidrug resistance microorganisms play in disease causation and progression.

We strongly recommend that the oral health research agenda supports the development of Noma treatment guidance, including a list of essential therapeutic agents and rehabilitation best practices.

- **Action 17: Promote oral health as a public good.**
 - In addition to proposed actions, we recommend that civil society actions also cover accountability for responsible marketing of antimicrobial drugs, especially broad-spectrum antibiotics, to the health workforce, especially dentists.
- **Action 21: Intensify upstream health promotion and prevention approaches.**
 - In the spirit of “oral health for all” and under the proposal to address common risk factors, determinants, and inequalities, we recommend that populations with special oral care needs should be prioritized. There is evidence that [children and older populations](#), [people living with disabilities](#) and those from [low-income backgrounds](#) often suffer disproportionately from oral diseases. These groups are often under-served, and the oral diseases they experience often remain untreated.



- **Action 28:** *Strengthen and scale-up downstream promotion and prevention measures.*
 - We recommend focusing on strategies and solutions that promote oral health literacy and oral health seeking behaviours under this action. The current model of oral health communication through health education has, over the last 50 years, proved ineffective in reducing the prevalence of dental diseases. One important reason is that oral health education fails to motivate and empower the patient and does not change behaviour. Health coaching (also described as motivational interviewing) that addresses the key root causes of oral diseases is an effective model for behaviour change and should be included in health workforce training.

- **Action 34:** *Mobilise support for oral health promotion.*
 - We commend this proposal and emphasise that national dental associations are well placed to lead these efforts.

- **Action 40:** *Foster innovative oral health workforce models.*
 - We recommend that governments consult and **collaborate with national dental associations to review** and update national legislative and regulatory policies for dentistry. We also recommend outreach programmes and initiatives that support oral health workforce motivation and retention.

- **Action 42.** *Strengthen collaborative, cross-sectoral workforce governance.*
 - We recommend that workforce governance address gender bias among the global health workforce. We also recommend access to better oral care education for the non-dental health workforce through inter- and intra-professional education and collaborative practice.

The dental profession has unique access to the “healthy” population and thus has an important health surveillance role. Therefore, we recommend interprofessional collaborations to scale up surveillance capacities for communicable and noncommunicable conditions.

- **Action 84:** *Prioritise oral health research of public health interest.*
 - We recommend an additional focus on oro-facial clefts and Noma under this action. While it is true to say that there are parts of the world where Noma is more prevalent, no country or community is free from the risk of oral cancer or cleft lip and palate. Hence, research to support global action is warranted.

- **Action 92.** *Conduct participatory research to identify oral health needs and interventions.*
 - To promote equitable and universal access to innovations and new science on oral health, we recommend disseminating essential public health research and new science in open access platforms and low publication fees for low- and middle-income countries.



Monitoring framework of the global oral health action plan

Core indicators

- **Overarching global target II: Reduce oral disease burden**
 - The definitions of severe periodontal disease varied throughout history, covering a wide range of criterial sensitivity. It is essential to indicate the definition of severe periodontal disease in this section. From our point of view, the criteria of CPI score 4 or modified CPI score 2 may be appropriate. However, according to WHO Oral Health Survey Basic Methods, probing in children is not suggested. Another point is that having pockets is not equal to free from gingivitis. For these reasons, other periodontal indicators such as bleeding gingiva or bleeding on probing should be included to provide better information on disease burden.
- **Core Indicator II.1.: Prevalence of the main oral diseases and conditions**
 - The prevalence of the main oral diseases can vary more than 40% according to the detection threshold. Therefore, it is important to be more specific, and we recommend that definitions should be made clear (e.g. Dentine / Cavitated caries).

For clarity, we have matched all recommendations with the relevant action in the tables below. FDI with its member associations globally is ready to support the action plan and monitoring framework to ensure a successful implementation at the global and national levels.

Strategic objective 1: Oral health governance

Global target 1.1: National leadership for oral health

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

Global target 1.2: Environmentally-sound practices

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

Actions

Reference action	Proposed WHO Action	Suggested language edits or additions
Member States		
Action 1. Develop and implement a national oral health policy, strategy or action plan.	Develop a new or review the existing national oral health policy and ensure alignment with the global strategy for oral health and national NCD and UHC policies. Prepare implementation guidance, including a monitoring framework aligned with	Edit: <ul style="list-style-type: none"> • Develop a new or review the existing national oral health policy and ensure alignment with the global strategy for oral health and ensure integration with national NCD, primary health care (PHC)



	<p>the monitoring framework of the global oral health action plan.</p>	<p>and Universal Health Coverage (UHC) policies.</p> <ul style="list-style-type: none"> • Co-create with national dental associations an implementation guidance aligned with the monitoring framework of the global oral health action plan. Include nationally relevant oral health indicators for routine evaluation at all levels of care and integrate them into annual surveys. <p>Add:</p> <ul style="list-style-type: none"> • Align national oral health policy with global strategies for Antimicrobial Resistance (AMR)/Antimicrobial Stewardship (AMS) and sustainability.
<p>Action 2. Strengthen national oral health leadership.</p>	<p>Institute or strengthen an oral health unit at the ministry of health to oversee national policy, technical, surveillance, management, coordination and advocacy functions. Appoint an officer to lead the oral health unit. Consider, as appropriate for the national context, active coordination mechanisms between the oral health unit and the NCD department or other technical programmes. Strengthen capacities of oral health unit staff by assessing training needs, providing training and coaching opportunities, including management, leadership, and public health skills as appropriate.</p>	<p>Edit:</p> <ul style="list-style-type: none"> • Institute or strengthen an oral health unit or division led by a Chief Dental Officer at the ministry of health to oversee national policy implementation, technical, surveillance, management, coordination and advocacy functions. • Consider, as appropriate for the national context, active coordination mechanisms between the oral health unit and the NCD department or other technical programmes and national dental associations. • Strengthen capacities of oral health unit staff by assessing training needs, providing training and coaching opportunities, including management, leadership, research and public health skills as appropriate. Integrate the expertise of dentists and others in the dental teams in trainings as needed.



<p>Action 3. Create and sustain dedicated oral health budgets.</p>	<p>Consider, as appropriate for national context, establishing dedicated oral health budgets at national and subnational levels covering policy, public service staff, programme and supply costs.</p>	<p>Edit:</p> <ul style="list-style-type: none"> • Establish dedicated oral health budgets at national and subnational levels covering policy, public service staff and their training needs, programme and supply costs.
<p>Action 4. Integrate oral health in broader policies</p>	<p>Advocate for UHC as a means of improving prevention and control of oral diseases and conditions for the whole population. Facilitate the inclusion of oral health in all related national policies, strategies and programmes, particularly in the context of NCDs, primary health care and universal health coverage, including sectors beyond health such as education, environment and sanitation, finance, telecommunication or social protection.</p>	<p>Edit:</p> <ul style="list-style-type: none"> • Advocate for UHC as a means of improving prevention and control of oral diseases and conditions for the whole population. Facilitate the integration of oral health in all related national policies, strategies and programmes, particularly in the context of NCDs, primary health care, universal health coverage, including sectors beyond health such as education, environment and sanitation, finance, telecommunication or social protection. <p>Add:</p> <ul style="list-style-type: none"> • Align with global strategies for emergency preparedness and response, AMR/AMS and sustainability.
<p>Action 5. Forge strategic partnerships for oral health.</p>	<p>Identify potential for strategic partnerships to implement policies, mobilize resources, target social and commercial determinants and accelerate required reforms. Develop policies setting rules for engagement with partners, including policies to avoid conflicts of interest and undue influence. Initiate or strengthen existing ministerial coordination and oversight mechanisms related to partnerships, including public-private partnerships. Collaborate with international and development partners to support implementation of oral health policies in the broader</p>	<p>Edit:</p> <ul style="list-style-type: none"> • Identify potential for strategic partnerships to implement policies, mobilize resources, target social and commercial determinants and accelerate required reforms. Develop policies setting rules for engagement with partners, including policies to avoid conflicts of interest and undue influence. Initiate or strengthen existing ministerial coordination and oversight mechanisms related to partnerships, including public-private partnerships. Collaborate with international and



	context of health systems strengthening.	development partners, national oral health professionals, dental schools and civil society to support implementation of oral health policies in the broader context of health systems strengthening.
Action 6. Engage with civil society.	Ensure participation of civil society organizations and empowerment of the community in planning, implementation and monitoring of appropriate programmes by providing platforms for engagement. Involve national oral health, medical and public health associations and community-based organizations in policy and guideline development and implementation.	<ul style="list-style-type: none"> • Edit: Provide platforms for meaningful engagement and co-creation with national dental associations, relevant civil society organizations, including research experts and communities all through planning, implementation and monitoring of oral health programmes.
Action 7. Phase down the use of dental amalgam.	Ratify the Minamata Convention on Mercury, or, for those Member States that have already done so, accelerate implementation of recommended measures to phase down the use of dental amalgam in accordance with existing and future decisions of the Minamata Convention Conference of Parties.	<p>Add:</p> <ul style="list-style-type: none"> • Invest in public health measures to promote oral health, support early detection and prevent oral diseases, which will reduce the overall demand for restorative materials, including for dental amalgam. • Implement phase-down strategies that are most appropriate to the national context and invest in research and development of quality mercury-free materials for dental restorations that are safe, effective, durable and affordable for all.
Action 9. Strengthen response to noma, where relevant.	In countries affected by noma, develop and implement a national noma action plan, integrated with existing regional or national programmes, such as those targeting neglected tropical diseases.	<p>Add:</p> <ul style="list-style-type: none"> • Recognise Noma and classify it as a Neglected Tropical Disease of highest importance considering the disease burden in countries affected, the impacts on life and livelihood and the risk of severe illness or death despite its preventable and treatable nature.



		<ul style="list-style-type: none"> • Call for Noma treatment guidance including a list of essential therapeutic agents and rehabilitation best practices.
<p><i>Additional recommended Actions for Member States:</i></p> <p>Incentivise prevention</p>		<p>Add:</p> <ul style="list-style-type: none"> • Oral diseases are mostly preventable. Governments should encourage policies which incentivise disease prevention and early detection, for example, by including routine dental checks in UHC benefit packages.
<p>Promote antimicrobial stewardship in the national oral health policy, strategy or action plan.</p>		<p>Add:</p> <ul style="list-style-type: none"> • 10% of worldwide antibiotic use originate with dentists and different factors influence dental prescribers. Integrate the role of dentistry in tackling AMR explicitly within the national oral health policy, strategy or action plan.
WHO Secretariat		
<p>Action 10. Lead and coordinate the global oral health agenda.</p>	<p>Monitor the global oral health agenda and coordinate the work of other relevant United Nations agencies, development banks and regional and international organizations related to oral health. Set the general direction and priorities for global oral health advocacy, partnerships and networking.</p> <p>Advocate for oral health at relevant high-level meetings and platforms, such as the WHO Global NCD Platform, the United Nations High-Level Meeting on Universal Health Coverage and the High-level Meeting of the United Nations General Assembly on the Prevention and Control of on NCDs. Accelerate implementation of the action plan by organising a WHO global oral health summit involving key stakeholders.</p>	<p>Edit:</p> <ul style="list-style-type: none"> • ...Advocate for increased focus on oral health at relevant high-level meetings and platforms, such as the WHO Global NCD Platform and WHO Regional Committees, the World Health Summit, World Bank Meetings the United Nations High-Level Meetings on Universal Health Coverage (2023) and the Prevention and Control of NCDs (2025).



<p>Action 12. Support implementation of the global action plan.</p>	<p>Establish a technical advisory group on oral health to strengthen international and national action and accelerate implementation of the global oral health action plan. Continue working with global partners, including WHO collaborating centres and nonstate actors in official relation with WHO, to establish networks for building capacity in oral health promotion and care, research and training. Set-up dedicated oral health teams at the regional level to address countries' technical support needs for implementation of the global oral health action plan, including data collection for the monitoring framework of the global oral health action plan. Provide technical support upon request of Member States.</p>	<p>Edit:</p> <ul style="list-style-type: none"> Establish a technical advisory group on oral health to strengthen international and national action and accelerate implementation of the global oral health action plan. Continue working with global partners, including WHO collaborating centres and nonstate actors in official relation with WHO, to establish networks for capacity building and knowledge sharing in oral health promotion, care, research and training. <p>Add:</p> <ul style="list-style-type: none"> Develop uniform national oral health data monitoring and surveillance systems. Harmonize progress indicators and reporting requirements where possible to promote best-practice sharing.
<p>Action 13. Fulfil the mandates given to the WHO secretariat in the resolution on oral Health.</p>	<p>Develop technical guidance on environmentally friendly and less invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury.</p> <p>Continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies. Develop "best buy" interventions on oral health, as part of an updated Appendix 3 of the global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Compendium of health interventions.</p> <p>Include Noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030. Report back on progress and results until</p>	<p>Edit:</p> <ul style="list-style-type: none"> Develop technical guidance on safe, durable, accessible, environmentally friendly and less invasive dentistry. Support countries with their implementation of the Minamata Convention on Mercury, taking into consideration key factors such as clinical longevity, biocompatibility, environmental impact, and affordability. <p>Add:</p> <ul style="list-style-type: none"> Support research into fully effective alternatives to dental amalgam and make evidence-based recommendations according to the latest science.



	2031 as part of the consolidated report on NCDs.	
Civil society organizations		
Action 16. Advocate for a whole-of-government approach to oral health.	Advocate for integrating management of oral diseases and other NCDs in primary healthcare. Engage in multisectoral coordination mechanisms to deliver on oral health and other NCD targets within and beyond the health sector.	<p>Edit:</p> <ul style="list-style-type: none"> Advocate for integrating management of oral diseases and other NCDs in primary healthcare and across crossing-cutting agendas - maternal and child health, immunization, tobacco and alcohol control, AMR national action plans. <p>Add:</p> <ul style="list-style-type: none"> Support governments in the implementation of their oral health policies, especially in efforts to monitor and evaluate progress.
Action 17. Promote oral health as a public good.	Promote and protect oral health as a public good by monitoring and raising awareness of incompatible partnerships. Advocate for governments to phase out subsidies and implement taxation of unhealthy commodities, such as sugar, tobacco and alcohol. Support governments in developing guidance on private sector engagement in oral health and NCD programmes.	<p>Edit:</p> <ul style="list-style-type: none"> Promote and protect oral health as a public good by monitoring and raising awareness of incompatible partnerships. Advocate for governments to recognize poor oral health as a risk factor for NCDs, phase out subsidies on unhealthy foods and drinks and implement taxation of sugar, sugar sweetened beverages, tobacco and alcohol. Support governments in developing guidance on private sector engagement in oral health and NCD programmes. <p>Add:</p> <ul style="list-style-type: none"> Call for accountability on responsible marketing of antimicrobial drugs, especially broad-spectrum antibiotics. Leverage the World Oral Health Day campaign to improve oral health literacy among populations.
Action 18. Hold governments	Participate in the regular data of national NCD work, including development and use of oral health	<p>Add:</p> <ul style="list-style-type: none"> Recognize and address the call for accountable regulatory authorities



<p>accountable to global oral health targets.</p>	<p>targets and indicators. Strengthen independent accountability efforts related to oral health.</p>	<p>for maintaining standards of care, pricing of services, and developing appropriate oral health technology assessment.</p> <ul style="list-style-type: none"> • Lobby governments to increase budget funding (based on national priorities/ progressive universalization) for oral healthcare services and prevention programmes especially at the level of primary care.
<p>Action 19. Include people affected by oral diseases and conditions.</p>	<p>Call for and participate in inclusive oral health governance mechanisms. Ensure that institutionalized oral health decision-making processes engage people living with oral diseases, special care needs or disabilities, as well as oral health Professionals.</p>	<p>Edit:</p> <ul style="list-style-type: none"> • Call for and participate in inclusive oral health governance mechanisms. Ensure that institutionalized oral health decision-making processes meaningfully engage people living with oral diseases, special care needs or disabilities, as well as oral health Professionals.
<p><i>Additional recommended Actions for Member States:</i></p> <p>Promote accountability on antimicrobial stewardship</p>		<p>Add:</p> <ul style="list-style-type: none"> • Support a holistic approach to tackling AMR, based on the UN and WHO joint cooperation framework, and its impact across most of the UN sustainable development goals.
Private sector		
<p>Action 20. Support implementation of the global oral health action plan.</p>	<p>Identify areas for meaningful and appropriate engagement to support oral health public health priorities at the global, regional, or national level. Respect rules of engagement set by public entities and government partners, including voluntary commitments and regulations, such as advertising for children.</p>	<p>Add:</p> <ul style="list-style-type: none"> • Introduce rules of engagement about the advertising of antimicrobial drugs, especially broad-spectrum antibiotics to ensure no undue influences. • Provide support for the integration of emerging technologies in geographic areas of need.



Strategic objective 2: Oral health promotion and oral disease prevention

Global target 2.1: Reduction of sugar consumption

Suggested change:

Given the global action plan recognizes the need to tackle other common risk factors apart from sugar consumption. Please consider broadening the scope of target 2.1 as follows:

Global target 2.1: Oral health policies addressing common risk factors.

Suggested edit to current target in alignment with [WHO guidance](#): By 2030, 70% of countries will have implemented **at least a 20%** tax on sugar-sweetened beverages.

Global target 2.2: Optimal fluoride for population oral health

Suggested change

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

Suggested edit to align with the target for an operational national oral health policy, strategy or action plan:

By 2030, at least **80%** of countries will have national guidance to ensure optimal fluoride delivery for the population.

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
Member States		
<p>Action 21. Intensify upstream health promotion and prevention approaches.</p> <p>Edit:</p> <p>Intensify upstream health promotion and prevention approaches and the coverage of</p>	<p>Ensure that a national oral health policy addresses common risk factors as well as social and commercial determinants of oral diseases and conditions. Support initiatives to coordinate and accelerate the response to NCDs, including oral diseases and conditions, in the context of broader health promotion and disease prevention focusing on key</p>	<p>Add:</p> <ul style="list-style-type: none"> Develop new and effective preventive approaches, especially for high-risk groups. Oral diseases disproportionately affect poor or vulnerable populations including children, older populations, people living with disabilities and those from low-income backgrounds.



<p>populations with special oral care needs.</p>	<p>common risk factors, determinants and inequalities.</p>	
<p>Action 22. Support policies and regulations to limit free sugars intake.</p>	<p>Support initiatives to transform the food environment by implementing policies to reduce free sugar consumption and promote availability of healthy foods and beverages in line with WHO’s recommendations. Initiate or support implementation of health taxes, particularly taxation of food and beverages with high sugar content; and advocate for earmarking such tax revenue for oral health and health promotion, depending on country context. Advocate and collaborate with other line ministries to limit package sizes and include transparent labelling of unhealthy foods and beverages; strengthen regulation of marketing and advertising of such products to children and adolescents; and reduce sponsorship by related companies for public and sports events. Work with the private sector to encourage them to reduce portion sizes and reformulate products to lower sugar levels, in order to shift consumer purchasing towards healthier products.</p>	<p>Edit:</p> <ul style="list-style-type: none"> Promote the reduction of portion sizes and reformulation of products by regulating sugar levels to reduce the availability of unhealthy products.
<p>Action 23. Support policies and regulations to reduce all forms of tobacco consumption and betel-quid and areca-nut chewing</p> <p>Edit: Support policies and regulations to reduce all forms of tobacco consumption and betel-quid and areca-nut chewing and protect people from tobacco smoke.</p>	<p>Accelerate full implementation of the WHO Framework Convention on Tobacco Control. Implement the WHO MPOWER package of policies and interventions, including offering people help to quit tobacco use, warning about the dangers of tobacco; enforcing bans on advertising, promotion and sponsorship; and raising taxes on tobacco products. Integrate brief tobacco interventions into oral health programmes in primary care. Where relevant, develop or strengthen actions for the reduction of betel-quid chewing, including</p>	<p>Edit:</p> <ul style="list-style-type: none"> Accelerate full implementation of the WHO Framework Convention on Tobacco Control. Implement the WHO MPOWER package of policies and interventions, including offering people help to quit tobacco use, warning about the dangers of tobacco for oral, general and reproductive health; enforcing bans on advertising, promotion and sponsorship; and raising taxes on tobacco products and e-cigarettes. Integrate brief tobacco interventions into oral



	advocating for legislation to ban areca-nut sales.	health programmes in primary care. Where relevant, develop or strengthen actions for the reduction of betel-quid chewing, including advocating for legislation to ban areca-nut sales.
Action 25. Optimize the use of fluorides for oral health.	Develop or update national guidance related to fluorides for oral health, addressing the universal availability of systemic or topical fluorides, taking into consideration needs and disease burden across the life-course, available resources, and technical, political and social factors. Depending on the country context, consider adding or removing fluoride from drinking water to provide safe, optimal levels for protection against dental caries, as recommended by national and international guidance.	<p>Edit:</p> <ul style="list-style-type: none"> Develop or update national guidance related to fluorides for oral health, addressing the universal availability of systemic or topical fluorides, taking into consideration needs and disease burden across the life-course, available resources, and technical, political and social factors. Depending on the country context, adjust the level of fluoride in drinking water to provide safe, optimal levels effective for protection against dental caries, as recommended by national and international guidance. <p>Add:</p> <ul style="list-style-type: none"> Recognize water fluoridation as a simple cost-effective method to prevent dental caries which develop into oro-dental infections when left untreated. For the most vulnerable, provide fluoridated toothbrush and toothpaste during the first year of life (12 months).
Action 26. Promote fluoride toothpaste as an essential health product.	Implement measures to improve the affordability and availability of fluoride toothpaste, including reducing or eliminating taxes and tariffs and other fiscal measures, as well as bulk purchasing or manufacturing agreements for use of fluoride toothpaste in community settings. Strengthen quality and labelling of fluoride toothpaste in accordance with ISO Standard 11609 for fluoride toothpaste by developing national standards and quality controls.	<p>Edit:</p> <ul style="list-style-type: none"> Implement measures to improve the affordability and availability of quality fluoride toothpaste, toothbrushes and mouthwashes including reducing or eliminating taxes and tariffs and other fiscal measures, as well as bulk purchasing or manufacturing agreements for use of fluoride toothpaste in community settings. Strengthen quality and labelling of fluoride toothpaste in accordance



	<p>Enhance environmental sustainability along the fluoride toothpaste production and supply chain. Promote effective self-care and oral hygiene through twice-daily tooth brushing with fluoride toothpaste and making affordable, quality toothpaste universally available.</p> <p>Enhance measures to protect consumers from counterfeit products.</p>	<p>with ISO Standard 11609 for fluoride toothpaste by developing national standards and quality controls. Enhance environmental sustainability along the fluoride toothpaste production and supply chain. Promote effective self-care and oral hygiene through twice-daily tooth brushing with fluoride toothpaste and making affordable, quality toothpaste universally available. Enhance measures to protect consumers from counterfeit products and fluoride-free and homemade toothpastes.</p>
<p>Action 27. Review and improve mid-stream promotion and prevention measures.</p>	<p>Create supportive environments for oral health promotion in key settings, such as schools, pre-schools, workplaces and long-term care facilities. Establish rules and regulations for commercial support and sponsorship in schools, workplaces and other key settings, including mechanisms for monitoring and evaluation. Collaborate in joint health and education ministry oversight of school health programming.</p> <p>Facilitate social mobilisation and engage and empower a broad range of actors, including women as change-agents in families and communities, to promote dialogue, catalyse societal change and address oral diseases and conditions, their social, environmental and economic determinants and oral health equity. Promote and implement vaccination of girls and boys against human papilloma virus (HPV) to address cervical and oro-pharyngeal cancers, in accordance with national and international guidance.</p>	<p>Edit:</p> <ul style="list-style-type: none"> • Create supportive environments for oral health promotion and education in key settings, such as schools, pre-schools, workplaces, faith-based settings, and long-term care facilities, including improving access to clean water and healthy food, and eliminating access to foods high in salt, free sugars and trans fats and banning sugar sweetened beverages. Establish rules and regulations for commercial support and sponsorship in schools, workplaces and other key settings, including mechanisms for monitoring and evaluation. Collaborate in joint health and education ministry oversight of school health and feeding programmes, including by creating an environment that support healthy choices in schools. <p>Add:</p> <ul style="list-style-type: none"> • Provide nutrition education and counselling and highlight the importance of breastfeeding to improve maternal and child health.



<p>Action 28. Strengthen and scale-up downstream promotion and prevention measures.</p>	<p>Develop and implement evidence-based, cost-effective, sustainable, age-appropriate interventions to prevent oral diseases and promote oral health. Include oral health in broader health communication, health education, to raise awareness and empower people for prevention through self-care and oral hygiene, as well as early detection of oral disease. Draw on the WHO mobile technologies for oral health implementation guide to promote oral health literacy among individuals, communities, policymakers, the media and civil society using digital health technologies. Tailor interventions to address oral health along the life-course, such as programmes targeting children, mothers, and older adults, with special consideration for people living in vulnerable or disadvantaged situations, including indigenous people, migrant populations and people with disabilities.</p>	<ul style="list-style-type: none"> Develop and implement evidence-based, cost-effective, sustainable, age-appropriate interventions to increase oral health literacy, prevent oral diseases and promote oral health. Include self-oral health care in broader health communication, health education, health coaching and health literacy campaigns to raise awareness and empower people for prevention through self-care and oral hygiene, as well as early detection of oral disease. Draw on the WHO mobile technologies for oral health implementation guide to promote oral health literacy among individuals, communities, policymakers, the media and civil society using digital health technologies. Tailor interventions to address oral health along the life-course, such as programmes targeting children, mothers, and older adults, with special consideration for people living in vulnerable or disadvantaged situations, including indigenous people, migrant populations and people with congenital conditions and disabilities. <p>Add:</p> <ul style="list-style-type: none"> Leverage WHO technologies and existing campaign platforms such as World Oral Health Day to enhance early detection of oral diseases, strengthen referral systems and encourage positive oral care behaviour.
WHO Secretariat		
<p>Action 31. Hold to account economic operators in the production and trade of harmful products.</p>	<p>Encourage private sector transparency and alignment with regulations and voluntary codes of practice to reduce the marketing, advertising and sale of products harmful to oral health, such</p>	<p>Edit:</p> <ul style="list-style-type: none"> Encourage private sector transparency and alignment with regulations and voluntary codes of practice to reduce the marketing,



<p>Edit: Action 31: Hold to account unhealthy commodity industries in the production and trade of harmful products.</p>	<p>as tobacco products and food and beverages that are high in free sugars.</p>	<p>advertising and sale of products harmful to oral health, such as tobacco and related products, alcohol and food and beverages that are high in free sugars.</p>
<p><i>Additional recommended Actions for WHO Secretariat:</i></p> <p>Add: Emphasise the role of the relevant private sector in oral health promotion and oral disease prevention</p>		<p>Add:</p> <ul style="list-style-type: none"> • Emphasise the potential role that the relevant private sector can play in delivering effective and sustainable oral health promotion and education programmes. For example, by driving and sponsoring awareness campaigns, creating engaging programmes and resources that highlight the measures individuals can adopt to protect and maintain positive oral health.
Civil society organizations		
<p>Action 34. Mobilise support for oral health promotion.</p>	<p>Facilitate community action with diverse groups, such as nongovernmental organizations, academia, media, human rights organizations, faith-based organizations, labour and trade unions, and organizations focused on poor, disadvantaged and vulnerable members of societies, including those who are on low incomes, people living with disability, older people living alone or in care homes, people who are refugees, in prison or living in remote and rural communities and people from minority and other socially marginalised groups, as well as organizations of patients and people affected by oral diseases and conditions. Support the development of personal, social and advocacy skills to enable all people to achieve their full potential for effective self-care and oral hygiene.</p>	<p>Emphasize:</p> <ul style="list-style-type: none"> • National dental associations are well placed to lead these efforts.



<p>Action 35. Advocate for policies and regulations for oral disease prevention.</p> <p>Edit: Action 35. Advocate for policies and regulations for oral health promotion and oral disease prevention.</p>	<p>Support policies aiming at healthy environments and settings, such as healthy school meals, tobacco-free environments and related sales restrictions for minors. Advocate for the implementation of health taxes, including those for foods and beverages with high sugar content.</p>	
<p>Action 36. Ensure civil society inclusion in policy development.</p>	<p>Advocate for inclusion of professional organization, and other civil society organizations in the development and implementation of policies related to oral health promotion, common risk factors and the determinants of oral health. Strengthen transparency and commitment by holding all stakeholders accountable to the global oral health action plan's actions on oral health promotion and oral disease prevention.</p>	<p>Edit:</p> <ul style="list-style-type: none"> • Advocate for inclusion of professional organizations, especially national dental associations and other civil society organizations in the development and implementation of policies related to oral health promotion, common risk factors and the determinants of oral health. Strengthen transparency and commitment by holding all stakeholders accountable to the global oral health action plan's actions on oral health promotion and oral disease prevention.
<p>Additional recommended Actions for civil society organizations:</p> <p>Promote national action on the commercial determinants of health</p>		<p>Add:</p> <ul style="list-style-type: none"> • Monitor and expose unhealthy commodity interference especially through incompatible partnerships.
Private sector		
<p>Action 39. Reduce marketing, advertising and sale of harmful products.</p>	<p>Prioritise monitoring, transparency and compliance with voluntary and legally binding policies and regulations related to healthy settings, protection of vulnerable population groups, marketing, advertising, and sponsorship. Consider reformulation of products to reduce sugar intake.</p>	<p>Edit:</p> <ul style="list-style-type: none"> • Prioritise monitoring, transparency and compliance with voluntary and legally binding policies and regulations related to promoting healthy environments, protection of high-risk population groups, marketing and advertising of unhealthy foods and drinks, and



		<p>sponsorships that promote their use. Reformulate products to reduce sugar intake.</p> <p>Add:</p> <ul style="list-style-type: none">• Publish traceable data and research on the safety of new and emerging tobacco products (electronic cigarettes etc.).
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Strategic objective 3: Health Workforce

Global target 3: Innovative workforce model for oral health

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

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
Member States		
Action 40. Foster innovative oral health workforce models.	Develop and implement workforce models which enable sufficient numbers of adequately trained health workers to provide oral health services as members of collaborative primary health care teams at all levels of care. Review and update national legislative and regulatory policies for licensing and accreditation to support flexible workforce models and competency-based education and practice. Increase availability of mid-level oral health providers. Ensure career transition pathways between professional tracks to increase flexibility and deployment of oral health providers in underserved areas.	<p>Edit:</p> <ul style="list-style-type: none"> Develop and implement workforce models which enable sufficient numbers of adequately trained health workers to provide oral health services as members of collaborative primary health care teams at all levels of care. Educate the public about the role of each member of the care team Collaborate with national dental associations to review and update national legislative and regulatory policies for licensing and accreditation to support flexible workforce models and competency-based education and practice. Increase availability of duly supervised and accountable mid-level oral health providers. Ensure career transition pathways between professional tracks to increase flexibility and deployment of oral health providers in underserved areas. <p>Add:</p> <ul style="list-style-type: none"> Implement outreach programmes to promote dental schools and mentoring opportunities for the oral health workforce. Increase usage of digital tools, such as telemedicine, to have a



		<p>better outreach in rural areas while taking into consideration existing digital divide and data protection.</p>
<p>Action 41. Increase capacity for universal health coverage for oral health.</p>	<p>Expand coverage of essential oral health care by planning for and providing an adequate number, availability, accessibility and geographical distribution of skilled health workers able to deliver an essential package of oral health care. Ensure that investment in human resources for oral health is efficient, sustainable and aligned with current and future needs of the population. Include oral health workforce planning in national health workforce strategies. Develop comprehensive investment plans to scale up the oral health workforce. Consider development of a standardised national competency-based training curriculum for oral health aligned with the WHO Global Competency and Outcomes Framework for Universal Health Coverage, which guides the standards of education and practice for health workers in primary care, so they are fully aligned with efforts to achieve UHC.</p>	<p>Edit:</p> <ul style="list-style-type: none"> Expand coverage of essential oral health care by planning for and providing an adequate number, availability, accessibility and geographical distribution of skilled health workers able to deliver an essential package of oral health care. Ensure that investment in human resources for oral health is efficient, sustainable and aligned with current and future needs of the population. Include oral health workforce planning in national health workforce strategies. Develop comprehensive investment plans to scale up the oral health workforce. Consider development of a standardised national context specific competency-based training curriculum for oral health aligned with the WHO Global Competency and Outcomes Framework for Universal Health Coverage, which guides the standards of education and practice for health workers in primary care, so they are fully aligned with efforts to achieve UHC. <p>Add:</p> <ul style="list-style-type: none"> Increase the recruitment and retention of the dental health workforce by creating long- term dental positions (inclusive of all dental cadre) and scholarships for dental trainings and introduce incentives for dentists practising in hard-to-reach, remote, insular and other areas where there is a shortage of dentists.



		<ul style="list-style-type: none"> • Support the establishment of a human resource unit for oral health at the highest governance level.
<p>Action 42. Strengthen collaborative, cross-sectoral workforce governance.</p>	<p>Establish and enable professional councils and associations to develop, regularly review and adapt accreditation mechanisms and regulation, including standards of practice and professional behaviour, under the oversight of the ministry of health and in full alignment with national health workforce planning.</p> <p>Collaborate among the ministries of health, labour, economy, finance and education, and engage with related professional councils and associations, to ensure occupational health and safety, health worker rights and appropriate remuneration.</p>	<p>Add:</p> <ul style="list-style-type: none"> • Establish sustainable and healthy working conditions and special schemes that address gender bias. • Provide continuous education and training for existing oral healthcare professionals, include more oral health content in non-dental health care training and formal education. • Deliver better oral care education to non-dental health workforce through inter- and intra-professional education and collaborative practice. • Promote the roles of oral health professionals and interprofessional collaboration in scaling up effective surveillance communicable and NCDs surveillance.
<p>Action 43. Reform oral health workforce training programmes.</p>	<p>Reform education to prioritise competencies in public health, health promotion, disease prevention, evidence-informed decision-making, digital oral health, service planning and the social and commercial determinants of health. Ensure the curriculum provides oral health workers with competencies to prevent and treat the most common oral diseases with essential oral health care and rehabilitation measures in a primary care context. Strengthen collaborative intra- and interprofessional education and practice towards integration in primary health care. Ensure equitable access to oral health professional education to increase socioeconomic,</p>	<p>Edit:</p> <ul style="list-style-type: none"> • Encourage professional organizations and dental schools to educate and train oral health professionals and students on the use of restoration free alternatives and on promoting best waste management practices of materials used in oral healthcare facilities. <p>Add:</p> <ul style="list-style-type: none"> • Initiate dental training that aligns with the life-course approach. Prioritise programmes for in 'in need' / under-represented dental specialities such as children or the elderly. • Make provision for oral health research covering all levels of care



	<p>gender, ethnic and geographic diversity and the cultural competency of the oral health workforce.</p> <p>Encourage professional organizations and dental schools to educate and train oral health professionals and students on the use of mercury-free dental restoration alternatives and on promoting best waste management practices of materials used in oral healthcare facilities.</p>	<p>and capacity gaps such as trainings on the determinants of (oral) health.</p> <ul style="list-style-type: none"> • Include training on dental antimicrobial prescribing, resistance and stewardship for all members of the oral health workforce including undergraduates. • Promote the role of the dental workforce in upholding government policy and guidance on antibiotic prescribing, effective surveillance and antibiotic stewardship.
<p>Action 44. Strengthen professional accreditation.</p>	<p>In accordance with country regulations, create or improve accreditation mechanisms for oral health education and training institutions, including effective oversight institutions as well as standards for social accountability and social determinants of health. Work with professional associations to define oral health specialisations and their training and accreditation requirements, recognizing the priority of primary oral health care and public health specialists while balancing the demand for advanced and specialist oral health care. Make continuous life-long professional education mandatory to retain accreditation and license to practice.</p>	<p>Add:</p> <ul style="list-style-type: none"> • Ensure a minimum acceptable and uniform standard for oral health training institutions. <p>Edit:</p> <ul style="list-style-type: none"> • Work with professional associations to define what constitutes necessary oral health specialisations and their training and accreditation requirements, recognizing the priority of specialities that have the highest in the terms of health outcomes (primary oral health care and public health specialists) whilst balancing the need for resource intensive advanced and specialist oral health care.
<p><i>Additional recommended Actions for Member States:</i></p> <p>Enhance the capacity of all primary care workers/carers to promote oral health</p>		<ul style="list-style-type: none"> • Strengthen the oral health component of education for health care students across the life sciences. Ensure that all primary care practitioners/carers are equipped to recognize risk and oral disease and provide basic disease preventive advice as well as referral.
<p>WHO Secretariat</p>		



<p>Action 45. Explore innovative workforce models for oral health.</p>	<p>Initiate regional and national workforce assessments to inform the development of innovative workforce models for oral health, based on the WHO Competency Framework for Universal Health Coverage approach and the objectives of the Global Strategy on Human Resources for Health “Workforce 2030”. Consider capacity building programmes to support workforce reform, in collaboration with the WHO Academy.</p>	<p>Add:</p> <ul style="list-style-type: none"> • Support member states in devising strategies for reducing inequalities in access to the oral health workforce. • Support member states to develop programmes for dental training schools, especially non-clinical/ under-represented specialities.
<p>Action 46. Provide normative guidance and technical support for oral health workforce reform.</p>	<p>In collaboration with partners, disseminate best practices on assessment of health system needs, reform of education policies, health labour market analyses, and costing of national strategies on human resources for health. Review and strengthen tools, guidelines and databases relating to human resources for NCDs, including oral health, in collaboration with the WHO health workforce department.</p>	<p>Add:</p> <ul style="list-style-type: none"> • Assist member states with technical support to develop HR policy, management tools and data analytic capabilities. • Assist member states in oral health human resource capacity building initiatives.
<p>International partners</p>		
<p>Action 48. Support the workforce reform agenda.</p>	<p>Engage international professional, research and dental education associations to align with the workforce reform agenda and support regional and national member associations. Strengthen innovative oral health workforce models by focusing international and regional support to countries on countries with the most critical workforce shortages.</p>	<p>Add:</p> <ul style="list-style-type: none"> • International and other regional financial agencies to invest in oral health workforce development in countries with most critical needs. • Formation of international councils with member states as partners to collaborate for the implementation and formulation of research ideas and capacity building for human resources in oral health. • Communication with regional bodies to strengthen the oral health agenda at the local level.
<p>Action 49. Provide technical support for health system strengthening.</p>	<p>Strengthen integrated health and oral health workforce planning, including technical support for national oral health workforce data collection,</p>	<p>Add:</p> <ul style="list-style-type: none"> • Global oral health initiatives for research to include grants that aid



	analysis and use for improved planning and accountability, in alignment with the national health workforce accounts framework.	the assessment, strengthening and diversification of the oral health workforce.
Action 50. Improve oral health training and accreditation.	<p>Under the oversight of the ministry of health and in collaboration with professional associations, integrate basic oral health competencies for oral health in health worker training programmes on prevention and management of major NCDs.</p> <p>Promote mutual recognition of professional diplomas and qualifications by regional and national accreditation entities to enable free movement and practice of oral health professionals between countries and geographic areas of need, in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel.</p>	<p>Edit:</p> <ul style="list-style-type: none"> Under the oversight of the ministry of health and in collaboration with professional associations and non-governmental organizations, integrate basic oral health competencies in health worker training programmes on prevention and management of oral diseases alongside other major NCD. <p>Add:</p> <ul style="list-style-type: none"> Include training on oral/dental pain and infections for wider healthcare professionals, including appropriate treatment and that antimicrobials are often unnecessary and inappropriate.
Civil society organizations		
Action 51. Collaborate to accelerate oral health workforce reform.	<p>Develop appropriate task-sharing and inter-professional collaboration models for the provision of oral health care. Strengthen effective accreditation and regulation processes for improved workforce competency, quality and efficiency, under the oversight of the government and through collaboration with professional councils and associations, and, where appropriate, community and patient organizations. For academic training and research institutions, support implementation of the global oral health action plan by prioritising oral health worker competencies in line with the WHO Competency Framework for Universal Health Coverage and the Global Strategy on Human Resources for</p>	<p>Add:</p> <ul style="list-style-type: none"> Develop partnerships with international partners, WHO and academic consortiums in low- and high-resource countries for knowledge transfer and capacity building. Advocate for planning human resources based on oral health needs rather than demands. Conduct research to document reasons behind brain drain from low-income countries. Develop educational/ capacity building Interventions for oral /general health workforce for rural and peri urban areas.



	Health and by fostering abilities to minimize the environmental impact of oral health services.	
Action 52. Strengthen oral health in primary care.	Foster continuous self-reflection of the dental profession with a goal to improve access to and quality of primary oral healthcare as a societal responsibility within and beyond dentistry.	<p>Edit:</p> <ul style="list-style-type: none"> Foster continuous self-reflection of the dental profession with a goal to improve access to and quality of primary oral healthcare and patient safety as a societal responsibility within and beyond dentistry. <p>Add:</p> <ul style="list-style-type: none"> Antimicrobial stewardship is a key area where this can be applied. CSOs can advocate for rational use of antibiotics by the oral health workforce and local communities.
Action 53. Improve quality of care through continued education.	Continuously improve quality of care through oral health workforce education. Develop or review codes of practice and similar frameworks to enhance management of potential conflicts of interest and undue influences, including when dental and pharmaceutical companies and other private sector entities sponsor professional education and conferences.	<p>Add:</p> <ul style="list-style-type: none"> Continuous education programmes should include AMS and the content of the programme should be consistent with national and international guidance on AMS. This includes the governance and ethics (rules of engagement) of the training providers /conference organisers eg programme sponsorship. Initiate a database for unregistered “dental practitioners” in the region.
Private sector		
Action 54. Align private and public oral health workforce training.	Ensure alignment of all oral health workforce training institutions with national health workforce planning to address population health needs. Adapt concepts and programmes of private oral health education to include competency-based training and strengthen education in the public interest.	<p>Add:</p> <ul style="list-style-type: none"> Promote and implement people-centred, integrated approaches to care. Promote the use of best environmental practices to reduce releases of mercury and mercury compounds to water and land. Include best practices for the profession in reducing disposable items within dental clinics and



		<p>proper disposal of waste. generated from clinical practice.</p> <ul style="list-style-type: none"> • Adhere to all ISO standards which are relevant for oral healthcare. • Foster quality improvement using electronic feedback systems.
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Strategic objective 4: Oral health care

Global target 4.1: Oral health in primary care

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

Global target 4.2: Essential dental medicines

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

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
Member States		
Action 55. Establish an essential oral health care package.	Facilitate a national stakeholder engagement process to review evidence, assess current oral healthcare service capacity and agree on cost-effective oral health interventions as part of national UHC benefit packages. Ensure that the packages include emergency care, prevention and treatment of common oral diseases and conditions as well as essential rehabilitation. Advocate that national UHC includes safe, affordable essential oral health care based on the WHO UHC Compendium of health interventions and oral health-related interventions comprised in Annex 3 of the WHO global action plan for the prevention and control of noncommunicable diseases. Support the introduction of remuneration	<p>Add:</p> <ul style="list-style-type: none"> • We recommend that oral health counselling, particularly smoking cessation counselling as suggested in WHO Monograph on Tobacco Cessation and Oral Health Integration, should be included in the UHC benefit package because these services are cost-effective and can produce sustainable oral health improvement.



	systems that incentivize prevention over treatment.	
Action 58. Provide financial protection for oral health care.	Establish appropriate financial protection for patients through expanded public and private insurance policies and programmes, in accordance with national UHC strategies. Ensure that vulnerable and disadvantaged population groups have access to an essential oral health care	<p>Edit:</p> <ul style="list-style-type: none"> Establish appropriate financial protection for patients through expanded public and private insurance policies and programmes, in accordance with national UHC strategies. Ensure that vulnerable and disadvantaged population groups including people living with clefts, migrants and people living in humanitarian settings have access to an essential oral health care package without financial hardship.
Action 59. Ensure essential oral health supplies.	Prioritise availability and distribution of essential oral health care supplies and consumables as part of public procurement mechanisms for primary health care. Establish or update national lists of essential medicines that include supplies and medicines required for oral health services, aligned with the WHO Essential Medicines List. Develop guidance on rational antibiotic use for oral health professionals and promote engagement in initiatives addressing antimicrobial resistance. Strengthen standard procedures for infection prevention and control in line with WHO and other national and international guidance.	<p>Edit:</p> <ul style="list-style-type: none"> Support – but delete the word ‘rational’ as its use is superfluous.
Action 60. Promote mercury-free products and minimal intervention.	Advocate for the prevention and treatment of dental caries with minimal intervention. Restrict the use of dental amalgam to its encapsulated form. Promote the use of mercury-free alternatives for dental restoration. Discourage insurance policies and programmes that favour dental amalgam use over mercury-free dental restoration.	<p>Add:</p> <ul style="list-style-type: none"> Invest in public health measures to promote oral health and prevent oral diseases, which will reduce the overall demand for restorative interventions. Invest in research into safe, durable, affordable and accessible, quality alternatives to dental amalgam. <p>Edit:</p>



		<ul style="list-style-type: none"> Promote the use of clinically effective alternatives for dental restoration that minimize the environment impact where they are safe, available, and accessible.
Action 61. Reinforce best environmental practices.	In collaboration with the ministry of environment, ensure that measures to reduce the environmental impact of oral health services are put in place, including minimising waste, carbon emissions and use of resources. Use best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land.	<p>Add:</p> <ul style="list-style-type: none"> Ensure effective waste management strategies for any non-mercury containing alternatives recommended in WHO's technical guidance. Limit the use of single-use plastics and non-biodegradable dental materials. <p>Edit:</p> <ul style="list-style-type: none"> Use best environmental practices in dental facilities to reduce releases of hazardous waste to water, land and air.
Action 62. Optimise digital technologies for oral health care.	Support digital access and consultation for early detection, management of oral diseases and referral, and continue the evaluation of effectiveness and impact of such interventions. Integrate digital access and consultation in interprofessional platforms to facilitate access for patients. Draw on the WHO Mobile Technologies for Oral Health implementation guide for guidance on digital technologies related to improving oral health literacy, health worker training, early detection of oral diseases and oral health surveillance within national health systems. Develop and strengthen data protection and privacy policies to ensure full confidentiality, patient access to personal data and appropriate consent to data use in a digital health context.	<p>Edit:</p> <ul style="list-style-type: none"> Support digital access and consultation for early detection, management of oral diseases and referral, and continue the evaluation of effectiveness and impact of such interventions. Integrate digital workflows and consultations through interprofessional platforms to facilitate timely access to high quality, optimal, efficient and affordable promotive, preventive, curative, rehabilitative and palliative oral care services for patients. <p>Add:</p> <ul style="list-style-type: none"> Prioritize data and digital literacy of providers and develop appropriate under- and postgraduate training programmes.
WHO Secretariat		
Action 63. Provide guidance on cost-	Recommend interventions as part of the updated Appendix 3 to the WHO	Add:



<p>effective oral health interventions.</p>	<p>global action plan for the prevention and control of noncommunicable diseases and the WHO UHC Compendium of health interventions by 2023 and update them routinely. Support Member States to implement cost-effective interventions on oral health as part of other NCDs initiatives. Facilitate learning and sharing of best practices related to primary oral care and UHC.</p>	<ul style="list-style-type: none"> Establish the minimum package of oral care services for countries. The basic package of oral healthcare will vary from country to country and region to region depending on the type of oral conditions most prevalent in a particular country, the level of primary healthcare services available and the level of economic development of a country.
<p>Action 65. Accelerate implementation of the Minamata Convention on mercury.</p>	<p>In collaboration with the UN Environment Programme, support countries in implementing the provisions of the Minamata Convention on Mercury, particularly those related to the phase down in use of dental amalgam in the framework of the WHO GEF7 project on “Accelerate implementation of dental amalgam provisions and strengthen country capacities in the environmental sound management of associated wastes under the Minamata Convention”. Develop technical guidance on environmentally-friendly and less-invasive dentistry.</p>	<p>Edit:</p> <ul style="list-style-type: none"> Develop technical guidance on safe, durable, accessible, environmentally friendly and less invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury, taking into consideration key factors such as clinical longevity, biocompatibility, environmental impact, and affordability.
Private sector		
<p>Action 71. Commit to sustainable manufacturing.</p>	<p>Develop, produce and market oral health care products and supplies that are cost-effective, environment-friendly and sustainable. Engage with governments to improve availability and affordability of such products through bulk purchasing and other cost-saving public procurement approaches. Accelerate research and development of new mercury-free, safe and effective dental filling materials.</p>	<p>Edit: Accelerate research and development of new, safe and effective dental filling materials that minimize the environmental impact of the practice of dentistry.</p>
<p>Action 72. Establish sustainable public-private partnerships.</p>	<p>Engage manufacturers and suppliers of oral care products in ethical, transparent and long-term</p>	<p>Add: Incentivize reimbursement of restorations with mercury-free alternatives.</p>



	<p>partnership agreements with key national actors to improve access to essential oral health care and supplies, in line with public health principles and the global oral health action plan. Encourage insurance policies and programmes that favour the use of quality alternatives to dental amalgam for dental restoration in the context of implementation of the Minamata Convention.</p>	
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Strategic objective 5: Oral health information systems

Global target 5: Integrated oral health indicators

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

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
Member States		
<p>Action 73. Strengthen oral health information systems.</p>	<p>Improve oral health information and surveillance systems, and, depending on country context, integrate into existing national health information systems, such as facility based service reporting. Strengthen integrated surveillance of population health by incorporating oral health indicators into national NCD and UHC monitoring frameworks. Monitor risk factors as well as the social and commercial determinants of oral health inequalities. Improve information on the oral health workforce in national health workforce accounts. Consider conducting population-based oral health surveys or other appropriate oral disease-specific surveillance,</p>	<p>Edit:</p> <ul style="list-style-type: none"> Improve oral health information and surveillance systems, and, depending on country context, integrate into existing national health information systems, such as facility-based service reporting. Strengthen integrated surveillance of population health by incorporating oral health indicators into national NCD and UHC monitoring frameworks. Monitor risk factors as well as the social and commercial determinants of oral health inequalities. Improve information on the oral health workforce in national health workforce accounts. Consider conducting routine population-based oral



	integrated with existing NCD surveillance systems.	health surveys or other appropriate oral disease-specific surveillance, integrated with existing NCD surveillance systems.
WHO Secretariat		
Action 78. Build capacity for integrated oral health information systems and Surveillance.	<p>Develop guidance documents for effective oral health information system strengthening at global, regional, national and subnational levels.</p> <p>Engage with WHO collaborating centres, international partners such as Institute of Health Metrics and Evaluation’s Global Burden of Disease group and others, to improve indicators, data inclusion, analysis methodology and interpretation of oral health-related estimates.</p>	<p>Add:</p> <ul style="list-style-type: none"> • Provide guidance for Member States on standardized oral health indicators” to ensure comparability, encourage cross-country learning and promote sharing of best practices. <p>Edit:</p> <ul style="list-style-type: none"> • Engage with WHO collaborating centres, international partners such as Institute of Health Metrics and Evaluation’s Global Burden of Disease group and others, to improve indicators, data inclusion, data collection, analysis methodology and interpretation of oral health-related estimates.

Strategic objective 6: Oral health research agendas

Global target 6: Research in the public interest

Suggested change

By 2030, at least 20% of countries will have a national oral health research agenda focused on public health and population-based interventions.

Suggested edit to align with the target proposed on page 38 of the action plan:

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

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
Member States		
Action 84. Prioritise oral health research of public health interest.	Support research areas of high public health interest while maintaining a balance with basic health research.	<p>Add:</p> <ul style="list-style-type: none"> • Support research into environmentally sustainable



	<p>Close evidence-gaps for: upstream interventions; implementation and operational research; evaluation of primary oral health care, including workforce models and learning health systems; barriers to access to oral health care; oral health inequalities; oral health promotion in key settings such as schools; digital technologies and their application in oral health; environmentally sustainable practices and mercury-free dental restorative materials; and economic analyses to identify cost-effective interventions.</p> <p>In countries where oral cancer, oro-facial clefts and Noma are prevalent, support large-scale population-based epidemiological studies to strengthen the evidence for prevention and control of these diseases and conditions.</p> <p>Consider research on Noma’s aetiology, prevention, therapy and rehabilitation, to contribute to more effective care and support the review process for integration of Noma in the WHO list of neglected tropical diseases. Promote research and development of quality mercury-free materials for dental restoration.</p>	<p>practices, restorative materials with minimal environmental impact, and economic analyses to identify cost-effective interventions.</p> <ul style="list-style-type: none"> • Promote research into restorative materials for dental restoration that are safe, available, and accessible. • Encourage implementation research for delivering evidence-based oral health interventions and for strengthening health systems delivering these interventions. • Where relevant, monitor the impact of water fluoridation and fluoride toothpastes on oral health and dental fluorosis • Entrench patient, community and civil society engagement in research.
WHO Secretariat		
<p>Action 86. Guide Member States in oral health research.</p>	<p>Provide guidance on research priority-setting and research partnerships to support Member States. Promote implementation research focusing on an integrative, life-course and public health approach to improve oral health, in coordination with the WHO Technical Advisory Group on NCD-related Research and Innovation.</p>	<p>Edit:</p> <ul style="list-style-type: none"> • Provide guidance on research priority-setting, indicators for measuring oral diseases, and research partnerships to support Member States. Promote implementation research focusing on an integrative, life-course and public health approach to improve oral health, in coordination with the WHO Technical Advisory



		Group on NCD-related Research and Innovation.
Action 87. Contribute to Noma research.	Set up a platform for knowledge-sharing and initiate a research agenda on Noma in collaboration with WHO collaborating centres and academia.	Edit: <ul style="list-style-type: none"> Set up a platform for knowledge-sharing and initiate a research agenda on Noma in collaboration with WHO collaborating centres and academia with the aim of developing comprehensive guidance for affected countries.
Civil society organizations		
Action 92. Conduct participatory research to identify oral health needs and interventions.	When considering interventions for inclusion in essential oral healthcare packages and universal health coverage, enlist the participation of diverse community members, including patients, people living with oral diseases, and people who are poor, vulnerable or disadvantaged. Establish and evaluate patient-public panels for prioritisation of studies, design and management of research, data collection, analysis, reporting and dissemination of findings. Evaluate different social participation and community engagement approaches to improve oral health, such as citizen forums.	Add: <ul style="list-style-type: none"> Ensuring mechanisms of disseminating essential public health research and new science in open access platforms and low publication fees for low- and middle-income countries to make access to research results more equitable.
Private sector		
Action 93. Develop modalities of public-private partnerships for oral health Research.	Strive to reduce or avoid real or perceived conflict of interest and researcher bias in public-private research partnerships. Foster the public's interest in reforming oral health research agendas.	Add: <ul style="list-style-type: none"> Support the research agenda through private-public research consortia, research awards and grants to close the funding gap between available governmental support and research costs and identify cost-effective interventions to improve oral health. Leveraging the relevant private sector's unique resources including data, co-create and update new research directions to improve national oral health responses.



<p>Action 94. Invest in research for mercury-free dental filling materials.</p>	<p>Accelerate research and development of new mercury-free, safe dental filling materials. Strengthen the production and trade of environment-friendly and sustainable products and supplies.</p>	<p>Edit:</p> <ul style="list-style-type: none"> Accelerate research and development of restorative materials that minimize the environmental impact of the practice of dentistry.
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Monitoring framework of the global oral health action plan

Core indicators

Global target number and description	Proposed indicators or actions	Indicator definition	Data type, source and years for collection
<p>Measurement of successful prevention during lifespan</p>	<p>% 18 SUNT</p>	<p>% of adults age 35-44 and 65+ with 18 or more sound untreated natural teeth</p>	<p>Source could be insurance data sets or national adult oral health surveys</p> <p>Supporting links: Kelly M, Steele J, Nuttall N, Bradnock G, Morris J, Nunn J, Pine C, Pitts N, Treasure E, White D: Adult Dental Health Survey. 2000, London: The Stationery Office</p>
<p>Overarching global target II: Reduce oral disease burden</p> <p>Core Indicator II.1. Prevalence of the main oral diseases and conditions</p>	<p>Add bleeding gingiva or bleeding on probing</p> <p>The definitions need to be made clear (Dentine / Cavitated Caries)</p>		<p>National Oral Health Surveys. Countries are encouraged to conduct population-based oral health surveys or other appropriate oral disease-specific surveillance</p>
<p>Core Indicator 2.2. National guidance on optimal fluoride delivery for oral health</p>	<p>Fluoride delivery methods</p>	<p>Suggest modifying: Topical fluorides: Self-applied (e.g. fluoride toothpaste), school, workplace, institution applied (e.g. fluoride toothpaste, fluoride mouth rinse), and</p>	



		professionally applied (e.g. fluoride gels or foams, fluoride varnish, silver diamine fluoride)	
Core Indicator 5.1. Oral health indicators in routine health information systems	Specify minimum number and types of oral health indicators in routine health information systems	The data will be Categorical (Yes/No, by indicator). It may be helpful to define further the quality or scope of indicators governments are required to integrate.	
Complementary Indicator	Prevalence of gingivitis	Estimated prevalence of bleeding gums in people: Rate of persons affected by gingivitis, a chronic inflammation of the soft tissues. Gingivitis is defined as a presence of bleeding on probing (or Bleeding gums).	Data type: Percent
Complementary Indicator II.2. DMFT	Replace with ICDAS or ICCMS codes - or even the ISO definitions		We suggest the use of ICDAS or ICCMS codes - or even the ISO definitions which have been recently updated non cavitated / <u>cavitated lesion caries lesion (3.1.3.17)</u> with a surface which is not macroscopically intact, with a distinct discontinuity or break in the surface integrity, as determined using optical or tactile means)
Complementary Indicator 1.6. National policy or legislation to restrict all forms of tobacco consumption		<i>Suggest modifying point 2:</i> Cessation programmes: Integrate brief tobacco interventions into oral health programmes in primary care. National	



		quit line, and both nicotine replacement therapy (NRT) and some cessation services (cost served).	
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Conclusion: We stand ready to support WHO and Member States with the implementation of the *global oral health action plan* (including its monitoring framework and 2030 targets), and the NCD “best buys” and other recommended interventions on oral health management, reinforcing the Global action plan for the prevention and control of NCDs 2013–2030 and the implementation roadmap 2023-2030.

We remain at your disposal at advocacy@fdiworld dental.org for any questions or further information.

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