

# GENERAL ASSEMBLY

**SHANGHAI 2025**

**General Assembly A: Sunday, 7 September 2025**

09:00 – 12:00 & 14:00 – 17:30

**General Assembly B: Thursday, 11 September 2025**

14:00 – 17:30



**National Exhibition and Convention Center (NECC)**

Hall 4.2 – Room D1. – Shanghai, China

# General Assembly - A



SUNDAY, 7 SEPTEMBER 2025 • 09:00 – 12:00 & 14:00 – 17:30 • National Exhibition and Convention Center (NECC) – Hall 4.2 – Room D1. • SHANGHAI, CHINA

## Agenda

Time	Topic	Speaker
09:00-09:45	<b>1A. INTRODUCTION</b> 1.1 Welcome and opening remarks by the Speaker 1.2 Opening remarks from the President of the Chinese Stomatological Association 1.3 Establishment of a quorum 1.4 Apologies 1.5 Announcements 1.6 Approval of the 2024 General Assembly minutes (1-32) 1.7 Approval of the Agenda 1.8 General Assembly Manual (33-41) 1.9 Budget Reference Committee 2025 (42-44)	S. Liew C. Guo
09:45-10:00	<b>2A. PRESIDENT'S REPORT</b> (45-47)	G. Chadwick
10:00-10:15	<b>3A. EXECUTIVE DIRECTOR'S REPORT</b> (48-51)	E. Bondioni
10:15-12:30	<b>4A. REPORT ON FDI ACTIVITIES</b> <i>The following written reports are available in the GA binder:</i> <ul style="list-style-type: none"><li>• Projects overview report (52-61)</li><li>• Advocacy &amp; Communications report (62-74)</li><li>• FDI Congresses report (see Education Committee report)</li><li>• International Dental Journal (75-99)</li></ul> <i>PRESENTATIONS:</i> 4.1 World Oral Health Day 4.2 Vision 2030: Implementation and Monitoring Working Group report  <b>4.4 STANDING COMMITTEES' REPORTS</b> 4.4.1 Dental Practice Committee (100-101) 4.4.2 Education Committee (102-105) 4.4.3 Membership Liaison and Support Committee (106-107) 4.4.4 Science Committee (108-110) 4.4.5 Public Health Committee (111-112)	A. Lella M. Mathur  M. Armstrong A. E. Valenzuela P. Perlea J. Platt C. Chu
10:15-10:30	4.1 World Oral Health Day	A. Lella
10:30-10:45	4.2 Vision 2030: Implementation and Monitoring Working Group report	M. Mathur
10:45-11:00	4.4.1 Dental Practice Committee (100-101)	M. Armstrong
11:00-11:15	4.4.2 Education Committee (102-105)	A. E. Valenzuela
11:15-11:30	4.4.3 Membership Liaison and Support Committee (106-107)	P. Perlea
11:30-11:45	4.4.4 Science Committee (108-110)	J. Platt
11:45-12:00	4.4.5 Public Health Committee (111-112)	C. Chu
12:00	FDI Smile Award Ceremony	G. Chadwick / C. Chu
<b>12:30 LUNCH</b>		

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14:00-14:25	<b>5A. RELATIONS</b> <b>5.1 Regular Members</b> <i>National Liaison Officers' reports are available on the GA webpage (Tab "NLO Reports")</i> <b>5.2 Regional Organizations</b> (113-116)	S. Liew
14:10-14:25	<b>5.3 Affiliate and Supporting Members</b> (117-127) 5.3.1 Presentation by the International Association for Dental, Oral, and Craniofacial Research (IADR) <b>5.4 Sections</b> 5.4.1 Defense Forces Dental Services (128-130) 5.4.2 Chief Dental Officer / Dental Public Health (131) 5.4.3 Women Dentists Worldwide (132) <b>5.5 Relations with International Organizations</b> 5.5.1 World Health Organization (WHO) <i>video presentation available on the GA webpage</i> 5.5.2 International Organization for Standardization (133) <i>Relations with the WHO, World Health Professions Alliance (WHPA) and NCD Alliance are reported in the President's and Executive Director's reports.</i>	P. Yelick
14:25-14:50	<b>6A. MEMBERSHIP</b> <i>Membership documents available at the GA webpage (Tab "Members and Membership Applications")</i> 6.1 List of current members 6.2 Applications for membership	S. Liew
14:50-16:00	<b>7A. SPECIAL COMMITTEES (SC)</b> 7.1 SC - World Dental Parliament (134-135) 7.2 SC - Membership Subscription Formula (128-137)	S. Liew K. Preston F. Lemor
16:00-16:30	<b>8A. FINANCIAL MATTERS</b> 8.1 Report from the Treasurer (138-140) 8.2 Financial Statements 2024 (141-166) 8.3 Annual Report is available at: <a href="https://www.fdiworlddental.org/sites/default/files/2025-05/FDI-Annual-Report-2024_FINAL.pdf">https://www.fdiworlddental.org/sites/default/files/2025-05/FDI-Annual-Report-2024_FINAL.pdf</a> 8.4 Report from the Audit Committee (167-168) 8.5 Forecast 2025 (169-173) 8.6 Five-year budget comparison (174-175) 8.7 Budget 2026 including Budget Forms (176-275)	YG. Park  A. Dhoble
16:30-17:00	<b>9A. NOMINATIONS</b> <i>Candidates' nomination documents and video presentations available at the GA webpage ("Nominations")</i> 9.1 Elections for President-elect 9.2 Presentations by the candidates for Council 9.3 Standing Committees <i>(presentations are scheduled for Open Forum 2)</i>	S. Liew
17:00-17:15	<b>10A. ANY OTHER BUSINESS</b>	S. Liew
17:15-17:30	<b>11A. ADJOURNMENT</b>	S. Liew

## General Assembly - B

THURSDAY, 11 SEPTEMBER 2025 • 14:00 – 17:30 • National Exhibition and Convention Center (NECC) – Hall 4.2 – Room D1. • SHANGHAI, CHINA

### Agenda

Time	Topic	Speaker
14:00-14:05	<b>1B. INTRODUCTION</b> 1.1 Welcome and opening remarks by the Speaker 1.2 Establishment of a quorum 1.3 Apologies 1.4 Approval of the agenda 1.5 Announcements	S. Liew
14:05-14:40	<b>2B. POLICY STATEMENTS</b> <i>Available at the General Assembly webpage (Tab "Policy Statements")</i>	S. Liew
14:40-14:55	<b>4B. FINANCIAL MATTERS</b> 4.1 Report of the Budget Reference Committee 4.2 Budget 2026	S. Liew
14:55-15:35	<b>5B. REFERED ISSUES</b> 5.1 From General Assembly A 5.2 From Open Fora and Committees	S. Liew
15:35-15:45	<b>6B. PRESENTATION OF CERTIFICATES</b> 6.1 Presentation of Certificates to new Members 6.2 Presentation of Certificates to leaving officers	G. Chadwick
15:45-16:00	<b>7B. FDI WORLD DENTAL CONGRESS (WDC)</b> Short address and handover of FDI flag to 2026 World Dental Congress Local Organizing Committee	C. Guo / R.Smucler
16:00-16:10	<b>8B. HANDOVER OF PRESIDENCY</b> 8.1 Short address by the incoming President	G. Chadwick N. Sharkov
16:10-17:10	<b>9B. ELECTIONS</b>	S. Liew
17:10-17:25	<b>10B. ANY OTHER BUSINESS</b>	S. Liew
17:25-17:30	<b>11B. CLOSING</b>	S. Liew



## Minutes

### FDI World Dental Federation General Assembly (GA) Meeting “A”

<b>Date:</b> 10 September 2024	<b>Time:</b> 09:00–12:30 14:00–17:30	<b>Location:</b> FDI World Dental Congress - Istanbul, Türkiye
<b>Participants:</b>	FDI President, President-elect, Treasurer, Executive Director, 9 Councillors and Speaker of the General Assembly; 68 Regular Member Associations (137 Regular Member Delegates), Representatives of the Associate Member Association, Affiliate Member Associations, Supporting Member Association, 5 Past Presidents and FDI Secretariat	
<b>Apologies</b>	Dr Chad Gehani (FDI Councillor)	

Agenda Item	Type	Persons concerned	Text	Action
<b>1A. INTRODUCTION</b>				
1.1 Welcome and opening remarks by the Speaker	S	S. Sanderson	Dr Susie Sanderson (hereafter referred to as 'The Speaker') welcomed the delegates to the first meeting of the General Assembly at the World Dental Congress in Istanbul and recognized the members of the Executive Committee, members of the Council and the Past Presidents and members of the Regular, the Associate, the Affiliate and the Supporting Member Associations, and FDI Secretariat. The Speaker presented the meeting documents and informed logistical details for the meeting.	
1.2 Opening remarks from the President of the Turkish Dental Association (TDA)	S	T. İşmen	The Speaker invited Dr Tarik İşmen, the President of the Turkish Dental Association who warmly welcomed all meeting participants. Dr İşmen expressed an honour in hosting the FDI World Dental Congress (WDC) for the second time, eleven years after the successful 2013 congress. He extended the deepest gratitude to President G. Chadwick, Past President, Ihsane Ben Yahya, FDI Council, and the Executive Director, Enzo Bondioni, for their trust in co-organization of the 2024 WDC with the TDA. Reflecting on the 2013 Istanbul Declaration, Dr İşmen noted its continuous importance in reminding health professionals worldwide of the crucial link between oral health and overall health.	

Agenda Item	Type	Persons concerned	Text	Action
1.3 Establishment of a quorum	S	E. Bondioni	The Executive Director confirmed the presence of a quorum.	
1.4 Apologies	S	S. Sanderson	<p>The Speaker received apologies from the Members of the List of Honour - Dr John Clarkson, Dr Stephen Hancock, Dr John Hunt, from FDI Past Presidents - Dr Burton Conrod and Dr Orlando Monteiro da Silva and from FDI Councillor – Dr Chad Gehani.</p> <p>Apologies were also received from the the following Regular Members: Asociación Odontológica Uruguaya, Danish Dental Association, Israel Dental Association, Macau Dental Association, Order of Dentists of Albania, Société de Médecine Dentaire, Belgium, Swedish Dental Association and the Stomatological Society of Greece.</p>	
1.5 Announcements	S	S. Sanderson	There were no announcements at this meeting.	
1.6 Approval of the 2024 General Assembly minutes	D	GA	<b><i>The minutes of the 2023 General Assembly were approved without amendments.</i></b>	
1.7 Approval of the agenda	D	GA	The agenda was approved as circulated without amendments.	
1.8 General Assembly manual	S	S. Sanderson	The Speaker reminded the delegates about the parliamentary procedures, after which the test vote was conducted.	
1.9 Budget Reference Committee 2024	S	S. Sanderson	<p>The FDI Constitution makes a provision for appointments of Reference Committees to facilitate the work of the General Assembly.</p> <p>In accordance with the Constitution the Council has proposed that the following individuals serve on the 2024 Budget Reference Committee for the duration of this General Assembly: Dr. Linda J. Edgar (American Dental Association), Dr Joël Trouillet (Association Dentaire Française), Dr Antonieta Muñoz (Colegio de Cirujanos Dentistas de Costa Rica, Dr Kazuhiko Suese (Japan Dental Association) and Dr. Nakyonyi Maria Gorretti (Uganda Dental Association).</p>	
	D	GA	<b><i>The General Assembly approved the establishment of the Budget Reference Committee as nominated by the Council at this meeting.</i></b>	

Agenda Item	Type	Persons concerned	Text	Action
<b>2B. PRESIDENT'S REPORT</b>				
	S	G. Chadwick	<p>The President, Dr Greg Chadwick, extended a warm welcome to all present at the meeting and expressed deep gratitude for their trust and confidence placed in him for the position of FDI President. He stated that this year's World Dental Congress in Istanbul is the most extensive Congress in FDI's history, featuring a diverse lineup of speakers, a record number of abstract submissions and a stronger emphasis on digital dentistry. This congress was unveiling the most comprehensive scientific program ever, with 279 expert speakers delivering cutting-edge lectures on the most pressing topics in dentistry today.</p> <p>The President talked about strengthening ties with members by introducing a quarterly webinar series called "Member's Briefing" to enhance communication and allow for timely updates and feedback. With two successful webinars already conducted, the President encouraged active participation in future briefings.</p> <p>FDI focused on strengthening partnerships with both industry stakeholders and other health organizations, recognizing that a multisectoral approach is essential for accelerating progress toward all goals.</p> <p>FDI actively participated in key WHO events this year, including the 154th Session of the Executive Board and the 77th World Health Assembly (WHA77) and advocated for prioritizing oral health in discussions on noncommunicable diseases, universal health coverage, and antimicrobial resistance. The organization celebrated the 25th anniversary of the World Health Professions Alliance and contributed to a high-level side event organized by Ireland, promoting the Global Oral Health Action Plan (2023–2030). FDI co-organized a side event focusing on NCDs and the health workforce, emphasizing the need for a capable workforce to address the growing burden of NCDs.</p> <p>The President highlighted an upcoming milestone - the first-ever WHO Global Oral Health Meeting, set to take place later this year in Bangkok, Thailand. The meeting will gather representatives from all Member States, Chief Dental Officers, Universal Health Coverage leads, relevant non-State actors and observers including FDI and the IADR. The main outputs from this meeting are expected to include the development of each country's national roadmap on oral health, aligned with the Global Oral Health Action Plan 2023–2030, the adoption of the Bangkok Declaration and the establishment of a global coalition for oral health.</p> <p>As last September, the FDI General Assembly adopted a Position on Free Sugars, FDI developed a comprehensive strategy designed to guide members in achieving</p>	

Agenda Item	Type	Persons concerned	Text	Action
			<p>the FDI global target on free sugars, which states that: <i>"By 2030, every FDI member country will implement policy measures aiming to reduce free sugars intake."</i></p> <p>After briefly congratulating FDI on its educational projects which will be further reported by the Committee Chairs, the President thanked all FDI members for the support and enthusiasm in advocating for optimal oral health, to the entire FDI leadership for their tireless dedication and admirable efforts, and to all of 17 members of FDI staff whose hard work is instrumental.</p>	
<b>3A. EXECUTIVE DIRECTOR'S REPORT</b>				
	S	E. Bondioni	<p>The Executive Director, Enzo Bondioni, echoed the President's sentiments about the diversity and the quality of the congress in Istanbul and expressed gratitude for the opportunity to meet all members in person. He encouraged attendees to visit the FDI booth at the exhibition and participate in rich scientific programme, NLO Forum, the launch of World Oral Health Day, and various sessions focused on FDI initiatives.</p> <p>He thanked all members for their commitment to FDI's mission, recognizing each completed survey, each webinar, and every participation in World Oral Health Day celebrations. He particularly acknowledged the ongoing support of members in sharing FDI's resources within their national networks, which is vital for creating a global impact. Special recognition was also extended to those members who generously support one another through initiatives like the "Members Support Member" project.</p> <p>The Executive Director invited for a celebration of a significant milestone; the International Dental Journal (IDJ) achieved an Impact Factor of 3.2 in 2023, ranking 20th out of 157 journals in Dentistry, Oral Surgery, and Medicine. This success is attributed to the leadership of Editor-in-Chief Prof. Lakshman Samaranayake, who will present his report at the General Assembly B meeting.</p> <p>He highlighted FDI's Continuing Education (CE) Programme and announced its expansion through introduction of the Master CE Programme in May 2024. Additionally, FDI will co-organize two regional congresses in 2025 - one in Riyadh, Saudi Arabia in collaboration with the Saudi Dental Society, and the other one in Costa Rica in collaboration with the Colegio de Cirujanos Dentistas de Costa Rica.</p>	

Agenda Item	Type	Persons concerned	Text	Action
			<p>The Executive Director highlighted the importance of the partnerships with the World Health Organization and the NCD Alliance, as well as participation in the World Health Professions Alliance's with whom FDI as a member celebrated 25th anniversary this year. He mentioned collaboration with the World Economic Forum's Oral Health Affinity Group, emphasizing the importance of elevating oral health on the global agenda.</p> <p>Following the adoption on FDI Policy on Sugar, the Executive Director announced FDI's decision to stop accepting funding from sugar-related industries, reflecting a commitment to public health and optimal oral health for all, and reaffirmed that all developments regarding this transition will be communicated to members.</p> <p>In closing, he expressed gratitude to the entire FDI family, to all members, leadership, partners, and the headquarters staff for their dedication and hard work throughout the year.</p>	
<b>4A. REPORT ON FDI ACTIVITIES</b>				
4.1 World Oral Health Day	S	A. Lella	The complete written reports were part of the General Assembly documents and in addition to these reports, at this meeting, a report on the World Oral Health Day was presented by Dr Anna Lella and a report on the work by the Vision 2030 Implementation and Monitoring Expert Group was presented by Prof. David Williams.	
4.2 Vision 2030: Implementation and Monitoring Expert Group report	S	D. Williams		
4.3 International Dental Journal	S	S. Sanderson	The Presentation by the Editor-in-Chief of the International Dental Journal was scheduled to be delivered at the General Assembly meeting B.	
4.4.1 Dental Practice Committee				
4.4.2 Education Committee		M. Armstrong	The Chairs of Standing Committees presented their reports in the following order:	
4.4.3 Membership Liaison and Support Committee	S	W. Cheung P. Perlea J. Platt E. Kateeb	Dr Mick Armstrong for the Dental Practice Committee, Dr. William Cheung for the Education Committee, Prof. Dr Paula Perlea for the Membership Liaison and Support Committee. Prof. Jeffrey Platt for the Science Committee and Prof. Elham Kateeb for Public Health Committee.	
4.4.4 Science Committee				
4.4.5 Public Health Committee				
<b>FDI Smile Award</b>	A	G. Chadwick Winners	The FDI Smile Grant Award was presented by President Chadwick to the representatives of the winner association - College of Dental Surgeons of Chile and the Croatian Dental Society.	



Agenda Item	Type	Persons concerned	Text	Action
<b>5A. RELATIONS</b>				
5.1 Regular Members			The compilation of National Liaison Officers' (NLOs) Reports received for 2023 was in a separate binder available online as part of the General Assembly documentation. The Speaker thanked all the members for high response rate and encouraged participants to consider the reports as they provide a great overview of different countries activities and serve as a good source of information.	
5.2 Regional Organizations				
5.3 Affiliate and Supporting Members	S	S. Sanderson	The written reports from some Regional Organizations, Sections Affiliate and Supporting Members were also available in the General Assembly documentation.	
5.4 Sections				
5.5 Relations with International Organizations				
5.5.1 World Health Organization (WHO)			The Speaker informed that, in addition to good relations with the Regional Organizations and Sections, FDI maintained very good collaborative relations with several international and Non-Governmental Organizations over the years. At the General Assembly B meeting, a representative of the World Health Organization WHO, Dr Benoit Varenne, will deliver a presentation. The relations with the World Health Professional Alliance and NCD Alliance have been reported under the President's and Executive Director's reports.	
<b>6A. MEMBERSHIP</b>				
Regular Membership			A list of FDI members in all categories was available at the GA Webpage under the tab Membership and Membership Applications. FDI received 2 applications for Regular Membership. The Speaker informed of the definition and the criteria for FDI Regular Membership as defined by the Constitution and called for a vote.	
	D	GA	<b><i>The General Assembly resolved that the application of the “Lebanese Dental Association – Tripoli” for Regular Membership be accepted, subject to creation of the National Committee and payment of the annual subscription.</i></b>	
	D	GA	<b><i>The General Assembly resolved that the application of the “Société Congolaise des odontologues, stomatologues et chirurgiens maxillofaciaux” for Regular Membership be accepted, subject to the payment of the annual subscription.</i></b>	
Supporting Membership			FDI received one application for Supporting Membership from “Nigerian Dental Therapists’ Association”. The Speaker read the definition of FDI Supporting	

A=Action required; D=Decision; R=Recommendation; S=Statement

Agenda Item	Type	Persons concerned	Text	Action
	S	S Sanderson	<p>Membership as defined by the Constitution: <i>“Supporting Members of FDI shall be not-for-profit international organizations or national organizations with an international role, which have objectives in, or are related to the field of dentistry. Supporting Members shall have direct or indirect involvement in the dental profession and with members of the dental team, but do not qualify for one of the above membership categories. The organization’s mission should be in line with that of FDI.”</i></p> <p><b><i>In view of the previous decisions made by the General Assembly, the Council recommends to the General Assembly to reject the application of the “Nigerian Dental Therapists’ Association”.</i></b></p> <p>Dr Mick Armstrong from the British Dental Association, and the Chair of the Dental Practice Committee, found that the applicant association is a properly constituted body with aspirations to improve oral health which aligns with the goals of FDI. should be established. The dentist population ratio in Nigeria is 1 dentist for 54000 people so they are a long way from optimal oral health and access to care. In his view, the FDI can assist the people of Nigeria by utilizing therapists who work under the supervision of dentists as they play a complementary role and do not pose a threat to dentists. In his opinion, the oral health can improve with the therapists and dental teams working under “under the same tent” and in collaboration with the dentist in FDI. He found the Council’s recommendation disappointing.</p> <p>A delegate from Germany spoke against the application. He stated that FDI has a long tradition and various ways of working with auxiliaries; however, the main issue is that FDI delegates can vote. While therapists are important, this topic has already been discussed numerous times, resulting in the decision of “delegation - yes, substitution - no.” He spoke against their membership and recommended that they collaborate with the Nigerian Dental Association.</p> <p>At this point, the Speaker reminded the assembly that this category of membership does not have voting rights.</p> <p>Dr Maria Gorreti Nakyonyi from Uganda Dental Association interacted with the therapist, but as much as there is significant burden of oral disease, in Africa where this is really needed, therapists are doing work of dental surgeons which is way out of their scope of work. Although their role is important, it is crucial to ensure that the population is receiving skilled services.</p>	

Agenda Item	Type	Persons concerned	Text	Action
	S	N. Rabi	Dr Nawal Rabi from Moroccan Dental Association stated that this is a problem appearing constantly and that dental therapists and hygienist are seeking to join FDI membership to take advantage and lobby to governments to change the legislations which are currently limiting their work.	
	S	T.E. Adeyemi	Dr Tope Emmanuel Adeyemi from the Nigerian Dental Association recognized that the number of dentists is very low in Nigeria, but reminded that in Africa, once this group becomes legitimate, the authority of the dentists will reduce, and the level of quality services will decline. He recommended that their application is rejected.	
	S	L.N. Makwakwa	Dr Louisa Nokukhanya Makwakwa from South African Dental Association agreed that in Africa there are a lot of challenges and a need for mid-level workers to deliver of oral health, but there is also a need to understand what their scope of work is, and where are their limitations. Once their role is clearly defined, the FDI should think about how to involve them. Until then, she fully supported the Council's recommendation.	
	S	S. Davis	Dr. Scott Davis from the Australian Dental Association advised that the applicant association should seek membership in an appropriate representative international body, such as the International Association for Dental Therapists or a similar organization, rather than the FDI.	
	D	GA	<b><i>The General Assembly resolved that the application of the "Nigerian Dental Therapists' Association" for Supporting Membership be rejected.</i></b>	
<b>7A. FDI GOVERNANCE MATTERS</b>				
7.1 Adjusting Membership Fees for 2025	S	S. Sanderson	The Speaker reminded the participants that documentation on the subject was available on the GA webpage as part of the pre-reading material. She invited the Executive Director to deliver the same presentation for those participants who did not attend Open Forum 1, where this subject was thoroughly discussed. The Executive Director added that the presentation was circulated to all members via email a day before this meeting. In preparing the 2025 Budget, the FDI Finance Committee and Council identified three types of expenses:	
	S	E. Bondioni	<ul style="list-style-type: none"> <li>- Expenses covered by restricted income (projects)</li> <li>- Expenses covered by unrestricted income specifically designated for particular purpose (such as World Oral Health Days and part of advocacy activities)</li> </ul>	

Agenda Item	Type	Persons concerned	Text	Action
			<p>- Expenses covered by unrestricted income, primarily from membership fees, overhead, and the balance of unspent income from the previous category.</p> <p>The Finance Committee and the Council agreed that the current formula for calculating the FDI membership fee is equitable and should remain unchanged. According to the FDI Constitution, membership fees can be adjusted by the General Assembly through modifications to the multiplier in the membership calculation formula. In this formula, the Gross National Income (GNI) used to calculate membership income for 2025 was the figure available during budget preparation in June 2024. The proposal is to use the same GNI for the 2025 invoicing (rather than the most current figure) and to continue this practice in future years to facilitate advanced financial planning for members.</p> <p>Based on the determination that the required membership fee income for FDI is 1.7 million CHF, <b>the proposal was to lower the multiplier for 2025 to 0.066</b>, down from the previous 0.07512622. This adjustment represents a reduction in fees by 230,000 CHF to align with the 1.7 million CHF budget for 2025. This calculation is based on the Council's recommendation <b>not to change the minimum membership fees for 2025</b>.</p> <p>This process will be conducted annually in conjunction with budget preparations, and each year the multiplier will be presented to the General Assembly using the same methodology.</p> <p><b>The General Assembly resolved that the minimum subscription fee is maintained for the year 2025 and that the multiplier for the calculation of 2025 membership subscription be set at 0.066.</b></p> <p>The Executive Director continued with the presentation on the Council's second proposal, related to the 2024 membership subscription fees. Understanding the financial burden on members in 2024 and considering the positive 2024 performance of FDI, the Council was able to rebuild the reserves. Consequently, the Council is proposing to refund a portion of the membership fee to FDI Regular and Associate members, based on the difference in the multiplier used for 2024 and the one approved for use in 2025. By applying the membership formula adopted for 2025, the FDI will recalculate the membership fees for 2024 and issue a "credit note" to members to be deducted from the membership invoice. The refund will be taken out of the specially created restricted fund from the general reserves.</p>	
	R	Council		
	D	GA		
<b>New:</b> Refund 2024 Membership fees	S	E. Bondioni		

Agenda Item	Type	Persons concerned	Text	Action
- Nordic Suggestion on Digital Voting <b>Part 1</b>	S	D. Klemmedson	Dr Dan Klemmedson from the American Dental Association asked the Treasurer to address the health of the FDI reserves relative to this proposal and if this would affect any of FDI projects or work.	
	S	E. Bondioni	The Executive Director confirmed that 2024 financial forecast is positive, and most of the refund is expected to be covered by this surplus. The FDI reserves amount to over 5 million and there is no risk that FDI will not be able to absorb this refund.	
			One delegate expressed that the refund process seemed very complex. Given that the money has already been paid to FDI, he suggested channeling the refund for other purposes, such as travel grants or partial compensation for delegates' travel expenses to this meeting.	
	S	E. Bondioni	The Executive Director stated that this would not be possible. The membership fee refund is for a specific purpose, and all entitled members must receive a refund for their membership fees. It is likely that FDI auditors would question any attempt to reallocate funds from the membership fee towards other types of reimbursement.	
	S	S. Liew	Dr Stephen Liew from the Australian Dental Association noted that the Council addressed a crucial issue, as budgeting has been a concern for many members for some time. He stated that the Council deserves appreciation for providing an immediate solution and for working on a plan for a long-term resolution.	
	D	GA	<b>The General Assembly resolved that the Council's recommendation for refund of 2024 membership subscription, as presented at this meeting, be approved.</b>	
	S/A	S. Sanderson	The Speaker thanked the delegates for the extensive discussion at the Open Forum 1 on the previous day and invited the Executive Director to report further on the Council's discussions. The Speaker invited further questions and comments. As there were none, the Council's resolution was voted on by the General Assembly.	
	D	GA	<b>The General Assembly resolved that the Council establishes a Special Committee for evaluation of the membership subscription fee formula as presented at this meeting and that the Committee reports to the General Assembly 2025.</b>	



Agenda Item	Type	Persons concerned	Text	Action
	S	E. Bondioni	<p>The Executive Director presented a summary of the review of hybrid meeting discussed at Open Forum 1 on the day prior to this meeting (the presentation is enclosed with these minutes). He noted that the Council acknowledges the impact of climate change and the advantages of hybrid meetings, including reduced travel. However, he also highlighted the need to consider the challenges, issues, and risks associated with hybrid meetings. He reminded that the costs of implementation of the World Dental Parliament are embedded in the Word Dental Congress for which the contracts are signed years in advance.</p> <p>The summary of the potential costs, which are only an estimate, is in the presentation slides. The details for each item would have to be considered in detail.</p> <p><b>***Due to the timing of the delegate's interaction, please see the additional comments on this agenda item later in the document.</b></p>	
	S/A	G. Chadwick	<p>The President thanked the delegates for permitting the Council to establish this committee and invited their input. He encouraged the delegates to consider highly qualified individuals to serve on the committee, for effective collaboration between the General Assembly and the Council for the best and fairest solution for everyone.</p>	
FDI Governance matters	S	S. Sanderson	<p>The Speaker informed the assembly that the second part of this agenda item relates to the report of the Governance Task Team work and the Council's recommendation with regards to the FDI nominations process. She invited Dr Carol Summerhays, the Chair of the Governance Task Team to speak to this report.</p>	
	S	C. Summerhays	<p>The first part of the 2024 workplan was to conduct a thorough evaluation of the FDI nominations process and assess the appropriateness of allowing qualified individuals to nominate themselves for another position without resigning from their current post they are holding. Additionally, the Task Team explored potential implications of any changes to the existing process and what part of the constitution should be changed.</p> <p>In 2022, the General Assembly resolved that, in the event where a vacancy in the Council may occur at the General Assembly meeting as an outcome of the elections, the office will send a Call for early nominations for a possible vacancy that might occur.</p> <p>The "nomination to one seat only" rule continues to apply, with the exception that those already standing for re-election can also be nominated for a vacancy in the Council that might occur at the meeting. If the vacancy in question materializes, there is also a call for nominations from the floor.</p>	

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Agenda Item	Type	Persons concerned	Text	Action
***Nordic Suggestion on Digital Voting <b>Part 2</b>	S/R	C. Summerhays Council	Members of the task team evaluated the current rules in place, which were fully implemented during the FDI 2023 elections in Sydney, where a few nominations were made from the floor. <b>After assessing the fairness of the process, the Council recommends maintaining the current procedure, as it is deemed unnecessary for candidates to resign from their positions prior to being nominated for another role.</b> C. Summerhays invited for comments and questions.	
	S/A	H. Olsen-Bergem  S. Sanderson	Dr Heming Olsen-Bergem from the Norwegian Dental Association asked the Speaker why there is no vote on the resolution proposed by the Norwegian Dental Association. The Speaker explained that this agenda item was finished by the assembly tasking the Council to establish a committee to work on their proposal for the membership. Dr Olsen-Bergem suggested that the motion on hybrid meetings be discussed at Open Forum 2 and potentially moved to General Assembly B. He further stated that while he is not insisting on this motion at this meeting, he strongly believes it needs to be addressed. He expressed confidence that many attendees will participate in person, as there are benefits to face-to-face interactions, but he emphasized that adjustments should be considered for those who cannot attend in person.	
FDI Governance matters <a href="#">continuation</a>	S	G. Chadwick	President stated that the Council looked at this very thoroughly and did not want to propose a "double negative resolution" and reject that part, but that does not stop a country, or a group of countries, to propose a motion for the next Open Forum or the GAB.	
	S	S. Davis C. Summerhays	Continuing the Governance matters discussion and in response to a point of clarification by Dr Scott Davis from the Australian Dental Association, it was confirmed that in FDI rules, no candidate may serve on two positions at the same time, for example in the Council and a Standing Committee or on the two Standing Committees at the same time.	
	S	K. Prasad C. Summerhays	In response to a question by Dr Krishna Prasad from the Indian Dental Association, the term of office for any vacant position is a full term, and not for the remaining time of the term.	
	S	D. Hammer	Dr Doniphan Hammer from the French Dental Association recalled that this matter had been extensively discussed by the Council and Committees Mid-Year meeting. He reiterated his position from that meeting, stating that, if a candidate is running for a position, they should do so based on their competencies. If they are unsuccessful in the elections, they should not present themselves for any other	

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Agenda Item	Type	Persons concerned	Text	Action
	A	S. Sanderson	<p>available positions that may open. This approach would help FDI avoid the issue of “musical chairs.” He suggested that this matter is further discussed.</p> <p><b><i>In response, the Speaker proposed that this matter be brought back to the Governance Task Team or, if time permits, discussed at Open Forum 2. There were no objections to Speaker’s proposal.</i></b></p>	
	S	C. Summerhays	<p>The second part of the workplan was to evaluate the request received regarding the format of the World Dental Parliament and time allocated for questions to the candidates.</p> <p>In response to a request to optimize discussion time during World Dental Parliament meetings, the Council implemented several changes starting this year. Similar to Open Forum 1 and 2, which provide delegates with the opportunity to raise any business for discussion, Open Forum 3 will include an agenda item for discussion if there are no other matters brought forward by members starting in 2024. Matters for discussion must be submitted in writing by official representatives of FDI Regular Member Associations prior to the GA meeting, or at the beginning of the GA. The office has already implemented this process this year, inviting all members to contribute and there is also a backup agenda item for Open Forum 3.</p>	
	S	M. Armstrong	<p>Dr Mick Armstrong from the British Dental Association welcomed the inclusion of questions for the position of the Speaker of the General Assembly this year. He asked whether there have been considerations to expand this practice to positions on the Council and Committees, while acknowledging that questions to the Committee candidates might be too time-consuming. (C. Summerhays previously confirmed that this Q&amp;A session is currently planned for the positions of President-elect, the Treasurer and the Speaker of the General Assembly). <u>As an additional remark, M. Armstrong reminded everyone about the importance of sustainability and proposed that FDI bans paper promotion material and leaflets from future meetings. The proposal received applause from the General Assembly.</u></p>	
	A/R	M. Armstrong	<p>Regarding other items, the Task Team looked at reviewing the responsibilities of members concerning their attendance and contributions at FDI meetings. A separate form is being developed to clarify roles and expectations.</p>	
	S	C. Summerhays	<p>In response to a procedural inquiry by Dr Nawal Rabi from the Moroccan Dental Association, the Speaker confirmed that this is not a constitutional matter and therefore does not require a vote by the General Assembly or an amendment to the</p>	
	S	N. Rabi S. Sanderson		

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Agenda Item	Type	Persons concerned	Text	Action
			constitution. The method by which candidates present themselves is determined by the Council as part of the nominations and candidate promotion process. There were no further discussions.	
<b>8A. FINANCIAL MATTERS</b>				
8.1 Report from the Treasurer 8.2 Financial Statements 2023 8.3 Annual Report	S	Y.G. Park	In his first year as the FDI Treasurer, Prof. Young Guk Park reported on the continuous healthy and stable financial situation of FDI. The full report was available in the GA documentation, and, during this meeting, he highlighted additional information. The Treasurer introduced the details of the financial statements, the management report as well as financial results per activity for 2023.	
8.4 Report from the Audit Committee	S	F. Berto	Following this part of the Treasurer's report for the year 2023, Dr. Ferruccio Berto, the Chair of the Audit Committee, presented the report of the FDI Audit Committee, which was also included in the GA documentation.	
	D	GA	<b><i>After the presentation of the accounts and verification by the external auditors and FDI Audit Committee, the General Assembly resolved to approve the 2023 accounts and discharge the Council.</i></b>	
8.5 Forecast 2024 8.6 Five-year budget comparison	S	Y.G. Park	The Treasurer continued by introducing the forecast for 2024 with the expected surplus of more than 40 KCHF, investments, and the FDI reserves which at the time of this meeting stood at more than 5 million CHF.	
8.7 Budget 2025 including Budget Forms	S	Y.G. Park	The Treasurer introduced the draft 2025 budget which was proposed to be balanced with a small surplus. The appointed Budget Reference Committee is invited to analyze the draft budget and report back to the GA "B" meeting and all the delegates were invited to attend the Open Forum 2 where the Treasurer would entertain any questions.	
	S	YG Park	The Treasurer ended his report by thanking the members of the Finance Committee, Council, Executive Director and supporting staff, Celine Ormancey and Cindy Romand.	
<b>9A. NOMINATIONS</b>				

Agenda Item	Type	Persons concerned	Text	Action
9.1 Presentations by the candidates for Council	S	S. Sanderson  G. Chadwick	Nomination documents for all candidates standing in FDI elections were available at the General Assembly 2024 webpage. Since the Speaker was a candidate for the Council, she passed the chairing of this part of the meeting to the FDI President.  The President informed that the candidate Dr Hugo Zamora from Argentina withdrew from the elections. The candidate Dr Olabode Ijarogbe from Nigeria is having visa problems and subject to his presence in Istanbul in the next few days, he asked the Assembly to allow time at one of the next meetings of the Parliament to deliver his nomination speech. At this meeting, the following candidates presented their nominations: Dr Sophie Dartevelle (France), Dr William Cheung (Hong Kong, SAR China), Dr Mauricio Montero (Costa Rica), Prof. Dr Mahesh Verma (India), Prof. Elham Kateeb (State of Palestine), Dr Alma Gracia Godinez Morales (Mexico), Dr Anna Lella (Poland), Dr Susie Sanderson (UK), Prof. S. M. Balaji (Seychelles) and Asst. Prof. Duygu Ilhan (Türkiye).	
9.2 Presentations by the candidates for Speaker of the General Assembly	S	Candidates  Candidates  S. Sanderson	The Speaker continued to chair the meeting and invited the candidates for the Speaker of the General Assembly to introduce their candidacies. The candidates, Dr Stephen Liew (Australia) and Dr Nahawand Thabet (Egypt), delivered their presentations. The candidates for the Standing Committees delivered their presentation at the Open Forum 2 on the following day.	
10A. ANY OTHER BUSINESS				
	S	S. Sanderson	There was no other business to discuss at this meeting.	
10A. ADJOURNMENT				
	D	S. Sanderson	The Speaker thanked all participants, the Council, interpreters, technicians, and staff and adjourned the meeting until 14 September 2024, when the General Assembly “B” meeting would take place.	



# FDI General Assembly Hybrid scenario

The organization of the World Dental Parliament is logistically and financially embedded in the FDI World Dental Congress (WDC).

The legal and content aspects of the Parliament are regulated by the FDI constitution, whose application is ensured through the FDI leadership and Head Office. Any changes are subject to General Assembly's approval in accordance with the constitution.

The implementation of the Parliament is embedded in the WDC contract and congress manual. The implementation is managed through the FDI leadership, the congress co-host and the FDI Head Office. Contracts are signed 2 to 3 years in advance and the cost are mostly supported by the local host in the WDC budget.

There are therefore multiple factors to take into account when considering changes to the model:

- Necessity of a hybrid format to allow onsite participation → live and offline voting must be simultaneous
- Sustainability of the system to ensure optimal experience at any destination
- Necessity to reinforce internal structure to ensure continuity in the onsite activities

	Organizational impact	Financial impact	Estimated figures
FDI structural impact	To be covered by FDI annual staff budget. Risk of discontinuity in the staff (short-term contract)	For the first year: at least 2 dedicated staff, with at least 6-month contracts, for coordination with the supplier, set-up, testing and participants' accreditation.	180K chf included administrative, office and social changes.
Hybrid voting supplier	Limited offer of exiting providers, might force the co-host to source outside of local market (additional costs for customs, etc).  Additional pre-testing (and travelling) needed	- Additional voting technician for offsite participants  - pre-event coordination and set-up for offsite participants accreditation and verification.	Should ideally be sourced locally.  Will vary depending on congress location.  Extremely difficult to have a predictable multiple year budget.

	Organizational impact	Financial impact	Estimated figures
Webcasting platform	<p>For NDAs:</p> <ul style="list-style-type: none"> <li>- Time zone challenge</li> <li>- Duration of online attendance (long hours)</li> <li>- Simultaneous voting (online and on site)</li> </ul>	<p>Possibility to use a similar system as in 2021 (for the video part not for the voting)</p> <p>Adaptations needed to ensure:</p> <ul style="list-style-type: none"> <li>- Secured access to allow delegates only (including observers)</li> <li>- integration of translation for both onsite and online participants.</li> <li>- Onsite + offsite support from platform provider /travel costs</li> <li>- To allow for secure voting,</li> </ul>	<p>As per FDI Finance manual, the tender process of minimum 3 suppliers must be conducted.</p> <p>2021 indicative costs are 114K chf</p> <p>Provision for adaptation is required as the technology has evolved.</p>

	Organizational impact	Financial impact	Estimated figures
Webcasting supplier	additional cost for the local hosts. Not possible for the contracts that are already signed.	<p>Video recording and broadcasting team:</p> <ul style="list-style-type: none"> <li>- 2 cameramen</li> <li>- 1 production director</li> <li>- 1 livestreaming director</li> <li>- (To allow for debate and secure voting, infrastructure would be needed for OF and GA)</li> </ul>	<p>Should be sourced locally.</p> <p>Will vary depending on congress location.</p> <p>Extremely difficult to have a predictable multiple year budget.</p> <p>Indicative price in Switzerland is 8K chf per day.</p>



	Organizational impact	Financial impact	Estimated figures
Venue infrastructure to allow live broadcast		<ul style="list-style-type: none"> <li>- Dedicated IT Bandwidth</li> <li>- Stage set-up including additional lights</li> <li>- Expanded audio set-up to allow translation of offsite participants’ interventions.</li> <li>- (To allow for secure voting, infrastructure would be needed for OF and GA)</li> </ul>	<p>Should be sourced locally.</p> <p>Will vary depending on congress location.</p> <p>Extremely difficult to have a predictable multiple year budget.</p>

Additional points to take into account:

- Time difference may limit offsite voting depending on congress location.
- Risk of not having a quorum if onsite attendance is reduced and technology fails.
- Contingency plan in case of technical disruption would either not allow offsite votes to be counted (if quorum is reached in the room) or postpone voting and decisions to email format. To avoid this a back up system would be required (additional cost implications).
- Voting procedure may require more time (check, audience briefing, nominations from the floor) and Parliament programme may end-up being extended for onsite participants increasing costs for the co-host, FDI and participating members (hotels, etc..).
- GA participants registration and last minute changes may not be possible. Additional security checks would be needed to identify online voters (extra costs).

## Minutes

### FDI World Dental Federation General Assembly (GA) Meeting “B”

<b>Date:</b> 11 September 2024	<b>Time:</b> 14:00–17:30	<b>Location:</b> FDI World Dental Congress 2024 - Istanbul, Türkiye
<b>Participants:</b>	FDI President, President-elect, Treasurer, Executive Director, 9 Councillors and Speaker of the General Assembly; 92 Regular Member Associations (178 Regular Member Delegates), Representatives of the Associate Member Association, Affiliate Member Associations, Supporting Member Association, 5 Past Presidents and FDI Secretariat	
<b>Apologies</b>	Dr Chad Gehani (FDI Councillor)	

Agenda Item	Type	Persons concerned	Text	Action
<b>1B. INTRODUCTION</b>				
1.1 Welcome and opening remarks by the Speaker	S	S. Sanderson	<p>The Speaker welcomed the delegates to General Assembly 'B' and acknowledged the members of the Executive Committee, the Council, member associations, and FDI staff.</p> <p>Following the introduction of the additional documents sent prior to the meeting, and the logistical details, the Speaker reminded the delegates about the parliamentary procedures, after which the test vote was conducted.</p>	
1.2 Establishment of a quorum	S	E. Bondioni	The Executive Director confirmed the presence of a quorum.	
1.3 Apologies	S	S. Sanderson	There were no new apologies received.	
1.4 Approval of the agenda	D	GA	The agenda was approved as circulated without amendments.	
1.2 Announcements	S	E. Bondioni	Before proceeding with the meeting, the Speaker gave a word to the Executive Director, who introduced staff members and recognized their support and dedication.	

Agenda Item	Type	Persons concerned	Text	Action
<b>2B. POLICY STATEMENTS</b>				
		S. Sanderson	<p>The Speaker reminded delegates that FDI Policy Statements require a two-thirds (2/3) majority vote. Comments from member associations had been considered and discussed at Open Forum 1, with final drafts sent to NDAs in English a day prior to this meeting. Only English versions would be voted on during the meeting. All germane comments and modifications have been considered and integrated by the Committees into the draft FDI Policy Statements and at this meeting the Speaker announced that only comments that are confined to spelling and editorial changes may be accepted. The vote was conducted, and the results were as follows:</p> <p><b><i>The General Assembly resolved that the FDI Policy Statement “Artificial intelligence in dentistry” be approved.</i></b></p> <p><b><i>The General Assembly resolved that the FDI Policy Statement “Reduction of Sugar Consumption” be approved.</i></b></p> <p><b><i>The General Assembly resolved that the FDI Policy Statement “Early Childhood Caries” be approved.</i></b></p> <p><b><i>The General Assembly resolved that the FDI Policy Statement “Oral Health and Special Care Dentistry” be approved.</i></b></p> <p><b><i>General Assembly resolved that the FDI Policy Statement “Oral Health and Noncommunicable Diseases (NCDs)” be approved.</i></b></p> <p><b><i>The General Assembly resolved that the FDI Policy Statement “Ethics in Dentistry” be approved.</i></b></p> <p><b><i>The General Assembly resolved that the revised FDI Policy Statement “Dental Laboratory Technician (Revision)” be approved.</i></b></p> <p><b><i>The General Assembly resolved that the FDI Policy Statement “Lasers in Dentistry” be approved.</i></b></p> <p>The Speaker thanked all the authors, Standing Committees, staff and member associations contributing to the development of the policy statements approved at this meeting.</p>	<p>Distribute the approved Policy Statements in four languages and publish them on FDI Website and in IDJ journal.</p>
Artificial intelligence in dentistry	D	GA		
Reduction of Sugar Consumption	D	GA		
Early Childhood Caries	D	GA		
Oral Health and Special Care Dentistry	D	GA		
Oral Health and Noncommunicable Diseases (NCDs)	D	GA		
Ethics in Dentistry	D	GA		
Dental Laboratory Technician (Revision)	D	GA		
Lasers in Dentistry	D	GA		
	S	S. Sanderson		

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Agenda Item	Type	Persons concerned	Text	Action
<b>2B. FDI GOVERNANCE MATTERS</b>				
	S	S. Sanderson	<p>The Speaker introduced the motion proposed by the Canadian Dental Association which was circulated to the delegates by email. The motion called on the Council to establish a Special Committee to develop a path forward to enhance virtual participation and the efficiency of the annual general assembly to assists member countries where attendance is not always feasible or possible. The Committee should include at least 5 and not more than 8 knowledgeable representatives of Regular Member Associations, inclusive of each FDI geographic area, who are able to balance the competing demands of technological innovation. It further stated that the Committee shall:</p> <ul style="list-style-type: none"> <li>- Determine how a variety of concepts, that emerged since the pandemic, can be considered. These include suggestions such as wider use of proxy voting (within and/or between DA), hybrid meetings, digital voting, alternating meeting, such as one-year virtual meeting with one-year in person and any other concepts that emerge.</li> <li>- Look for suitable alternatives that may emerge during discussions, such as exploring alternative solutions (for instance, pre-recorded reports and speeches that are distributed in advance) allowing for a more condensed and focused General Assembly. Focus on new approach that would allow more time to be devoted to participation and engagement of members worldwide.</li> <li>- Look at potential changes to the FDI constitution or other policies that may need to be modified to make implementation of new technology, approaches, and processes feasible.</li> </ul>	
	S	GK Seeberger	<p>Dr Gerhard Konrad Seeberger from the Italian Dental Association (AIO) questioned the wording of the motion, specifically “enhanced” and the use of word “<i>should</i>” vs “<i>shall</i>”. He further asked who would be the body which confirms the eligibility of the candidates for this committee.</p>	
	S	S. Davis	<p>Dr Scott Davis from the Australian Dental Association commended the Council for taking on board the concerns of members and for all the efforts in taking actions to address them in the near future.</p>	
	R/A	S. Tiede	<p>Dr Stefanie Tiede from German Dental Association (BZAEK) asked that the Council's substitute motion is displayed and proposed that the motion presented by the Canadian Dental Association is substituted by the Council's motion.</p>	

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Agenda Item	Type	Persons concerned	Text	Action
	A D	S. Sanderson GA	<p>The Council's substitute motion was presented as follows:  <b><i>The General Assembly resolved to substitute the pending motion by the Canadian Dental Association, replacing it with the new motion follows:</i></b></p> <p>Resolved that the Council establishes a Special Committee to explore ways to facilitate remote participation simultaneously alongside face-to-face participation for FDI delegates in the Open Forum, General Assembly and NLO Forum in situations in which in-person attendance is not feasible or possible for some individuals. The Committee should include at least 5 and not more than 8 knowledgeable representatives of Regular Member Associations, inclusive of each FDI geographic area, and should be elected by the Council. The committee shall:</p> <ul style="list-style-type: none"> <li>- investigate different types of meeting participation and how these may apply to FDI meetings</li> <li>- explore implications of any changes for the FDI Constitution</li> <li>- explore the financial impact for FDI, the congress organising national dental association, member associations and any other individuals</li> <li>- report to the General Assembly 2025</li> <li>- be supported by FDI Executive Committee and Staff.</li> </ul>	
	S	D. Klemmedson S. Sanderson	In response to a question on parliamentary procedure by Dr Dan Klemmedson from the American Dental Association, the Speaker confirmed that the motion to substitute does not require discussion.	
	R	L. Edgar	Dr Linda Edgar from the American Dental Association asked whether the proposed study eliminates the examination of the economics of alternating in-person and online meetings, and if the Council's motion includes that option as something that needs to be studied.	
	S	G. Chadwick	The FDI President informed that the Council's resolution is purposely broad to allow consideration of different options, including proxy voting and meetings on alternate years, as well as exploring any other efficient ways of conducting the GA business.	
	R	A. Choufani	Dr Antoine Choufani from the Lebanese Dental Association asked that any provision for online meeting does not limit the Travel Grant programme and that its recipients continue to benefit from all congress activities by in person attendance.	
	S	G. Chadwick	In response to a question from the floor whether this committee will finish its work next year, the President confirmed that the committee might continue to function for some time to accommodate potential changes in the future. There was another	

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Agenda Item	Type	Persons concerned	Text	Action
	R/A	R. Cohlmlia	question from the floor about the selection criteria and the definition of knowledgeable individuals. (The delegate did not introduce themselves). Ray Cohlmlia from the American Dental Association stated that the current technology is by far stronger and faster than dentists and decisions made today for hybrid technology to be used, would be outdated in eight months, while the GA expecting a report in one year., The Committee should have the ability to use consultants that have the latest information of technology to provide the best solution for the future of the FDI. Dr Cohlmlia then moved to amend the motion by insertion of the text <i>"the committee shall be allowed to add consultants as necessary to conduct its business and work."</i>	
	S	G. Chadwick	Although FDI has the right to add the consultants to its committees, on behalf of the Council, the President welcomed this addition.	
	D	GA	<b>The General Assembly resolved to accept the insertion of the text.</b>	
	R/D	B. Kessler G. Chadwick GA	Dr Brett Kessler from the American Dental Association suggested to avoid ambiguity and replace <i>"should"</i> with <i>"shall"</i> . The General Assembly agreed with the editorial change. Following clarification by the President on support by the Executive Committee and staff, to clarify their role, the General Assembly agreed to insert the word <i>"administratively"</i> before <i>"supported by the Executive Committee and staff"</i> .	
	R	A. Watende	Dr Andrew Watende from Kenya Dental Association questioned how <i>"knowledgeable"</i> may be measured and proposed to remove that word.	
	R	A. Nour Eldeen Habib	Dr Ahmed Nour Eldeen Habib from the Egyptian Dental Association proposed that the word <i>"knowledgeable"</i> be replaced by <i>"elected representatives of the Regular member associations"</i> as members can decide who will be the best person to be in the committee.	
	S	G. Chadwick	The President stated that the spirit of this resolution is to find members to serve on this committee who understand the situation, have a broad perspective, and whose opinions are respected in their regions. The members will be nominated by their associations. The President repeated the importance of nominating the best candidates for the Council's appointment.	
	R	V. Chan	Dr Victor Chan from the British Dental Association spoke against removal of the word <i>"knowledgeable"</i> and emphasised the importance of this committee having the members who are familiar with the subject.	

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Agenda Item	Type	Persons concerned	Text	Action
	R	S. Liew	Dr Stephen Liew from the Australian Dental Association agreed with Dr Chan and suggested an immediate vote.	
	D	GA	<b><i>At Speaker's request, the General Assembly voted and decided against the amendment of removal of the word "knowledgeable"</i></b>	
	S	D. Makhijani G. Chadwick	Dr Deepak Makhijani from Indian Dental Association asked clarification on the process of nomination and election of these members. The President explained that there will be a call for nomination with a deadline and that the elections will be held at the Council virtual meeting of the Council.	
	A	S. Sanderson	Referring to earlier suggestion by Dr Liew, the Speaker ended the discussion and called for an immediate vote by the General Assembly.	
			<b><i>The General Assembly resolved that the Council establishes a Special Committee to explore ways to facilitate remote participation simultaneously alongside face-to-face participation for FDI delegates in the Open Forum, General Assembly and NLO Forum in situations in which in-person attendance is not feasible or possible for some individuals.</i></b>	
	D	GA	<b><i>The Committee shall include at least 5 and not more than 8 knowledgeable representatives of Regular Member Associations, inclusive of each FDI geographic area, and shall be elected by Council.</i></b>	
			<b><i>The committee shall:</i></b> <ul style="list-style-type: none"> <li>- <b><i>be allowed to add consultants as necessary to conduct its business</i></b></li> <li>- <b><i>investigate different types of meeting participation and how these may apply to FDI meetings</i></b></li> <li>- <b><i>explore implications of any changes for the FDI Constitution</i></b></li> <li>- <b><i>explore the financial impact for FDI, the congress organising national dental association, member associations and any other individuals</i></b></li> <li>- <b><i>report to the General Assembly 2025</i></b></li> <li>- <b><i>be administratively supported by FDI Executive Committee and Staff</i></b></li> </ul>	
<b>4B. FINANCIAL MATTERS</b>				
4.1 Report of the Budget Reference Committee	S	P. Sanderson	The Speaker invited the Chair of the Budget reference Committee to present their report which was circulated to all delegates. Dr Edgar presented the report and	

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Agenda Item	Type	Persons concerned	Text	Action
	S/R	L. Edgar	thanked the Executive Director, the Treasurer and FDI professional staff for all explanations provided to the Committee and for delivering a transparent healthy and balanced budget for 2025. The report is enclosed to these minutes.	
	D	GA	<b><i>The General Assembly resolved that the report of the Budget Reference Committee be received and that the Council review and take appropriate action on the recommendations and report back to the 2025 General Assembly.</i></b>	
	D	GA	The Speaker asked the delegates to vote on the budget. There were no discussions.	
	D	GA	<b>The General Assembly unanimously resolved that the proposed operating budget for 2025 be approved.</b>	
4.2 Budget 2025	S	M. Armstrong	Dr Mick Armstrong from the British Dental Association noted that in the past, some congresses experienced financial losses, and FDI helped financially in these cases. He asked if this is an established policy, if it has been changed, and how the amount of financial assistance is determined. He also inquired whether FDI reserves are vulnerable to any such requests for assistance from members.	
	S	E. Bondioni	The Executive Director clarified that FDI helped on a couple of occasions when FDI finances did extremely well. This is not an established policy; such decisions are made by the Council after evaluating the situation and determining the need to assist the member. The congress franchise model is still in place. Perhaps the Special Committee may also investigate if this model after 10 years is still valid for FDI, as it is high financial risk for FDI members and lower for FDI.	
<b>5B. REFERED ISSUES</b>				
5.1 From General Assembly A:	S	All	The Speaker informed that referred issues from the General Assembly A have been addressed under earlier agenda item "3B. Governance Matters".	
- Nominations	S	Video by O.Ijarogbe	The candidate for the Council, Dr Olabode Ijarogbe, who could not present his nomination at the General Assembly A meeting, could not travel due to visa issues. His video presentation was played at this meeting.	
- International Dental Journal	S	L. Samaranayake	At this time the presentations were delivered by the speakers, who due to scheduling of their travel to the congress, could not be present at the General Assembly A meeting. Prof Lakshman Samaranayake, Editor-in-Chief of the	

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Agenda Item	Type	Persons concerned	Text	Action
- World Health Organization (WHO)	S	B. Varenne	<p>International Dental Journal, presented his report and there were no questions. The written report was also part of the GA documentation.</p> <p>Dr Benoit Varenne, the Officer in the Prevention of Noncommunicable Diseases (NCDs) department of the World Health Organization (WHO) presented the update on the WHO work. Due to time constraints at this meeting, the Speaker did not foresee the time to invite for the questions from the floor, but Dr Varenne confirmed that his presentation may be shared with all delegates.</p>	
<b>6B. PRESENTATION OF CERTIFICATES</b>				
<p> </p> <p>6.1 Presentation of Certificates to new Members</p> <p>6.2 Presentation of Certificates to leaving elected officers</p>	S	G. Chadwick	<p>The President presented a certificate of FDI Membership to the representatives of new Regular members admitted to FDI membership at the General Assembly A meeting: "Lebanese Dental Association – Tripoli" from Lebanese Republic and "Société Congolaise des odontologues, stomatologues et chirurgiens maxillofaciaux" from Republic of the Congo.</p> <p>Certificates of appreciation to the leaving elected Council and Standing Committee who ended their terms were presented to: Prof. Li-Jian Jin (past member of the FDI Council, who could not receive the certificate at the time his term ended due to Covid travel restrictions), Dr Maria Fernanda Atuesta Mondragon (FDI Council), Prof. Paulo Melo (FDI Council), Dr Susie Sanderson (ending her second term as the Speaker of the General Assembly this meeting), Dr William Cheung (Chair of the Education Committee), Dr Enrico Lai (Vice-chair of the Education Committee), Prof. Marzena Dominiak (Education Committee), Prof. Mahesh Verma (Science Committee) and Prof. Elham Kateeb (Chair of the Public Health Committee).</p>	
<b>7B. FDI WORLD DENTAL CONGRESS (WDC)</b>				
7.1 WDC 2024 / 2025	S	S.Sanderson	<p>A report on the FDI World Dental Congress was in the General Assembly documentation.</p> <p>The FDI flag was passed from the outgoing Local Organizing Committee (LOC) of the Turkish Dental Association (TDA), to the incoming LOC of the Chinese Stomatological Association (CSA).</p> <p>Prof. Tarik İşmen, the President of the TDA delivered a short address and thanked all delegates and partners for the positive feedback received and for making this congress a success. He ended his speech by thanking the FDI President and</p>	

**A=Action required; D=Decision; R=Recommendation; S=Statement**

Agenda Item	Type	Persons concerned	Text	Action
	S	C. Guo	<p>Council, the Executive Director and the team at the Head Office and Education Committee and wished everyone all the very best for the next congress in Shanghai.</p> <p>Prof. Chuanbin Guo, the President of the CSA, expressed an honour for the trust FDI placed in them to host the second World Dental Congress in China. The previous FDI congress, held in 2006 in Shenzhen, was a historical event and he extended a warm invitation to all delegates to join Shanghai in 2025. Short promotional video was played.</p>	
<b>8B. ELECTIONS</b>				
	D	GA	<p>Since the Speaker was a candidate for the Council, she passed the chairing of the meeting and the conduct of the Council elections to the FDI President.</p> <p>As previously informed, Dr Hugo Zamora from Argentina withdrew from the elections.</p> <p><b>For the vacant seat on the Council for the Latin America geographic area, Dr Mauricio Montero (Costa Rica) was the unopposed candidate and was declared elected to his first term by the President.</b></p> <p><b>The General Assembly conducted elections for the Council for the European geographic area and re-elected Dr Sophie Dartevelle to her second term.</b></p> <p><b>The General Assembly conducted elections for the Council for all geographic areas and elected Dr William Cheung (Hong Kong, SAR China), Prof. Elham Kateeb (State of Palestine), Prof. S.M. Balaji (Seychelles) to their first terms, and re-elected Dr Anna Lella (Poland) and Asst. Prof. Duygu Ilhan (Türkiye) to their second terms.</b></p> <p>The Speaker continued to Chair the meeting.</p> <p><b>The General Assembly conducted elections and elected Dr. Stephen Liew as FDI Speaker of the General Assembly.</b></p> <p><b>For the vacant seat on the Membership Liaison and Support Committee, Dr Irene Marron-Tarazzi (USA) was the unopposed candidate and was declared elected to her second term by the Speaker.</b></p>	

Agenda Item	Type	Persons concerned	Text	Action
	D	GA	<p>The General Assembly conducted elections for the <b>Dental Practice Committee</b>, re-electing Dr Doniphan Hammer (France) to his second term and electing Dr Hiroyuki Hirano (Japan) to his first term.</p> <p>The General Assembly conducted elections for the <b>Education Committee</b>, electing Prof. Jun Tsuruta (Japan) to his first term and re-electing Dr Antonio Estrada Valenzuela (Mexico) to his second term.</p> <p>The General Assembly conducted elections for the <b>Science Committee</b>, re-electing Prof. Dr Falk Schwendicke (Germany) and Dr Wendy Thompson (UK) to their second terms.</p> <p>The General Assembly conducted elections for the <b>Public Health Committee</b>, electing Dr. Louisa Nokukhanya Makwakwa (South Africa) and Prof. Yoon-Hee Choi (republic of Korea) to their first terms.</p>	
<b>9B. ANY OTHER BUSINESS</b>				
	S	S. Sanderson	<p>There was no other business to discuss at this meeting.</p> <p>On behalf of the General Assembly, the Speaker thanked the Local Organizing Committee, interpreters, technicians and FDI staff, members of the Council and all delegates for their cooperation.</p> <p>The Speaker conveyed her personal sincere gratitude to Djerdana Gina Ivosevic, Governance and Membership Director for the invaluable support during the General Assembly meetings.</p>	
<b>10 B. CLOSING</b>				
	D	S. Sanderson	The Speaker announced that the next meeting will take place in September of 2025, in Shanghai, China and declared the meeting closed.	



## FDI HANDBOOK

### CHAPTER 4:    **GENERAL ASSEMBLY MANUAL**

(This Manual is based on the FDI Constitution in effect from September 2005)

#### 1.    **COMPOSITION**

See Constitution par 2.1

#### 2.    **CERTIFICATIONS**

See Constitution par 2.2

#### 3.    **SPEAKER AND SECRETARY**

See Constitution par 2.3

The Executive Director is the secretary of the General Assembly.

#### 4.    **POWERS AND DUTIES OF THE GENERAL ASSEMBLY**

See Constitution par 2.4

#### 5.    **TRANSFER OF POWERS AND DUTIES IN AN EMERGENCY**

See Constitution par 2.5

#### 6.    **REGULAR AND SPECIAL MEETINGS**

See Constitution par 2.6

##### Meeting Dates

The dates for meetings of the assembly are normally determined more than one year in advance. Information with regard to these dates is normally extended to member associations at the previous congress.

Information about the dates for the mid-year meetings of the Council, Council Committees and Standing Committees, deadlines for the submission of reports, nominations, etc. are also circulated to member associations and others concerned.

## **7. REFERENCE COMMITTEES**

See Constitution par 2.7

The following principles should apply to Reference Committees:

- The main purpose is to allow for wider debate on identified topics
- Recommendations made are subject to adoption by the assembly
- Language should not be a barrier in the appointment of members
- Meetings held outside of the Open Forum may be require interpreters
- Different people would be appointed each year
- Members of the Reference Committee will be appointed by the President and President-elect with the approval of the General Assembly.
- A reference committee on finance and budget should exist although new members to be appointed annually.

## **8. RULES OF PROCEDURE**

See Constitution par 2.8

Parliamentary procedures vary greatly from one country to another; however, irrespective of the system, the basic objectives of an established set of rules of procedure are the same:

- to ensure the orderly and efficient conduct of business
- to safeguard the right of free discussion for all
- to assist in reaching decisions which reflect the viewpoint of the majority
- to protect the rights of both the majority and the minority
- to provide certain rules of procedure and conduct which are known in advance to all and which apply to all

The rules and procedures of the assembly are based on the rules of the Constitution and on the latest available edition of the “Standard Code of Parliamentary Procedure” by The American Institute of Parliamentarians.

### **8.1 Reports**

#### **8.1.1 Agendas**

A tentative agenda for the meetings of the General Assembly shall be determined by the Executive Committee in consultation with the Speaker. The agenda shall be approved by the General Assembly and may be altered by general consent or majority vote of the delegates present and voting.

### 8.1.2 Definitions

Reports are any written documents submitted for consideration. They may include proposed resolution(s).

Issues are items for or on the agenda.

New business is an item which was not included in the circulated agenda(s).

Circulated means the day the documents are sent from or made available by the Head Office.

Be submitted means the day the documents are received at the head office.

### 8.1.3 Reports to be circulated by the Head Office

In order to be considered by the assembly, all reports shall be circulated to Member Associations at least sixty days in advance of each meeting.

To allow sufficient time for the translation of the General Assembly documents, the English edition must be finalised some ninety days prior to the meeting.

### 8.1.4 Reports to be received by the Head Office

Reports to be considered by the General Assembly shall be available to the Executive Director before the mid-year Council meeting. The purpose of this is to ensure that all reports that are to be considered by the assembly shall first be considered by the Council and then passed on to the assembly - with or without a recommendation.

The rules of procedure of the Council state that “all reports to the Council shall be submitted to the Executive Director not less than sixty days in advance of the meeting at which they are to be considered.”

The deadline for receipt of reports to be considered by the assembly shall be sixty days prior to the mid-year meeting of the Council. The Council may choose to apply these rules more flexibly.

If reports or resolutions are received less than sixty days prior to the Council mid-year meeting, they may be considered as new business at that meeting and then included in the documents circulated to the assembly.

If reports and resolutions are received after the Council mid-year meeting, these are not included in the circulated assembly documents. They will be presented directly to General Assembly A, either as additional comments to items already on the agenda or as new business. Such reports and resolutions are, if possible, translated and circulated to and considered by the Council at its A meeting during the AWDC.

### 8.1.5 Summary of the Constitutional rules and current procedures

- All reports to the General Assembly should be considered by the Council before circulation to the Member Associations - with or without a recommendation by the Council
- Reports to the General Assembly should be received at the head office at least sixty days prior to the mid-year meeting of the Council
- Reports to the General Assembly, received less than sixty days prior to the mid-year meeting of the Council may also be considered at this meeting
- Reports to the General Assembly, received after the mid-year meeting of the Council, are not circulated with the General Assembly documents, but will be presented
- The agenda and documents for the meetings of the General Assembly shall be circulated to the Member Associations sixty days prior to the meeting\*
- New business can be introduced at any session of the General Assembly

\*Due to the time required for translations, it is possible that some documents may not be available in all languages sixty days prior to the meeting. In all cases, the original English version will be available to all whilst the translations are being prepared.

### 8.1.6 Parliamentary procedure

#### Resolutions and motions

All items of business, introduced by the Council and requiring action by the assembly, shall be presented in the form of a resolution as in the following example:

***“Resolved, that the application of the XX Association for XX Membership be approved,...”***

Background information, explanations and arguments in relation to the proposed resolution are normally provided in reports and documents circulated to the assembly.

A proposal to the assembly by a voting member shall take the form of a motion, as for example:

***“I move that the Council be asked to report on.....”***

A specific rule regarding financial impact: Constitution 2.8.8

***“Financial Statement: All resolutions shall be accompanied by a financial impact statement setting forth, as near as can be ascertained, the financial consequences, if any, of the resolution.”***

Move, second, discuss and vote

The conduct of business in the assembly shall always follow this order:

- a. the **introduction of a resolution or motion** (with no other comments at this stage)
- b. the resolution or motion is **“moved”** by a voting delegate of the General Assembly
- c. the resolution or motion is **“seconded”** by a voting delegate. This is done by raising the hand in response to the Speaker’s question: “is there a **second** to the resolution/motion?” If the resolution or motion is **not** seconded by any of the voting delegates, then the resolution/motion will not be considered any further
- d. When the resolution or motion is moved and seconded, then the Speaker declares the issue open for **debate** or **discussion**
- e. When the discussion is finished, the Speaker calls for the **vote** on the presented, moved, seconded and discussed resolution/motion

Amendments

Any voting member of the assembly may suggest amendments to a prescribed resolution or motion.

All lengthy or complicated motions or amendments must be handed in writing to the Speaker.

A motion or an amendment to a motion – after it has been duly moved and seconded – can only be withdrawn by the mover with the consent of the seconder (if applicable) and the agreement of the assembly.

When an amendment to the main motion is set before the assembly; discussion shall be confined to that amendment.

An amendment must not be a direct negation of the original motion, but may be hostile to it.

If the amendment is carried, the main motion, as amended, becomes the substantive motion and is again open to amendment. When the substantive motion is put to the assembly and adopted, it becomes the official resolution or policy and any further debate ends.

Debate

Any member of the assembly, with the right to speak, may participate in debate on any question.

In debate, the member must address the motion or resolution which is currently under discussion. If the member extends debate beyond this or tries to introduce an entirely dissimilar item of business, the Speaker may rule the

member “out of order”. The member must cease speaking and wait to introduce the new item until there has been disposition of the current question.

Not more than one main or principal question may be considered by the assembly at any one time.

#### Point of order

The Speaker or any member of the assembly may raise a point of order when, intentionally or not, a violation of the rules of debate has occurred.

The point of order must be raised immediately following the alleged irregularity. It shall take precedence over all other business and shall be open to discussion.

#### Immediate vote

The Speaker shall have the discretion to decide when adequate discussion has taken place and when to **put the question** to the vote. Voting members of the assembly may wish to close the debate and may do so by moving a motion to **vote immediately**. This will require a seconder. It is not debatable and requires a two-thirds (2/3) affirmative vote to carry.

#### Present and voting

The phrase “delegates present and voting” means delegates casting a valid vote.

Delegates abstaining from voting or handing a blank or spoilt paper are considered as not voting. The same rules apply when any other method of voting is used.

#### Majority vote

In general, the assembly makes its decisions by majority vote (i.e. more than 50% of the votes); however, in certain situations, a further majority vote of two-thirds is required, for example on constitutional matters, election and expulsion of members and when a debate is to be curtailed (see Immediate Vote, above).

#### Motion to appeal

In the event of a dispute over a ruling by the Speaker, an appeal is permissible if requested immediately following the ruling.

An appeal requires a seconder, is debatable, cannot be amended and requires a majority vote in the negative to overrule the Speaker.



### Reconsideration

When the assembly decides on a main motion by taking a vote on it, this decision is usually final; however, an Assembly, just as an individual, has a right to change its mind. Accordingly, motions already voted upon can be reconsidered.

The motion to reconsider the vote on a motion, that was either carried or lost, can be proposed during the same or different session of the meeting at which it was voted upon and requires a three-quarters (3/4) affirmative vote of those present and voting.

### Closed sessions

A closed session of an assembly is a meeting only open to members of the assembly. Guests, such as staff, consultants or advisors may only attend if invited.

Closed Sessions of the General Assembly may be called by majority vote of the delegates present and voting.

### Minutes

Accurate, concise and complete Minutes are of vital importance. They are the official history and legal record of the proposals, reports and decisions of the members. The secretary of the assembly (the Executive Director), working under the direction of the president, is responsible for taking notes and preparing the minutes which shall be circulated for approval at the following annual meeting. The secretary shall record any corrections and then certify the minutes following approval by the assembly.

Debate on resolutions shall not be included in the minutes unless a dissenter wishes his/her negative vote, or his/her abstention from voting, recorded.

## **8.2 Presentation of new business**

See Constitution par 2.8.2

New business requires a two thirds vote for adoption.

## **8.3 Quorum**

See Constitution par 2.8.3

Thirty Regular Members or National Committees where applicable are required for a quorum.

## **8.4 Privilege of the floor**

See Constitution par 2.8.4

Any member of the assembly, who wishes to speak, must ask the Speaker for the floor by raising the hand and/or by waiting at one of the microphones until recognised and asked to speak by the Speaker.

## **8.5 Voting**

See Constitution par 2.8.5

Voting in the assembly will either be by a show of hands or by secret ballot (an electronic voting system is normally used). The Speaker will determine which method to use depending on the nature of the motion or resolution.

Delegates have the right to request a secret ballot. A secret ballot shall be conducted if one-third of the delegates present and voting support the request. When electronic voting is used, specific provision is not made for abstaining. Non-casting of a vote is seen as abstaining.

## **8.6 Nominations**

See Constitution par 2.8.6

In order to be eligible for election to a standing committee, nominees should meet the majority of the specific criteria for each committee. The criteria also apply to other representatives who, at the discretion of a committee, may be elected to serve as consultants.

Members of the five standing committees should have a good working knowledge of English and should have a significant standing in their national association and/or the international dental community.

## **8.7 Elections**

See Constitution par 2.8.7

The assembly has the right to appoint working groups and task teams (see Chapter 5 – Council, par 4) or to request the council to do so. The working groups and task teams may be established to consider matters which are not falling within the ordinary business of any standing committee. The resolution authorizing the working group or task team shall specify its duties, the number of members, calculated costs and indicate the estimated time-frame and mode of presentation.

**8.8 Financial statement**

See Constitution par 2.8.8

**8.9 Approval of the budget**

See Constitution par 2.8.9

**8.10 Suspension of rules**

See Constitution par 2.8.10

These rules except the rule governing a quorum, may be suspended by a two thirds vote.

**Additional Rules**

The rules contained in the latest edition of the “Standard Code of Parliamentary Procedure” by The American Institute of Parliamentarians shall govern the deliberations of the General Assembly in all cases in which they are applicable and are not in conflict with the articles and regulations of the Constitution.

Budget and Finance Reference Committee Report for FDI  
September 11, 2024

- Thanks to the FDI Professional Staff team the FDI budget has been very transparent for the last 2-3 years and the FDI Finances are healthy with a reported **balanced budget** this year of 1.7 M Swiss Francs with \$41,965 surplus.
- The surplus goes into reserves and the operating budget.
- Revenue comes from 33% Membership Fees/ 19% Congress Fees/45% Partnership fees.
- All of the FDI activities and programs are reported. The committees meet and determine their budgets for the upcoming year.
- Sponsorships from companies are a big part of non-dues revenue.

The General Assembly has set policy to **not allow** Companies that make and sell foods with excess sugar to contribute sponsorship money to FDI. For instance, Unilever produces toothpaste but they also market and sell ice cream and other foods high in sugar. FDI decided to stop accepting sponsorship dollars **1 Million Euros** from this company. They also terminated their sponsorship relationship with Mars, Inc. (candy) at 200K.

This created a 700k decrease in income.

The FDI has already found 350K to help cover the decrease in income.  
FDI has also been talking to new possible partners (Colgate request at 795K Swiss francs)

New-Haleon contributed 300K this year.

### Budget and Finance Committee comments:

**\*\* 1.** Note a few delegates suggested we keep company sponsorship with companies that produce foods with high sugar content if they agreed over a certain period of time to decrease the sugar amount. *This committee did not agree and felt that action would go against the current FDI policy. Also; We felt that the staff time involved in monitoring improvements in sugar content would not be worth the effort. There are plenty of companies that will sponsor our programs that don't produce sugar-containing consumables.*

**\*\* 2.** The committee also commented that the Council may consider the value of having several sponsors who qualified with **smaller amounts rather than having just a few sponsors who give LARGE** amounts so the loss of a single sponsor would not have as great an impact.

Rather than relying on a specific large corporation, FDI should solicit sponsorships from many companies, large and small. One idea would be to consider creating a sponsor ranking system such as Platinum Sponsor, Gold Sponsor, Silver Sponsor....based on the amount of contribution. In this case, maximum amount for each rank should be set.

**\*\* 3.** Another question from delegates was how has the attendance to the meeting changed over the Last 3-5 years? *This committee reports it depends on what countries the meeting is held in and how many local dentists they have to support the meeting.*  
*Note: The FDI also gets its income from charging the country where the meeting occurs a "franchise fee" of approximately 500K dollars .no matter what the profit /loss of the actual meeting is.*

NOTE: Countries apply to have the meeting and the FDI council decides. (Attendance ranges from 6K members to 15K members.)

**\*\*4.** The question of **Restricted vs Unrestricted funds** by sponsors was also discussed. 33% of the budget is covered by membership fees. 45% of the funds from sponsors are Restricted to certain specific programs. (For instance GC Contributions are used to benefit programs for the ELDERLY) If all the Funds are not used they can be put into restricted Swiss GAAP RPC 21 account to be used later reassigned with permission of the sponsor.

**\*\*5.** It is also worthy to note that FDI is always looking for ways to be more efficient and spend less on administrative costs. An example of this was **“The move to combine and consolidate Public Health Advocacy and Communication”**.

This allowed staff cuts and decreased administrative costs.

**\*\*6.** The committee thanked the Council for decreasing the multiplier for the membership fee from approximately .07 to .06 and for agreeing to refund the excess money that was collected in the form of accredit for next year. The committee was also very happy that the council and workgroup would be looking at other ways to calculate the membership amount. (Including eliminating the GNI)

**\*\*7.** The Committee was also happy to see the future focus discussion and possible projected research on how to possibly lower all countries FDI meeting costs in the future by possibly incorporating more online meetings. We did comment, however, on the *value of in person meetings* and how vital they are to **develop connections and build relationships** for support because bringing the world together and educating why dental health is so important for overall health is so important for all of us.

**\*\*8.** One other comment by the committee was the encouragement to the FDI Council and staff **to increase the sources of non-dues revenue** so that we could possibly lower the membership fees for countries long term.

**The Budget Reference Committee recommends that the General Assembly approve the 2025 FDI budget.**

Thank you to the FDI staff for all your information and to the following dentists who served on the 2024 FDI Budget and Finance Reference Committee:

France: Dr. Joel Trouillet  
 American Dental Association: Dr. Linda J. Edgar  
 Japan: Dr. Kazuhiko Suese  
 Uganda: Dr. Nakyoniyi Maria Gorretti  
 Colegio: Dr. Antonia Munoz

## Report of response to

### Budget Reference Committee - September 2024

Topics - Recommendations	FDI Council Action
<ol style="list-style-type: none"> <li>1. The Council and workgroup would be looking at other ways to calculate the membership amount. (Including eliminating the GNI).</li> <li>2. Encouragement to the FDI Council and staff to increase the sources of non-dues revenue so that we could possibly lower the membership fees for countries long term.</li> </ol>	<p>A Special Committee has been established to investigate this particular topic and will report its findings to the General Assembly.</p> <p>FDI adheres to the Swiss GAAP Fer21, a stringent accounting standard specifically designed for NGOs, which imposes significant constraints and necessitates careful management of its income streams. FDI cannot generate profit from the sale of goods, as doing so would jeopardize its association status and the associated tax and tax exemption. Nonetheless, FDI consistently works to diversify its income sources.</p>



## President's Report

As I present this final report in my role as President of FDI, I do so with both humility and a sense of gratitude for all those who have shared this journey and enhanced our mission of improving oral health worldwide. This is an occasion not only to reflect on what we have achieved together, but also to consider the direction our organization must now take to secure its future.

In 2023, I had the honour and privilege of assuming the Presidency at the General Assembly in Sydney. That same year, we adopted the FDI Strategy 2024–2027, a guiding framework designed to focus and align our collective efforts in the years ahead. Our strategic pillars of knowledge exchange, advocacy, and innovation are more than just themes; they are commitments to how we work, what we value, and where we intend to lead. I am pleased to say that we have held true to these commitments.

In that spirit of leadership, we also took a firm stand on one of the most pressing public health threats to oral health: excessive sugar consumption. FDI made the bold and principled decision to end partnerships with sugar-related industries. This was not a symbolic gesture. It was a clear, values-based statement that FDI will not compromise on public health. We were fully aware of the financial implications, but we were even more aware of the consequences of inaction. We led not only in word, but also in deed.

Not all outcomes during the past two years, however, were victories. The political decision taken in 2024 to ban dental amalgam in the EU was a disappointing one. It reminds us that we must always remain vigilant. It is clear that we cannot afford to be passive. We must be proactive, base our positions on sound science and be at the table when important oral health decisions are being made.

## Oral health progresses within the global health agenda

At the same time, over the past several years, we have witnessed very positive results from our steadfast advocacy that oral health is an integral and essential part of overall health. Oral health is no longer on the sidelines of global health discourse; it is steadily gaining the recognition it deserves. A defining moment came with our participation in the first-ever WHO Global Oral Health Meeting.

This high-level WHO gathering brought together Member States, alongside key non-State actors such as FDI, other relevant UN agencies, philanthropic organizations and the private sector. Countries were represented by Chief Dental Officers and Universal Health Coverage Leads; a clear indication that oral health is increasingly being positioned within broader health system strengthening agendas.

FDI stood side by side with government delegations, not as a passive observer, but as a strategic partner. We ensured that the collective voice of our members was heard, helping to shape the global oral health agenda at this critical juncture.

At the meeting, WHO Member States adopted the Bangkok Declaration – No Health Without Oral Health, marking a key milestone ahead of the fourth UN High-Level Meeting on NCDs (HLM4) in September 2025.

Since then our efforts have been laser-focused on ensuring that oral health is meaningfully reflected in the HLM4 Political Declaration. We have left no stone unturned, mobilizing our members, engaging our global networks and working in close alignment with key stakeholders to elevate oral health within the broader NCD dialogue. This is a political imperative. FDI is fully committed to making sure that oral health is no longer treated as optional, but as integral to general health and essential to both the universal health coverage and non-communicable disease agendas.

## FDI cannot progress without the support of its membership

None of our global efforts, no matter how strategic or well-resourced, would have impact without the tireless work being carried out by our members at the national and regional levels. To every member organization that has championed oral health in your country, whether through advocacy, education, policy engagement or public awareness, we sincerely thank you. You are the foundation of this Federation and your actions give weight to our global voice.

As I said in 2023 “Enhancing FDI’s position means supporting and working with our members.” Over the past two years I’ve had the privilege of visiting and engaging with many of you, whether at national congresses, regional meetings or advocacy events. These opportunities have been invaluable. They have allowed us to learn directly from you about your successes, your challenges and the innovations that are shaping the future of oral health at every level.

Together, we have explored a wide range of critical topics such as sustainability, innovation, leadership, education, prevention, and more. These dialogues are not just informative; they are essential to ensuring that FDI remains relevant, responsive and grounded in the realities of our profession.

When I accepted the Presidency, I emphasized the need to place communication and collaboration high on our agenda. This is why we initiated our regular online briefings with our members to open a direct, real-time channel for engagement that extends beyond our annual Congress. This initiative has been one of the most meaningful of my term and I sincerely hope it will be continued and strengthened. It is through this transparency, trust and continuous dialogue that our organization will remain united and resilient in the years to come.

## Responding to member priorities through Special Committees

In this spirit of open dialogue and transparency, and at the request of the General Assembly, two Special Committees were mandated last year to address fundamental questions about our organization’s future. The past year has been one of both progress and reckoning. These Committees are examining two critical areas: our membership dues formula and the of the feasibility of holding the World Dental Parliament in a hybrid format.

Let us be clear, these are not merely exercises. They are important decisions that will shape the inclusivity, legitimacy and sustainability of FDI for years to come. They challenge us to ask: What kind of organization do we want to be? How do we ensure fair representation, equitable contribution, financial sustainability and institutional resilience in a rapidly changing world?

Our work is far from over. The global landscape in which we operate is becoming increasingly complex – economically, politically and institutionally. As the Special Committees continue their work, the need for strategic clarity and collective resolve is more urgent than ever. We must reaffirm FDI’s global leadership, ensure that every member has an equal voice and take the necessary steps to secure our long-term sustainability.

The work of the Special Committees did not begin without its challenges. Assembling these groups took longer than expected, as it was essential to ensure balanced representation and the right mix of expertise. Progress was initially slow, but once the Committees were established their work has advanced with focus and determination.

You will hear detailed updates from each Committee during the General Assembly and the Open Fora. These are important opportunities for us to engage in their findings and help shape the decisions that lie ahead.

## Continuing the journey and commitment to oral health

As I look beyond my Presidency, I am pleased to pass the baton to my colleague, Assist. Prof. Nikolai Sharkov, who is well prepared to take on the role of FDI President. His term will come with its own set of challenges, especially as the world continues to face geopolitical uncertainty. I am confident that he will carry out his responsibilities with commitment, clarity and determination. It has been a privilege to know Nick and work with him for many years. He has my full support and I wish him every success.

On a personal note in my role as dean of the East Carolina School of Dental Medicine, I remain committed to advancing an issue that is too often overlooked; oral health for persons with special healthcare needs. This is a global equity issue that requires urgent political and professional attention. Access to oral care should not depend on ability. I will continue to use my voice and platform to help ensure this cause receives the recognition and action it deserves; not only from an access perspective, but also educating and providing the next generation of dentists with the tools needed to provide care for these individuals.

I leave this office confident that FDI is well positioned for the future because our strength lies in our collective voice, our shared goals and our commitment to improving oral health around the world.

## Thank you

As I conclude my term, I want to take a moment to express my sincere thanks to all those who have supported and shared this journey.

First, to my wife, Knox and our two children and their families. Thank you for your unwavering support, understanding, encouragement and patience. Your presence behind the scenes has been a constant strength and I could not have done this without you all.

To my colleagues on the Executive Committee, the Council, and across our Committees, Working Groups, Task Teams and Expert Groups. Thank you for your time, insight and dedication. Your work has helped guide FDI through a time of important transition and I am deeply grateful for your partnership.

To our members around the world. Thank you for your trust, engagement and tireless efforts at the national and regional levels. You are the heart of this organization. Your work gives meaning to everything we do at the global level and your commitment to improving oral health in your communities continues to inspire us all.

A special word of thanks to the American Dental Association, of which I am proud to be a member. Your longstanding support for FDI and your leadership in global oral health have been a steady source of strength throughout my Presidency.

To our corporate partners. Thank you for your continued collaboration and support. Your partnership makes it possible for us to scale our work, explore new ideas and build sustainable solutions. We are grateful for the trust and transparency that define our relationships.

To our colleagues in global health organizations. Thank you for your shared commitment and support. Whether through joint advocacy, technical collaboration or global dialogue, your role in advancing oral health within the broader health agenda is deeply appreciated.

And finally, to our wonderful FDI staff. Thank you for your support, your professionalism, your energy and your dedication. You have kept the organization moving, supported every step of this journey and made it possible to turn vision into action. It has been a pleasure and a privilege to work alongside you.

# Executive Director's Report

## General Assembly 2025

*This report was generated on 26 June 2025*

As the world continues to navigate global uncertainties, oral health continues to make steady progress within the broader health agenda. The various reports prepared by FDI Headquarters offer a detailed account of our activities over the past year. In this address, however, I would like to highlight some of our key achievements and milestones that were made possible by the resilience of our membership and the commitment of our leadership, including the Council, Standing Committees, Task Teams, and Working Groups, as well as the continued trust and support of our industry partners.

## Thank you to our members and partners for their continued support

Our strength continues to lie in our membership. Today, FDI is proud to count 191 member organizations across 134 countries. This global representation helps ensure that no one is left behind as we work to make accessible, affordable, and quality oral healthcare a reality for all. Our regional organizations continue to bring members together across geographic areas to collaborate and develop stronger, more cohesive oral health strategies.

We are truly grateful for the continued trust and commitment of our members. Your engagement drives our advocacy, strengthens our programmes, and increases our collective impact across borders.

Your dedication is evident in many ways: from responding to our surveys and celebrating World Oral Health Day, to sharing our resources with your networks and championing oral health advocacy at the national level. These contributions are what enable us to make an impact on the global level. You are without question our strongest advocates.

We recently witnessed the strength of our membership and the critical role you played in ensuring oral health was included in the Zero Draft of the Political Declaration for the 4th United Nations High-Level Meeting (UNHLM) on NCDs. When the initial draft was released on 13 May there was no mention of oral health. FDI acted quickly, and mobilized our networks, including you our members, FDI Council, friendly mission contacts, Chief Dental Officers and other partners, urging you to bring this to the attention of your governments and push for the inclusion of oral health. This coordinated response, resulted in successive drafts of the Declaration increasingly recognizing oral health. At the time of writing this report, the latest draft political declaration now included references to oral health and the significant disease burden. This marks a key step toward securing oral health within the global NCD agenda and underscores the power of coordinated advocacy. The UNHLM on 25 September must be leveraged by the global health community to elevate oral health within the broader NCD and mental health agenda, and getting oral health into the draft declaration was a necessary and significant step toward achieving this.

Your ability to mobilize when it matters most is matched by the value you bring through ongoing dialogue and feedback. We recognize how important it is to listen to your views, which is why our General Assembly and Open Fora are key platforms for coming together, exchanging ideas, and shaping the future of our organization. Your feedback at last year's General Assembly on the membership fees formula and the hybrid model for the World Dental Parliament directly led to the creation of two new Special Committees. You will find more details regarding this in our President's report.

Alongside the strength of our membership, the continued support of our industry partners plays an essential role in enabling FDI to deliver on its mission. In a challenging and unpredictable geopolitical and economic landscape, securing funding for our work is not always easy. Even so, FDI has been fortunate to maintain strong and loyal partnerships with key stakeholders across the industry.

These partnerships are based on trust, shared goals, and close collaboration. Over the past year, we have actively worked with our partners to strengthen these relationships and align our efforts. We are also pleased to see new

partnership opportunities developing and look forward to building on this momentum. FDI remains committed to working closely with industry to move our goals forward and support the long-term success of our programmes.

## Successful continuing-education endeavours

### Launching the Master CE course on adhesive and aesthetic dentistry

We are especially proud of the progress made in continuing education over the past year. In 2024, FDI launched the Master CE Programme on adhesive and aesthetic dentistry. The course is structured into five modules, which are delivered individually or in combination across different regions. This flexible format allows learners to attend sessions in various locations, encouraging global collaboration and peer-to-peer exchange. We are pleased to see strong demand for this programme, with sessions already delivered in several countries and more planned in the months ahead. The course has reached participants in Egypt, Saudi Arabia, Hong Kong SAR, Malaysia, India, Tunisia, Colombia, Bulgaria, and Hungary. It is a clear reflection of the growing global appetite for high-quality, accessible dental education, and we are proud to be meeting that need.

We would like to thank our corporate partners, GC International, Voco Dental and Dentsply Sirona for their valuable support to the Master CE Programme.

### Holding two successful regional congresses alongside dedicated members

In 2025, we held two successful regional congresses, one in Riyadh, Saudi Arabia and one in San José, Costa Rica, following preparations that began the previous year. The Saudi Arabia congress was organized in collaboration with the Saudi Dental Society, while the Costa Rica event was co-hosted with the Colegio de Cirujanos Dentistas de Costa Rica. We sincerely thank both member organizations for their excellent collaboration in hosting these events. Each congress attracted strong participation and received positive feedback from attendees. They also provided valuable regional opportunities for participants to access high-quality continuing education delivered by international experts.

Following the success of these two Regional Congresses, the Council has approved the continuation of this model. We are now committed to hosting at least one regional congress per year. This approach allows us to collaborate more closely with members and connect with dental professionals in different parts of the world.

For a more comprehensive update, please refer to the *Continuing Education and Congress Report*.

## Advocacy and global engagement to strengthen oral health within global health

As highlighted in the President's report, this past year has seen meaningful progress in FDI's global advocacy efforts. This progress has been driven by our ability to engage consistently and credibly with key global health stakeholders where we represent membership. Our presence in Geneva has been instrumental in enabling this engagement by facilitating close and regular contact with institutions central to global health governance.

Geneva remains a key hub for international health diplomacy. It is home to the World Health Organization (WHO) and other agencies of the United Nations, the NCD Alliance, and the World Health Professions Alliance (WHPA), of which FDI is a proud member. Being based in Geneva allows us to meet regularly with WHO officials, engage directly with country missions, and collaborate closely with other global health organizations. This proximity helps ensure that oral health remains part of ongoing conversations that influence international policy and funding priorities.

FDI's status as a non-state actor in official relations with WHO grants us access to critical platforms and decision-making processes. We extend this access to our members through regular updates, joint advocacy opportunities, and alignment on key global health developments. When FDI is invited to contribute to consultations on major policy documents by WHO and UN agencies, we actively seek input from our members and incorporate your feedback into our submissions. These documents are then reviewed and approved by Member States. This approach enables us not only to monitor global policy trends but also contribute meaningfully to shaping them.

FDI's leadership position and broad reach was recognized by WHO when we were invited to co-lead the Advocacy and Communications workstream of the new Global Coalition on Oral Health, alongside the Global Self-Care Federation and the University of Montpellier. This Coalition, first announced during the Bangkok Meeting on Oral Health held in Thailand in November 2024, aims to mobilize multisectoral support for the implementation of the WHO Global Oral Health Action Plan. The Coalition's work will be structured around four workstreams, with the other three focusing on: Implementation Research; Knowledge Translation and Meaningful engagement of people living with oral diseases and other NCDs.

This highlights the critical importance of FDI's continued engagement in Geneva-based policy processes, ensuring that oral health gains and maintains recognition as an essential component of global health, and that our members perspectives are represented where key decisions are made.

For further updates, please refer to the *Advocacy and Communications Report*.

## Fluoride: shaping a proactive, evidence-based position

As rightly noted in the President's report, it is essential that we learn from the lessons of the dental amalgam debate. We cannot afford to lose the public health battle on fluoride, which remains the most effective preventive measure against dental caries.

In recognition of this, FDI began internal discussions at the Mid-year Meeting to assess how we can develop a clear and evidence-based position. Discussions are underway with IADR to develop a joint Position Statement on Fluoride.

There is a shared understanding that FDI must continue to demonstrate leadership by providing guidance grounded in scientific consensus. It is essential that we adopt a proactive approach to help safeguard proven public health measures. As we move forward, our goal is to ensure that global discourse on fluoride reflects the best available science and remains aligned with FDI's broader vision for improving oral health worldwide while equipping our members to address national and local needs with confidence.

## World Oral Health Day – a global movement with growing momentum

In 2025, the World Oral Health Day (WOHD) campaign focused on the important connection between oral health and mental health. This theme was timely and aligned with the focus of this year's United Nations High-Level Meeting on NCDs and mental health. As the most prevalent NCDs globally, oral diseases can have a significant impact on a person's mental health. The campaign helped bring attention to the need for integrated approaches to health.

WOHD 2025 was met with strong engagement across digital platforms, including Instagram, where content from FDI's accounts generated more than 40 million views. This digital momentum played a central role in reaching new audiences and broadening the conversation.

Thanks to our member associations, more than 600 reported activities took place across 100 countries, bringing the campaign to life in communities around the world. We were also pleased to see active participation from WHO regional offices and country teams, with a special message from WHO Director General Dr Tedros on the day.

We would like to extend our thanks to all our members, and to our corporate partners, Haleon, Smile Train, Dentsply Sirona, and Solvntum, for their valuable support in helping amplify this campaign.



Looking ahead, we are excited to launch the 2026 WOHD campaign at the FDI World Dental Congress in Shanghai. We look forward to continuing to build on this momentum in the year ahead.

For a full overview of this year's campaign, please refer to the *Advocacy and Communications Report*.

## International Dental Journal

We are proud to share that the *International Dental Journal* (IDJ) has achieved a new impact factor of 3.7, reflecting its growing influence and recognition within the global scientific community. This is a significant milestone and a clear testament to the journal's quality, relevance, and editorial excellence.

Under the leadership of Prof. Lakshman Samaranayake, the IDJ has become a true asset to FDI and to the global dental profession. The transition to an article-based publishing model has further enhanced accessibility, ensuring timely dissemination of peer-reviewed research.

We extend our sincere congratulations to Prof. Samaranayake, the editorial board, and all contributors who have helped elevate the journal to this new level.

For a more comprehensive report, please refer to the detailed update provided by Prof. Samaranayake in his report.

## Thank you

As I bring this report to a close, I would like to express my heartfelt thanks to the entire FDI community. This includes our members, our leadership, our industry and institutional partners, and of course my team at FDI Headquarters without whom nothing would be possible. Your continued commitment, collaboration, and shared purpose have been instrumental in driving our work forward.

We are living through a period of both challenge and opportunity in global health. It is encouraging to see oral health gaining momentum on the global agenda, and I am confident that, with your support, we will continue to build on this progress.

I would like to extend a special thank you to the Executive Committee for the tremendous support they have given me during these challenging times, and in particular, to our President, Dr Greg Chadwick. As we prepare to welcome our incoming President, Prof. Sharkov, I want to sincerely acknowledge and thank Dr Chadwick for his unwavering commitment to FDI. He has been a determined and motivated leader, always striving to do his best for FDI and its members. The staff deeply appreciates his empathetic leadership, and I would personally like to thank him for being such a great mentor. Dr Chadwick has been a driving force within our organization, and on behalf of all of us at FDI, thank you for your exceptional leadership and contributions, which have left a lasting impact. I am truly grateful for all that you have done.



# Projects Report

## General Assembly 2025

Generated on 24 June 2025

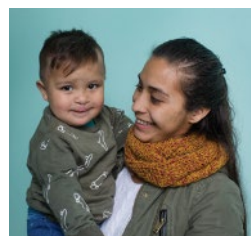
This report summarizes all activities undertaken across FDI's projects from the General Assembly report of September 2024 through June 2025.

### Digital Cleft Care

#### Project goal

To introduce the digitalization of cleft care globally and develop educational materials that familiarize oral health professionals with digital workflows in cleft care.

<https://www.fdiworlddental.org/digital-cleft-care>



#### Project progress and achievements

- The **MOOC on Digital Dentistry in Cleft**, created in Phase 1 of the project, has been **translated** into Spanish, French, and Portuguese.
- **Two promotional videos** illustrating the process of treating cleft lip and palate using digitalization tools have been produced to **promote the digital workflows** resource.
- The resources were officially launched on 26 February 2025 and actively promoted.

#### Next steps

- The project is now complete.

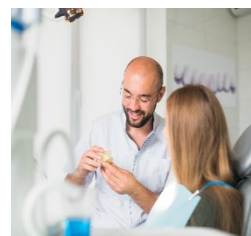
#### Project stakeholders

Stakeholder type	Name/Composition
Corporate partner	Smile Train, Dentsply Sirona
Task Team	Digital Cleft Care Task Team: <ul style="list-style-type: none"> <li>• Dr Puneet Batra (Chair)</li> <li>• Dr Juan Pablo Gómez Arango</li> <li>• Dr Clement Seeballuck</li> </ul>
Oversight committee	Dental Practice Committee

## Educational Module for Other Healthcare Professionals

### Project goal

To equip non-dental healthcare professionals (HCPs) with foundational oral health knowledge and practical skills by developing targeted educational materials. The project will enable HCPs to integrate essential oral healthcare into their routine practice. It will cover the anatomy and physiology of the oral cavity and related structures, provide an overview of common oral health conditions, including their signs, symptoms, preventive strategies, and management through stabilization or referral, thereby strengthening early detection, prevention, and access to care at the primary healthcare level.



<https://www.fdiworlddental.org/educational-module-other-healthcare-professionals>

### Project progress and achievements

- In addition to the five factsheets launched in May 2024 (Oral Lesions and Oral Cancer; Dietary Advice; Oral Health in Pregnancy; Relationship Between Oral and Systemic Diseases; Oral Hygiene), seven more were released in April 2025, including topics such as: Basic Oral Examination, Periodontal Disease, Adult Oral Health, Oral Health for Older Adults Understanding Dental Caries, Child Oral Health, Raising Awareness about Global Oral Health. Most of the fact sheets are supported by up to eight international organizations including International Council of Nurses, International Pharmaceutical Federation, C3 Collaborating for Health, and Global Self-Care Federation and they have supported the dissemination of these resources.
- Two new videos, produced in collaboration with the International Pharmaceutical Federation (FIP), were also published. The first video addresses child oral care, while the second focuses on tobacco and oral health, bringing the total number of videos to five.

### Next steps

- In collaboration with FIP, FDI will host a webinar at the end of the year.
- Three additional fact sheets will be published before the end of 2025, on the following topics: Hypersensitivity, Oral Adverse Drug Reactions, Tobacco Use and Oral Health. FDI's leadership decided to put the final fact sheet on fluoride on hold, pending further discussions.
- All fact sheets will be translated into French, Spanish and Mandarin.
- Infographics to support the fact sheets will be developed.

### Project stakeholders

Stakeholder type	Name/Composition
Corporate partner	Haleon
Overseeing Expert	Dr Nokukhanya Makwakwa
Oversight committee	Public Health Committee

## Integrated Electronic Health Records

### Project goal

To integrate oral health into broader electronic health records (EHRs) to support holistic, person-centered care by establishing implementation strategies, identifying key health indicators, and advocating for global action to unify medical and dental records for improved patient outcomes.

<https://www.fdiworlddental.org/electronic-health-records-dentistry>



### Project progress and achievements

- Following approval by the FDI Council, the *Consensus Statement on Integrated Electronic Health Records* was launched at a **media briefing** hosted by Henry Schein on 26 March, during the International Dental Show (IDS) in Cologne. The event was titled “*Launching Eight Core Oral Health Indicators for Integration in Electronic Health Records*,” and featured FDI President Dr Greg Chadwick and Integrated EHR Task Team member Dr Piret Väli as panelists, alongside Ryan Hungate from Henry Schein One, and David Kochman from Henry Schein as moderator.
- A **press release** with a supporting media Q&A document was released on 24 March, ahead of the media briefing with Henry Schein, to generate awareness ahead of the launch of the Consensus Statement.

### Next steps

- Dissemination and promotion:** a comprehensive communications plan including a dedicated social media toolkit has been implemented to broaden the outreach of the Consensus Statement and to generate maximum visibility and engagement.
- A **proposal** has been submitted to Henry Schein requesting funding for 2025 and 2026 to support the practical implementation of the oral health indicators into EHRs through targeted engagement with NDAs and high-level stakeholders (e.g. legislators, Chief Dental Officers, Chief Medical Officers), and strategic events.

### Project stakeholders

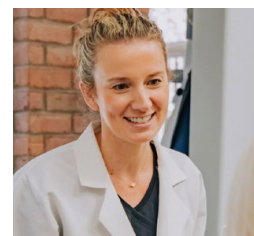
Stakeholder type	Name/Composition
Corporate partner	Henry Schein, Inc.
Task Team	Integrated Electronic Health Records Task Team: <ul style="list-style-type: none"> <li>Prof. Mark Wolff (Chair)</li> <li>Dr Lina Weinert</li> <li>Dr Fred Horowitz</li> <li>Dr Piret Väli</li> <li>Dr Jina Lee Linton</li> </ul>
Oversight committee	Dental Practice Committee

## Mental Health and Well-being in Dentistry

### Project goal

To promote mental well-being in dentistry by raising awareness, reducing stigma, and providing resources and training for dental professionals, students, and patients. This goal includes addressing the impact of patient dental phobia on practitioners and equipping both dental teams and patients with tools to manage mental health challenges and dental anxiety.

<https://www.fdiworlddental.org/mental-health-and-well-being-dentistry>



### Project progress and achievements

- A **scoping review** of the link between the mental health and well-being of dental team members and the quality of oral healthcare has been developed by the task team.
- The task team conducted a **focus group with dental students** from various regions, and the analysis is undergoing.
- The **framework** guiding NDAs in developing **mental health programmes** for dental professionals has been finalized by the task team.

### Next steps

- **Word Dental Congress 2025**: the project session will focus on *Mental vitality test: Addressing the roots of student wellbeing: The role of NDAs and Dental Schools* and will take place on Wednesday 10 September 2025, from 10:30–12.00. The confirmed speakers are Dr Tim Newton, Prof Matt Hopcraft and Deniz Devrim Kaya (IADS President).
- A **scoping review** article will be submitted to the *International Dental Journal* and published by the end of the year.
- Following the assessment of **the dental students' needs**, the resources to address the gaps identified will be produced.
- **The NDA framework** will be designed and uploaded to the website and digital toolkit.

### Project stakeholders

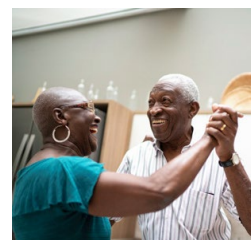
Stakeholder type	Name/Composition
Corporate partner	MPS Foundation
Task Team	Mental Health and Well-being Task Team: <ul style="list-style-type: none"> <li>• Prof. Tim Newton (Chair)</li> <li>• Dr Amanda Johnston</li> <li>• Prof. Matt Hopcraft</li> <li>• Dr Chisung Yuh</li> </ul>
Oversight committee	Dental Practice Committee

## Oral Health for an Ageing Population

### Project goal

To enhance oral healthcare for the elderly through comprehensive, innovative approaches and strategic collaborations. This project aims to improve access to dental care and promote better oral health among older adults.

<https://www.fdiworlddental.org/oral-health-ageing-population>



### Project progress and achievements

- An **editorial** titled “*[Making the right to oral health a reality for older adults](#)*” was published in the June issue of the *International Dental Journal (IDJ)*. This marked the beginning of the celebrations for the 10-year partnership.
- As part of the 10-year partnership celebrations, a special [video message](#) from FDI President Dr Greg Chadwick was recorded. In his message, Dr Chadwick recognized the milestone of this collaboration while highlighting the significant progress made to date. A key takeaway was FDI’s continued commitment to integrating oral health into Universal Health Coverage (UHC) and to improving the lives of older adults.

### Next steps

- **World Dental Congress 2025**: the session titled *Towards healthy longevity: new tools and strategies for oral health in older adults* will take place on 10 September from 10:00–11:30 and the speakers include Dr Kakuhiro Fukai, Prof. Gerry McKenna and Dr Hirohiko Hirano.
- An **advocacy resource** is being developed to serve as a **guide to NDAs** on how to advocate policy-level changes within their countries, with a particular focus on ageing populations. The resource will leverage the UN High-Level Meeting (UNHLM) on Noncommunicable Diseases in September 2025 and help build momentum towards the UNHLM on Universal Health Coverage (UHC) in 2027. A key message of this resource is that **UHC cannot be achieved without addressing oral health, including for ageing populations**.
- The Task Team will develop an **IDJ supplement** for publication in early 2026. It will provide an overview of achievements in oral health for ageing populations to date, highlight remaining gaps, and present evidence that UHC cannot be achieved without addressing oral health in ageing populations.

### Project stakeholders

Stakeholder type	Name/Composition
Corporate partner	GC International and Nakao Foundation
Task Team	Oral Health for an Ageing Population Task Team: <ul style="list-style-type: none"> <li>• Dr Kakuhiro Fukai (Chair)</li> <li>• Prof. Judith Jones</li> <li>• Dr Sophie Darteville</li> <li>• Dr Hirohiko Hirano</li> <li>• Prof. Gerry McKenna</li> </ul>
Oversight committee	Public Health Committee

## Oral Health within General Health

### Project goal

In alignment with FDI's Vision 2030, this project aims to strengthen and accelerate countries' progress toward optimal health for all by engaging key stakeholders, including 1) Patients and the general public; 2) Oral and non-oral health professionals; 3) Policymakers, NDAs, and other key stakeholders. The project seeks to integrate oral health into broader health systems, ensuring a more comprehensive approach to healthcare. Additionally, the FDI Smile Grant, part of the project, promotes preventive oral care at the local level. This CHF 5,000 award recognizes two NDAs annually for their innovative and sustainable community-based outreach projects that improve oral health in their countries.



<https://www.fdiworlddental.org/whole-mouth-health> and <https://www.fdiworlddental.org/whole-body-health>

### Project progress and achievements

- **Global data collection on the WMH web app is ongoing.** Over 2,000 unique visitors have used the platform. Data analysis will identify gaps in oral health literacy and guide the development of targeted resources. A final report, presented as a video, has been produced using data from the UK, Australia, Nigeria, and Chile. Infographics will highlight the health literacy status in Chile and Nigeria.
- The **WBH** platform has been translated into **French and Spanish**. Additionally, "Snackables" have been created, breaking down the information into bite-sized pieces that can easily be shared through communication channels in low-resource settings.
- **Smile Grant 2025:** a total of 17 applications were received, 11 of which were deemed ineligible. Two winners were selected and will be announced during General Assembly A at WDC 2025 on 7 September.

### Next steps

- **Data analysis** for the **WMH project** will continue with localized data from four countries and global data collected through the WMH Arcade. The aim is to identify health literacy gaps and develop resources to help NDAs address these gaps. Additionally, data from the **Oral Health Observatory** will be used to support these findings.
- **A WMH session will be held at WDC25 in Shanghai** to explore strategies to enhance oral health literacy and promote lifelong oral health. The session will showcase the projects innovative tools and empower NDAs to carry out data collection in their country.
- The WBH platform will be expanded to **highlight the common oral signs of systemic diseases** and the **impact of social and commercial determinants of health**. Additionally, leaflets for non-oral health professionals, currently being developed by the Public Health Committee, will be hosted on the platform to create a comprehensive resource for the wider healthcare team. A webinar in late 2025 will promote these resources and reinforce the link between oral health and overall health.

### Project stakeholders

Stakeholder type	Name/Composition
Corporate partner	Colgate
Task Team	<i>The two Task Teams, <b>Whole Body Health</b> and <b>Whole Mouth Health</b>, overseeing the Oral Health within General Health project, need to be updated and reappointed by the Council.</i>
Oversight committee	Dental Practice Committee

## Oral Health Observatory

### Project goal

To collect standardized global oral health data, assess the needs of patients and dental practitioners at national and international levels, and identify key oral health trends. These insights will be used to inform and influence policymakers, driving greater investment in oral disease prevention and treatment, ultimately improving overall health outcomes.

<https://www.fdiworlddental.org/oral-health-observatory>



### Project progress and achievements

- The **Indian Dental Association's** article, "Assessment of Oral Health Status, Care Seeking Behaviours, and Oral Health-Related Quality of Life among Indian Adults Using the World Dental Federation's Digital Application," was published in the *Indian Journal of Dental Research* on 24 February 2025.
- Data collection is ongoing in **Kenya**, with **data gathered from over 500 patients** across more than 20 clinics.
- Prof. Sarah Baker, member of the OHO Task Team, is **supporting the analysis of data collected in Tanzania**. Subsequently, priorities for oral health will be defined, and an advocacy strategy will be developed to support the Tanzania Dental Association's national oral health efforts.
- A workshop with Dr Si Yan and Dr Liu Yi of the **Chinese Stomatological Association (CSA)** was conducted on 15 and 16 May. The OHO Task Team including Dr Michael Sereny (Chair), Prof. David Williams, Prof. Georgios Tsakos and Prof. Sarah Baker, together with the experts from CSA, examined key findings of data analysed in China and discussed opportunities to develop advocacy activities.

### Next steps

- The **Egyptian Dental Association** and **Nigerian Dental Association** will commence data collection.
- Further to FDI Council endorsement, the **Lebanese Dental Association (LDA)** will submit its national oral health action plan to the Ministry of Public Health, supported by data collected using the OHO application.
- The **Colombian Dental Association** will collect more data from public institutions in 2025 to support its efforts in facilitating the integration of oral health indicators in national surveillance systems.
- The **WDC 2025** session will take place on 10 September and speakers will include Dr Sereny (Chair of OHO Task Team), Dr Yan (CSA) and Dr Antoine Choufani (LDA). A **workshop** is also being planned on the same day, which will provide an opportunity for countries at different project stages to exchange knowledge and share best practices.

### Project stakeholders

Stakeholder type	Name/Composition
Corporate partner	Haleon
Task Team	Oral Health Observatory Task Team: <ul style="list-style-type: none"> <li>• Dr. Michael Sereny (Chair)</li> <li>• Prof. Georgios Tsakos</li> <li>• Prof. David Williams</li> <li>• Prof. Sarah Baker</li> </ul>
Oversight committee	Dental Practice Committee



## Sustainability in Dentistry

### Project goal

To support the dental profession on its sustainability journey by providing educational resources and advocacy guidelines.

<https://www.fdiworlddental.org/sustainability-dentistry>



### Project progress and achievements

- The **slide deck and accompanying guide** for dental training institutions to integrate sustainability into existing curricula have been launched.
- **MOOC 2**, *Practical Application of Sustainability in Dentistry*, has been finalized and launched.
- The **Sustainability Ambassador Prize winners** from MOOC 1 were announced in January 2025.
- **Virtual Sustainability in Dentistry Summit 2025**: the summit took place on 5–6 June and 389 participants registered for the event, however, attendance was below expected. With 61 day one attendees and 58 on day 2.

### Next steps

- Promotion of **MOOC 2**: *"Practical Application of Sustainability in Dentistry,"* through the FDI website, social media, and various networks is ongoing.
- An **Advocacy Guide** will be developed.
- **World Dental Congress 2025**: the Sustainability session titled *"Integrating Sustainability as Dental Professionals"* will take place on 10 September from 14:30–16:00.

### Project stakeholders

Stakeholder type	Name/Composition
Corporate partner	Partners: Sunstar, Haleon, Dentsply Sirona Supporters: Colgate, Kulzer, SDI Limited
Task Team	Mental Health and Well Being Task Team: <ul style="list-style-type: none"> <li>• Prof. Nicolas Martin (Chair)</li> <li>• Dr Mick Armstrong</li> <li>• Dr Duygu Ilhan</li> <li>• Dr Steven Mulligan</li> <li>• Dr Hasan Jamal</li> <li>• Asst. Prof. Donna</li> </ul>
Oversight committee	Dental Practice Committee



## Tobacco Cessation

### Project goal

To promote tobacco cessation and overall health by disseminating FDI resources in collaboration with National Dental Associations (NDAs), increasing awareness of the critical role oral health professionals play in tobacco cessation, and enhancing their knowledge and skills to deliver effective interventions in dental settings. Additionally, to raise public and professional awareness of the integral connection between oral health and overall health and well-being.



<https://www.fdiworlddental.org/tobacco-cessation>

### Project progress and achievements

- During the first half of 2025, three Tobacco Cessation workshops were facilitated in the following countries: Tunisia, Chile, and Lebanon.
- 189 dental practitioners and students have been trained since the beginning of the year.

### Next steps

- The Hong Kong Dental Association will be implementing an in-person Tobacco Cessation workshop on 22 August 2025.
- Three additional workshops will be implemented before the end of 2025.
- A comprehensive promotional plan will showcase the outcomes of the workshops.

### Project stakeholders

Stakeholder type	Name/Composition
Corporate partner	Lion Foundation
Experts group	<ul style="list-style-type: none"> <li>• Dr Dongbo Fu (WHO Adviser)</li> <li>• Dr Elham Kateeb (Council)</li> <li>• Dr Hiroshi Ogawa (Council)</li> <li>• Dr Simona Dianišková</li> </ul>
Oversight committee	Public Health Committee

## World Dental Development Fund

### Project goal

To support country-level efforts to improve oral health, primarily through establishing innovative prevention and access programmes in disadvantaged populations. The World Development Fund (WDDF) projects reflect the core values and principles of FDI.

<https://www.fdiworlddental.org/world-dental-development-fund>



### Project progress and achievements

During WDC 2024, Public Health Committee (PHC) selected the following winners for project implementation in 2025:

- **The Colegio de Cirujano Dentistas de Chile** will provide dental care to elderly residents in long-term care facilities. The initiative aims to assess the oral health needs and status of residents in ELEAM facilities in Chile's Metropolitan Region, and to improve their oral health through education, prevention, and dental treatment interventions.
- **Cook Islands' Medical and Dental Association:** will enhance the knowledge and clinical skills of oral health professionals in the Cook Islands. By providing training on best practices in school screening programmes, clinical care, and preventive strategies, the programme aims to improve the delivery of oral health services to children and adolescents across the islands.
- The **Fiji Dental Association's** "Serua/Namosi Community Health Outreach" project aims to improve access to dental care and health education. This initiative promotes oral health through education, preventive care, and treatment. Activities include workshops, supervised tooth brushing, biannual fluoride varnish applications, and the distribution of dental care kits. Free check-ups and treatments will be provided at community clinics.
- **Miracle Corners Rwanda** will reach 10,000 children aged 5–15 years in the rural Bugesera District of Rwanda. The project aims to raise awareness and improve hygiene practices through school-based activities. At the same time, it will provide practical public health experience to 50 dental students, helping to cultivate a new generation of oral health advocates within the community.
- Led by the **Hungarian Dental Association, in collaboration with the Uganda Dental Association** and the Build Your Smile Dental Foundation, this project aims to train educators in Uganda on the prevention of common oral health issues. Outreach missions serve as both service delivery and mentorship opportunities, enabling educators to gain practical experience under the guidance of experienced facilitators, laying the foundation for long-term oral health promotion.

### Next steps

- The 2026 winners will be selected during WDC 2025 and announced in October.

### Project stakeholders

Stakeholder type	Name/Composition
Corporate partner	Shofu
Reviewers	Public Health Committee reviewers: <ul style="list-style-type: none"> <li>• Prof. Elizabeth Shick (Vice Chair)</li> <li>• Prof. Islam Tarek Abbas Hassan</li> <li>• Prof. Youn-Hee Choi</li> </ul>
Oversight committee	Public Health Committee

# Advocacy and Communications Report

## General Assembly 2025

Generated on 30 June 2025

This report summarizes all the activities undertaken since the General Assembly (GA) report of September 2024 through June 2025.

### Implementation of FDI's advocacy strategy

The implementation of FDI's advocacy strategy is carried out under the guidance of the Advocacy Working Group and the Vision 2030 Implementation and Monitoring Expert Group (V2030 IMEG). Advocacy is a strategic Pillar in FDI's Strategic Plan (2024–2027), and FDI continues to align with and respond to a rapidly evolving policy ecosystem, including governments' unprecedented interest in oral health and reducing support for multilateralism. With the support of V2030 IMWG, a new advocacy strategy for 2025–2027 is currently being finalized. This advocacy strategy connects policy developments relevant to oral health to the relevant Vision 2030 pillar, thereby highlighting the opportunity to leverage them for progress. It also proposes goals to be achieved over these three years.

The main achievements since the last GA are highlighted below.

### Driving Vision 2030

#### Vision 2030 mid-term evaluation

Following a successful review of the Vision 2030 indicators in 2024, the focus of the work to date in 2025 has been on the mid-term evaluation to assess progress towards Vision 2030 goals. Through this survey evaluation, FDI will gather insights from its committees, members and partners on the opportunities to accelerate Vision 2030 Implementation. The outcomes of this evaluation will be presented at the [World Oral Health Forum \(WOHF\) 2025](#), during this year's Congress in Shanghai, China.

#### Joint meeting of Vision 2030 Industry Action Group and Implementation and Monitoring Expert Group

The implementation of FDI's Vision 2030 is supported by the Vision 2030 Industry Action Group (IAG), and FDI has long advocated for the role of the private sector in helping to deliver optimal oral health for all. A joint meeting of the IMEG and IAG took place on 30 October. The one-day meeting also included a session with representatives from the World Health Organization (WHO)'s Oral Health Team.

The objective of the meeting was to understand the progress of Vision 2030 and the opportunities to better leverage the expertise, experience and resources of the private sector for its implementation. Participants also discussed the global oral health agenda, especially the WHO Global Oral Health Action Plan, which includes tasks assigned to the private sector, and identified potential entry points for industry actors to support its implementation.

Both the IMEG and IAG discussed their priorities for 2025, which helped shape FDI's advocacy workplan for 2025. Several follow-up meetings have been organized, including with the WHO Oral Health Team to define the IAG's opportunities to support the global oral health agenda.

## Sessions at FDI's World Dental Congress

- **From Evidence to Action: Reducing Excessive: Free Sugar Consumption with Smart Policies** taking place on 11 September from 09:00–10:30.
- **WOHF 2025** titled *Vision 2030: 5 years on, 5 years to go* taking place on 11 September from 11:00–12:30.

Full details on the speakers and programme is available [here](#).

## Advancing oral health through WHO platforms

### WHO Global Oral Health Meeting 2024

FDI participated in the first ever WHO Global Oral Health Meeting in Bangkok, Thailand, from 26–29 November. The three-and-a-half-day meeting brought together around 350 participants from the six WHO regions, including government representatives from over 100 countries, and participants from selected United Nations (UN) agencies, civil society organizations, philanthropies, and the private sector. This meeting represented a major milestone in preparing for the 4th UN High-Level Meeting on the Prevention and Control of Non-Communicable Diseases (NCDs) and the Promotion of Mental Health and Well-being (HLM4) planned for September 2025. FDI's delegation for this meeting included the President, Executive Director and two Secretariat staff involved in the implementation of FDI's advocacy efforts.

The meeting culminated in the adoption of the [Bangkok Declaration – No health without oral health](#), which was developed through a consultative process. A new Global Coalition on Oral Health was also announced during the meeting to mobilize multisectoral support for the implementation of the WHO Global Oral Health Action Plan. The work of the coalition will be driven by four workstreams:

1. Advocacy and Communications
2. Implementation Research
3. Knowledge Translation
4. Meaningful engagement of people living with oral diseases and other NCDs

FDI was recently nominated to co-lead the Advocacy and Communications Workstream, alongside the Global Self-Care Federation and the University of Montpellier. Our member, the International Association for Dental, Oral and Craniofacial Research (IADR) will also co-lead the Implementation Research workstream. A kick-off meeting took place in May on the sidelines of the WHO World Health Assembly. The Global Coalition on Oral Health provides FDI and its members with a valuable opportunity to amplify our advocacy impact by collaborating with diverse stakeholders, gaining access to influential global platforms, and strengthening our efforts through shared resources and targeted tools. This partnership enhances our ability to shape and accelerate the implementation of the WHO Global Oral Health Action Plan, elevate our visibility within the broader health community, and foster multisectoral collaboration that advances oral health priorities worldwide.

[Read a full recap of the WHO Global Oral Health Meeting](#)

[Read the meeting report which includes a summary of two side events co-hosted by FDI](#)

### 156th Session of the WHO Executive Board

WHO's governing bodies (the Executive Board and World Health Assembly) are key platforms for advocacy on oral health, and there is growing interest in oral health among WHO Member States.

FDI participated in the 156<sup>th</sup> WHO Executive Board (EB156) from 3–11 February. The meeting brought together Member States, relevant WHO experts, representatives of other UN agencies and multilateral institutions, and non-State actors such as FDI to discuss Member States' priorities for the 78th World Health Assembly (WHA78) in May 2025. Through statements jointly developed with IADR, FDI highlighted the opportunities to promote oral health through national and global efforts to address noncommunicable diseases (NCDs), Universal Health Coverage (UHC), and nutrition. Read a recap of FDI's participation and the meeting outcomes [here](#).

## 78th World Health Assembly (WHA78)

The WHO's 78th World Health Assembly took place from 19–27 May 2025 in Geneva under the theme “*One World for Health*”. FDI's delegation was led by the President, Dr Greg Chadwick. Over eight days, the meeting participants addressed [75 agenda items and sub-items](#), and FDI contributed to the discussions through statements. FDI participated in multiple side events during the 78th World Health Assembly, underscoring our leadership in global oral health advocacy.

In collaboration with the WHPA, FDI co-organized a [high-level session on the importance of investing in the health workforce](#), emphasizing the role of the health workforce in the achievement of global health goals.

FDI also participated as a speaker in a High-Level side event hosted by the [Government of Malaysia](#) focused on the upcoming HLM4, reinforcing the essential role of oral health in the broader NCD agenda.

Together with the IADR, FDI co-hosted a session spotlighting the Global Coalition on Oral Health, a key outcome of the [WHO Global Oral Health Meeting](#). This event served as a platform to mobilize multisectoral support and sustained action for oral health. Additionally, FDI joined a dynamic conversation co-hosted by [Devex and Haleon on scaling up oral health strategies for NCD prevention](#), sharing insights on practical solutions and community-level action.

## Working in partnership

### 4th Global NCD Alliance Forum

FDI participated in the 4th NCD Alliance Forum (the Forum), held in Kigali, Rwanda, from 13–15 February 2025, joining 700 delegates from 90 countries to discuss the upcoming HLM4 and how to ensure an impactful meeting. FDI took part in the Forum alongside the IADR to emphasize the importance of integrating oral health into the broader NCD agenda. Additionally, FDI contributed to two side events: one co-hosted with IADR on lessons learned from the Global Oral Health Agenda since 2021, and another hosted by the Rwanda NCD Alliance focusing on the link between oral diseases and other NCDs, as well as the impact of Rwanda's school toothbrushing programmes.

### 2025 IADR/PER General Session & Exhibition

FDI participated in the 2025 IADR/PER General Session & Exhibition which took place in Barcelona Spain from 25–28 June. FDI leveraged this meeting to promote the World Dental Congress 2025, while also contributing to several policy discussions. Additionally, FDI hosted a satellite session on *Partnerships to strengthen oral health surveillance and research*. The session addressed the urgent need to address gaps in oral health information systems and research agendas identified in the [WHO Global Oral Health Action Plan baseline report](#) released in January 2025.

FDI brought together speakers representing government, academia, industry and civil society to discuss the role of different stakeholders in bridging these gaps, as well as the role of political will and leadership and the opportunities to scale up action through partnerships.

### World Health Professions Alliance webinar on antimicrobial resistance

The World Health Professions Alliance ([WHPA](#)) brings together the global organizations representing the world's dentists, nurses, pharmacists, physiotherapists and physicians. Following a successful engagement at the UN HLM on AMR, WHPA member organizations hosted a webinar during World AMR Awareness Week (WAAW) 2024. In this webinar, WHPA's expert speakers discussed the outcomes of the HLM and how effective implementation could fast-track global efforts to tackle AMR.

[Watch the webinar recording](#)

## Upcoming opportunities

### 4th United Nations High-Level Meeting on the Prevention and Control of Non-Communicable Diseases (NCDs) and the Promotion of Mental Health and Well-being (HLM4)

[HLM4](#) will take place on Thursday, 25 September 2025 in New York with the theme “Equity and Integration: Transforming lives and livelihoods through leadership and action on NCDs and mental health”. At this meeting, Heads of States and governments will assess the progress made since HLM3 in 2018. HLM4 will also set a vision to prevent and control NCDs towards 2030 and 2050 through a political declaration that will be negotiated by governments.

#### *How is FDI preparing for the UN HLM on NCDs?*

In the lead-up to WHA78, FDI and IADR jointly launched a powerful advocacy document titled “[No Health without Oral Health](#).” This publication outlines key recommendations for governments on how to address oral health at HLM4 and calls for oral health to be recognized as an essential component of the global NCD agenda. The release of this joint statement came at a critical moment, coinciding with the publication of the [zero draft of the HLM4 political declaration](#). Disappointingly, the draft made no reference to oral health, the WHO Global Oral Health Meeting, or the landmark Bangkok Declaration on Oral Health.

In response, FDI and IADR engaged Member States, urging them to highlight the omission of oral health in their statements delivered at WHA78. FDI also mobilized its leadership to engage their Ministries of Health and equipped National Dental Associations with targeted advocacy tools. These efforts delivered immediate results: several Member States addressed oral health during WHA78, and the latest HLM4 draft political declaration now includes references to oral health and the significant disease burden. This marks a key step toward securing oral health within the global NCD agenda and underscores the power of coordinated advocacy.

FDI will be represent at HLM4 at the highest level of leadership. FDI's participation in HLM4 is critical to safeguard and strengthen advocacy wins and to ensure that the voice of oral health is heard in negotiations, side events, and civil society engagements, contributing to a more inclusive and comprehensive NCD response.



## World Oral Health Day 2025

The year 2024 marked the beginning of the new three-year World Oral Health Day (WOHD) campaign, “A HAPPY MOUTH IS...”. The first year focused on highlighting the connection between oral health and overall health.

In 2025, the campaign evolved, delving deeper into the message - looking beyond smiles to what lies behind them. With the theme “A happy mouth is a happy mind,” FDI invited the world to reflect on the powerful link between oral health and mental well-being.



The campaign picked up where it left off in 2024, when Toothie, FDI's lovable beaver mascot, made its movie debut. The 2025 sequel brought back the familiar character with a fresh twist: [an original song](#) that brought the campaign to life, getting everyone singing “a happy mouth is a happy mind” and making the message even more memorable.

The 2025 WOHD campaign continued to be driven by the new 2024–2026 campaign strategy, with the following goals:

WOHD campaign goals to achieve by 2026	
<b>1. Amplified inclusive advocacy</b>	World Oral Health Day is more inclusive and includes the voice of people living with oral health conditions.
<b>2. Worldwide members' celebration</b>	Every FDI member association celebrates World Oral Health Day.
<b>3. Amplified corporate impact</b>	Every World Oral Health Day corporate partner/supporter drives oral health awareness through integration within employee education or workplace wellness initiatives.
<b>4. Global ambassador network</b>	FDI has an established network of KOLs & Digital/Influencers which helps to drive oral health awareness and extends the campaign reach at a global level.
<b>5. Expanded collaborative outreach</b>	Partners from the wider non-communicable disease and health professions communities actively roll out World Oral Health Day.

The campaign strategy is developed under the leadership of the [WOHD Working Group](#). All the material and resources produced can be viewed through the campaign website: [www.worldoralhealthday.org](http://www.worldoralhealthday.org)

## “A Happy Mouth is a Happy Mind” sparks global conversation

In recent years, FDI has received tremendous support from people around the world who have helped spread the messages of WOHD. Building on this strong engagement, we made a significant impact in the second year of this campaign cycle.

Some key results and highlights from the 2025 campaign are shared below.



**The Toothie Factor**  
 +1.5K followers and counting  
 +169k Profile visits  
 @ToothieBeaver



## Goal 1: Amplified inclusive advocacy

In 2025, FDI repurposed the resources developed and promoted in 2024, which included the voices of individuals living with oral health conditions, to continue supporting WOHD's goal of amplifying inclusive advocacy. As in the previous year, Advocacy in Action cards were created, reflecting the work of various FDI projects, with each card linked to its dedicated project webpage. One card focused specifically on the mouth–body–mind connection, aligning with the 2025 campaign's emphasis on the link between oral and mental health, and building on the 2024 edition, which focused more specifically on the mouth-body connection.

1. [Promoting oral health and oral disease prevention for people with clefts](#) (Oral health in comprehensive cleft care)
2. [Promoting access to oral care for refugees](#) (Refugee oral health promotion and care)
3. [Raising awareness about Noma to save lives](#) (FDI Policy Statement: Noma – eradicating a preventable disease to save lives)
4. [Increasing awareness of the dangers of tobacco to oral health](#) (Tobacco or Oral Health)
5. [Raising awareness of the health risks caused by sugar consumption](#) (Two risk factors too many diseases)
6. [Increasing awareness of the importance of gum health](#) (Global periodontal health project)
7. [Empowering everyone, everywhere to improve their oral health](#) (Whole mouth health)
8. [Raising awareness of the mouth-body-mind connection](#) (Whole body health)
9. [Increasing awareness about how to stay healthy into old age](#) (Oral health for an ageing population)
10. [Promoting sports dentistry for better oral health outcomes](#) (Sports dentistry)

The year, 2025 also presented an opportunity to explore new angles. FDI took this chance to address related topics such as dental anxiety. In particular, two new fact sheets—one targeting dentists and the other aimed at patients—were developed to support this effort.

To further our goal of inclusivity, FDI continued to provide people with the option to swiftly and easily create some of

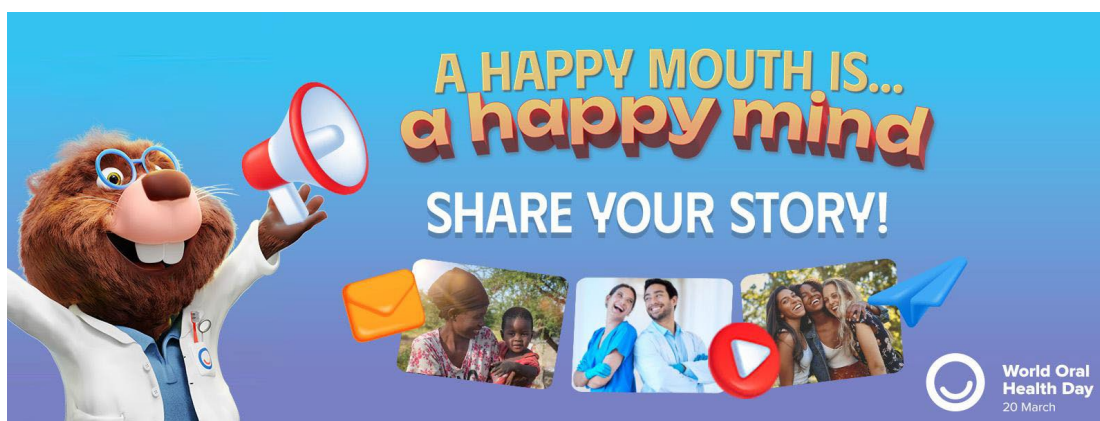




the campaign materials online. They could then translate these materials into their own language using either the custom ['Happy Mouth' tool](#) or templates available on Canva.

These resources were shared widely with WOHD stakeholders so that they could help support dissemination efforts among their networks. In total, FDI counted a total of 55,000 download events on the website from September 2024 to March 2025, representing a 37% increase from the previous year.

Finally, this year, FDI also launched a [Call for Stories](#), inviting people from around the world to share personal and community experiences or initiatives about how oral health has transformed their lives. Leading by example, partners have started sharing [theirs](#).



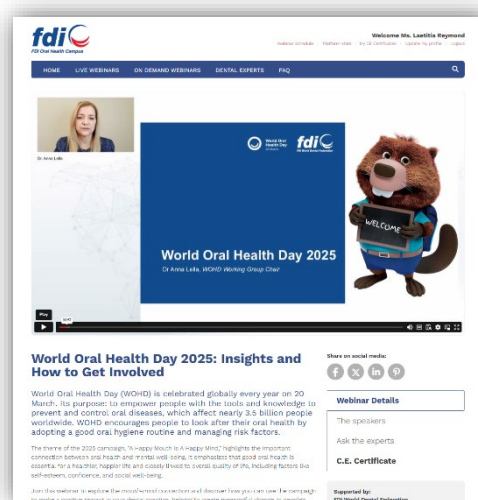
## Goal 2: Worldwide members' celebration

In line with FDI's aim to encourage every member association to celebrate WOHD, FDI ensures regular communication with them throughout the campaign period. This included updates via the Member Liaison Support Committee, targeted mailings, and news regarding key campaign milestones and available resources. Members play a pivotal role in expanding the global reach of our initiatives.

Reflecting the campaign's call for a multisectoral response to the burden of oral disease, and building on the success of last year's first-ever WOHD webinar, FDI hosted a second webinar this year through the Oral Health Campus platform, aiming to enhance visibility and accessibility. The session offered an opportunity to further explore the campaign's objectives and to empower a diverse audience to contribute to raising awareness about the critical importance of good oral health. Open to both FDI members and the general public, the event encouraged broad participation.

Around 600 people registered with 200 attending live. The webinar is still available on demand:

<https://www.fdiworlddental.org/webinar/world-oral-health-day-2025-insights-and-how-to-get-involved/>



Members were notably active this year, as demonstrated by the large number of activities reported on the WOHD map and strong engagement on social media. To date, around 600 activities have been recorded, over 100 more than last year, highlighting the enthusiasm and commitment of our members.



### Goal 3: Amplified corporate impact

Haleon, Smile Train, Dentsply Sirona, and Solventum played an active role in promoting the 2025 campaign, helping extend the reach of our awareness messages to a broader audience. Their continued collaboration as key partners was supported by a joint activation plan that spotlighted shared goals and messaging. We greatly appreciated their enthusiastic participation, which added momentum to the campaign and strengthened its overall impact.

- **Haleon** supported a vast array of global initiatives — from setting a **Guinness World Record** for dental screenings in India, to launching mobile dental vans, digital assessments, and educational campaigns across **Africa, the Middle East, Australia, the U.S., and Europe**. Their work reached **millions** and highlighted the theme, “*A Happy Mouth is a Happy Mind*,” through mindfulness-focused webinars and storytelling campaigns. **Smile Train** ran a focused digital campaign from **March 10–24**, generating **20.8 million impressions** and nearly **9,000 engagements** across social platforms. Their top-performing posts on Instagram and Facebook helped bring WOHD to a broader online audience.
- **Dentsply Sirona** supported WOHD by sharing FDI’s messaging on social media, offering free access to its Patient Education Toolkit, and contributing to a video on oral and mental health. It also engaged employees globally and ran local initiatives for vulnerable communities.
- **Solventum** In partnership with the Chinese Stomatological Association, Solventum helped organize a Smile Around the World event in Zhejiang Province, China, drawing over 500 attendees and reaching 450,000+ viewers. Since 2018, this collaboration has empowered nearly 10,000 children with oral hygiene education.

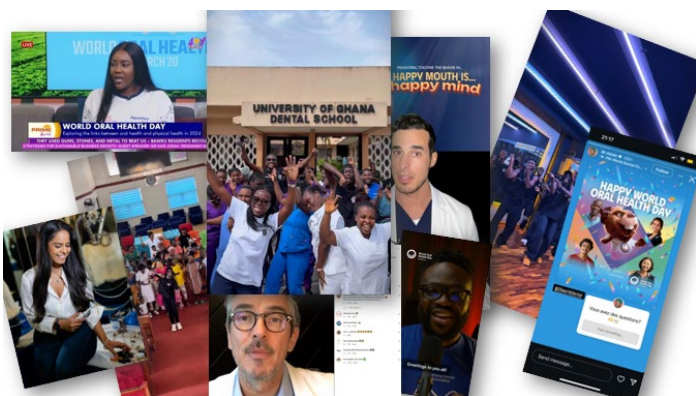
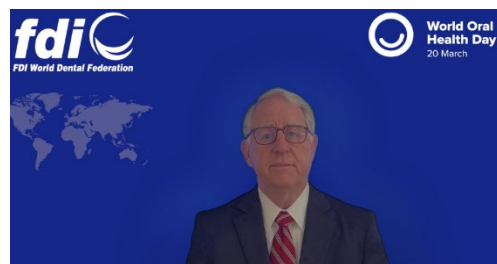
### Goal 4: Global ambassador network

In line with the WOHD goal of having an established network of key opinion leaders (KOLs) & digital/influencers to help drive oral health awareness, FDI continued to leverage its connections to help extend the campaign reach at a global level.

### FDI Leadership as WOHD Ambassadors

A special message from FDI President, Dr Greg Chadwick was shared with members for their use on social media platforms or during their in-person events to raise awareness of the importance of taking care of one's oral health.

The video was also uploaded at [wohd.org](http://wohd.org) this year becoming an accessible resource for everyone.



### Influence in action

In 2025, FDI partnered with eight influencers to amplify the campaign. Their content helped reach **2.6 million accounts**, an **85% increase in reach**, and sparked an average of **134.5 engagements per post**.

## Goal 5: Expanded collaborative outreach

### Social media



2024 (WOHD year 1)



2025 (WOHD year 2)

FDI was pleased to see that the social media buzz surrounding WOHD remained strong across multiple platforms on 20 March. A wide range of stakeholders took part, including FDI members, leadership, WHO, Chief Dental Officers, hospitals, educators, media outlets, partners, sister organizations, and governments, to name just a few.

Toothie also returned with a fresh new 3D look that brought a new level of style to his character. He kept the conversation going on his own Instagram channel, [@ToothieBeaver](https://www.instagram.com/ToothieBeaver), which gained over 1,500 new followers in just a few months.

Similar to 2024, the campaign videos and GIFs attracted significant attention, reaching a total of 40 million views. The main campaign hashtags (#WOHD25; #HappyMouth; #BrushandBoogie) reached a global audience of 1.1 billion. Additionally, there were 36,000 social media mentions worldwide; a 20% increase compared to last year.

Most striking was the campaign's average engagement rate on FDI's own social media channels, which reached 22%. This far exceeds the industry benchmark for similar-sized campaigns, typically between 1% and 5% and reflects real user interaction (shares, comments, saves) rather than just passive attention. The campaign also generated 6 million total engagements, compared to an average of around 300,000 for campaigns of a similar scale.

### Campaign song and Brush and Boogie

This year's digital call-to-action (CTA) invited individuals to check out Toothie's new track, let the rhythm lift their spirits, and share a reel or story featuring their dance moves or biggest smile. The goal was to encourage user-generated content and creative expression.

While the track didn't go viral as hoped, we were thrilled to see it embraced at events and activities, with many participants singing or sharing it on social media. Over 500 Instagram reels used the song, which was also played around 2,000 times across Spotify and other music platforms. The main campaign video was downloaded more than 3,200 times from the website.

As part of the digital activation, users could also share a campaign-themed sticker to help spread the message further.



A key takeaway from recent years, reinforced by current trends, is that social media users increasingly prefer low-effort engagement. As platforms evolve into entertainment-driven spaces, people tend to consume content passively rather than actively participate. This underscores the need for future CTAs to be simpler and to leverage existing platform tools that already resonate with users.

### Continued support from WHO and health professions community

The WHO continued its strong support for WOHD 2025 through both social media and other communication channels. Several governments actively participated in spreading the campaign message, including the Ministries of Health in Nigeria and Kenya, the Government of the Virgin Islands, the Government of India, and others.

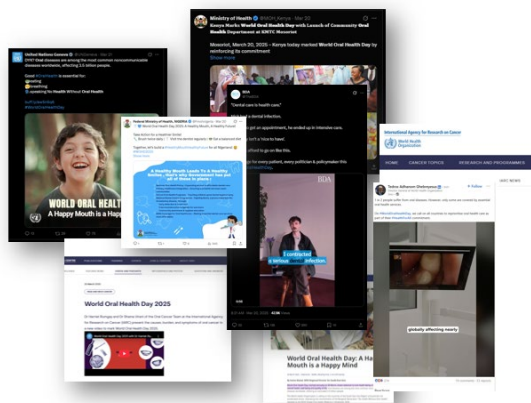
WHO Headquarters, regional offices, and country-level accounts posted numerous messages on social media. Notably, the Regional Directors for Africa, Dr Chikwe Ihekweazu, and for South-East Asia, Ms. Saima Wazed, shared statements referencing the campaign theme and urged countries to align with and implement both regional and global oral health strategies.

WHO Director-General Dr. Tedros Adhanom Ghebreyesus also released [a video message](#) on the day, calling on countries to reprioritize oral health as part of their commitment to #HealthForAll.





In addition, to mark the day WHO's IARC Oral Cancer Team released a [new video](#) highlighting the causes, burden, and symptoms of oral cancer. They emphasized the importance of population-specific risk factors and prevention strategies, and called on global researchers to collaborate in accelerating efforts to understand and prevent oral cancer worldwide.



### Support from the UN's main account

To our knowledge, this is the second time the UN has posted about WOHD, a significant achievement, especially given the platform's vast reach, with their account boasting 16.5 million followers on X alone.



## Next steps and WOHD 2026 strategy

Key learnings from WOHD 2025 are helping to inform the development of WOHD 2026, which will be the third and last year of the current theme and will focus on impact of oral health across different stages of life, with the new strapline: "A Happy Mouth is...A Happy Life". The campaign will therefore shift from highlighting the mouth-body-mind connection, to emphasizing the importance of oral health through lifetime. It will explore how an unhealthy mouth can affect things like self-esteem, emotional health, confidence, and overall quality of life at all ages.

The WOHD 2026 campaign launch will take place at the World Dental Congress, Shanghai, China, on Tuesday 9 September from 14:00–15:30, where the 2025 campaign awards ceremony will also take place.

## Digital communications

In 2024 when compared to 2023 the following increases in the website metrics were observed: **website users: 4%; total page views: 12%.**

	2018	2019	2020	2021	2022	2023	2024
<b>Website users</b>	174,689	235,720	309,717	218,488	260,240	307,459	320,399
<b>Total page views</b>	530,700	637,742	729,942	580,543	563,453	615,445	686,171
<b>Unique page views / Active users</b>	420,528	506,323	590,955	455,907	469,795	Not available*	320,012 (active users)
*Data only available until September 2023 when the switch to the new google analytics system occurred. As of 2024 <b>active users</b> not unique page views are reported.							

## WOHD website

The migration from Universal Analytics (UA) to Google Analytics 4 (GA4) impacted the reported statistics for 2024.

On a positive note, organic traffic has continued to grow, reflecting FDI's sustained upward trend. In 2025, FDI tailored the digital paid strategy investments taking into account the nuances of GA4's tracking methodology. This has led to positive results since when comparing data from 2025 to 2024 at this time of the year there has been growth:

- Total page views 249,000 in March 2024 compared to 284,000 in July 2025

	2018	2019	2020	2021	2022	2023	2024
<b>Website users</b>	35,106	49,832	63,451	74,467	115,096	493,606	*194,762
<b>Total page views</b>	139,626	198,435	245,341	284,723	320,665	940,721	453,635
<b>Unique page views</b>	93,328	132,830	157,545	185,928	235,627	Not available*	Not available

\*Website users/page views: Discrepancies in statistics between 2023 and 2024 are primarily due to changes in calculation methods and the transition from Universal Analytics (UA) to Google Analytics 4 (GA4). These platforms use different tracking methodologies and metric definitions, meaning user counts in UA and GA4 are not directly comparable. Specifically:

-In UA, "users" may include inactive users who visited the site within the date range. In contrast, GA4 focuses on "active users," potentially resulting in lower reported user counts.

-GA4 also deduplicates users more effectively across devices, offering a more accurate representation of unique visitors.

Similarly, for page views:

-UA's page view tracking may double-count visits under certain conditions. GA4's event-based tracking system is more robust against duplication errors, providing a cleaner count of page views.

Additionally, a slight reduction in investments in DV360 ads in 2024 may have also contributed to lower traffic metrics.

## Social media

In 2024, increases across all FDI social media channels were observed compared to 2023: Facebook: 2%; X: 4%; LinkedIn: 19%; YouTube: 12%; Instagram (WOHD): 16%.

Platform	2016	2017	2018	2019	2020	2021	2022	2023	2024
<b>Facebook</b> ( <i>likes</i> )	17,856	19,482	22,194	24,245	25,784	28,106	30,051	31,321	32,034
<b>X (Twitter)</b> ( <i>followers</i> )	14,448	15,288	16,182	17,087	18,362	19,804	21,110	22,002	22,943
<b>LinkedIn</b> ( <i>followers</i> )	3,664	3,999	4,592	8,356	16,765	25,436	34,159	40,978	48,959
<b>YouTube</b> ( <i>subscribers</i> )	164	276	370	485	616	769	1,000	1,430	1,600
<b>Instagram WOHD</b> ( <i>followers</i> )	n/a	n/a	577	1,513	2,167	3,853	5,304	6,726	7,831
<b>Instagram FDI</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2,753
<b>Toothie</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1,942

## Newsletters and mailings

Historically, our newsletters have seen higher engagement levels driven by a variety of activities, events, and relevant news stories that captivate our audience's interest. However, in 2024, we observed a slight but not significant decrease in the read rates for all newsletters. The team will analyze the potential reason for this in more detail.

Newsletter type	Read rates by year %				
	2020	2021	2022	2023	2024
<b>FDI News</b>	26% (Unmanaged list: 13%; managed: 39%)	25% (Unmanaged list: 12%; managed list (opted in): 38%)	28%	30% (Based on 12 issues)	<b>28%</b> (Based on 12 issues)
<b>Letter from the President</b>	43%	38% (Based on three issues sent up until the end of November)	44% (Based on eight issues sent)	47% (Based on 8 issues)	<b>43%</b> (Based on 10 issues)
<b>Advocacy Update</b>	40%	23% (Based on three issues)	48%* (Based on three issues)	48% (Based on 4 issues)	<b>42%</b> (Based on three issues)
<b>Congress News</b>	23% (Managed list: 44% and unmanaged list: 3%)	18% (Based on eight issues)	28% (Based on four issues)	31% (Based on 10 issues)	<b>29%</b> (Based on 12 issues)

\*Does not include Q1 issue as this was sent out through Mailchimp versus FDI database, so the results are not comparative.



# International Dental Journal

Report to the General Assembly

(September 2024 to July 2025)

World Dental Congress, Shanghai, Peoples Republic of China

Septmeber 2025



Lakshman Samaranayake

Editor-in-Chief

(Report prepared on 4<sup>th</sup> July, 2025)





## International Dental Journal

### Report to the General Assembly

### FDI World Dental Congress

September 2025, Shanghai, Peoples Republic of China

#### Key Takeaways

- **Top Quartile Status:** We maintain our position in the top quartile (Q1) of general dentistry journals.
- **Impact Factor Surge:** Our impact factor skyrocketed from 3.2 in 2023 to 3.7 in 2024.
- **Citation Growth:** Citations of IDJ articles surged by 22%, boosting our citation score from 4.8 in 2023 to 6.0 in 2025.
- **Download Boom:** Full-text downloads soared over 42%, jumping from 784,360 to 1,109,443 between 2023 and 2024.
- **Manuscript Submissions Surge:** Manuscript submissions jumped by 37% in 2023, with a remarkable 110% rise in 2024.
- **Record Number of manuscripts published :** Compared with 75 publications the base year of 2021 we are on track to publish 450 article in 2025 - a 150% jump
- **New Publication Format:** We have launched the new industry standard of *Article-Based Publishing* (ABP) beginning June 2025
- **Expanded Editorial Board:** Our editorial board has grown to 81 members, including 9 associate editors from over 31 countries.
- **Continuing Tradition:** Successful writing workshops will continue at the 2025 World Dental Congress in Shanghai, titled "*Manuscript Mastery: A Dialogue with Journal Editors.*"
- **Last Traditional Issue:** The final traditional issue of IDJ, featuring over 110 papers, was published in April 2025 (Volume 75, Issue 2)

## Introduction

### Welcome to the Annual Report of the International Dental Journal (IDJ) in its Diamond Jubilee year!

It is with immense pride that I present this annual report—my eighth address to the FDI Council as Editor-in-Chief of the *International Dental Journal* (IDJ), a role I have had the honour of holding since January 2022.

A significant highlight of this year's report is the remarkable increase in our journal's Impact Factor, which has risen from 3.2 in 2024 to 3.7 as of June 2025. This substantial growth has elevated IDJ to #20 out of 157 journals in the *Dentistry, Oral Surgery, and Medicine* category, up from #30 out of 91 in 2023. We are now firmly positioned in the top quartile (Q1) of journals in our field—a historic milestone in our 75-year legacy. This achievement is even more remarkable as we were ranked in the third quartile as recently as 2021 and ascended to the second quartile in 2022.

This achievement is particularly noteworthy as we have surpassed key peer journals, including the JADA (2024 Impact Factor: 3.5), and have extended our lead over BMC Oral Health (2024 Impact Factor: 3.5). Our citation metrics, especially the CiteScore, have also shown substantial improvements, underscoring the broader academic impact of our published research.

This upward trajectory is mirrored by a significant surge in manuscript **submissions which have nearly quadrupled** during this period. We anticipate that by December 2025, the journal will receive close to 1,500 submissions annually. Additionally, there has been a remarkable increase of over 40% in published open access articles in 2024, with projections indicating a further 150% increase for 2025. The journal's financial health has also strengthened, driven by this heightened publishing activity and a competitive article processing charge (APC) of USD 2,600 per accepted manuscript.

These accomplishments are a testament to the unwavering dedication and hard work of the entire IDJ team—including our editorial board, reviewers, authors, and partners. I am profoundly grateful for their contributions. I would also like to extend my sincere appreciation to the FDI leadership, particularly Mr. Enzo Bondioni and his team, as well as the Elsevier production team led by Ms. Lindsay Allen, for their steadfast support throughout this journey.

I am pleased to announce that I have accepted the FDI's invitation to continue as Editor-in-Chief for another three-year term through 2027. I am honored by the Council's continued trust in my leadership. The

responsibilities of this role have grown significantly, especially as submission rates have tripled since I assumed the position, with the receipts of four to five manuscripts daily.

Looking ahead, we are unwavering in our commitment to scientific excellence, impactful research, and thought leadership within the global dental community. By fostering collaboration with both the profession and industry, and by implementing innovative initiatives, we aim to further enhance IDJ's reputation and influence in the years to come.

In the following sections, I will provide a detailed overview of the journal's progress during the reporting period from September 2024 to July 2025.

- **Key Performance Indicators**

- The Impact Factor
  - A remarkable rise in Clarivate Impact Factor Rankings
  - A Top Quartile Journal in SCIMAGO Rankings
  - A Top Tier Journal Ranking in Open Access Journals
- The *CiteScore* and citations
- Full text downloads and usage
- Manuscript submissions
- Geographic origin of submissions
- Editorial outcomes.
  - Manuscript accept and reject rates
  - Publication Speed
  - Record number of articles published in 2025

- **New initiatives and Their Impact**

- Celebrating of 75 years of IDJ publishing – Diamond Jubilee
- Article Based Publishing (ABP)
- Introduction of Virtual Special Issues (VSI)
- Continued Expansion of the editorial board
- The impact of new initiatives

- **Miscellaneous Commitments**

- IDJ supplements
- Writing workshops at the World Dental Congresses
- Media and Publicity: world oral health Day, Diamond Jubilee etc
- Abstract Review for the WDC
- Management Issues and journal stake holder meetings

- **Concluding Remarks and Acknowledgements**

## State of the *International Dental Journal*

(Reporting Period – September 2024 - March 2025)

### Key Performance Indicators

The following is a summary of the key performance indicators related to a range of internationally accepted measures of a Journal's standing in the world of scientific publishing. These include both the traditional and alternative metrics (altimetric).

#### The Impact Factor

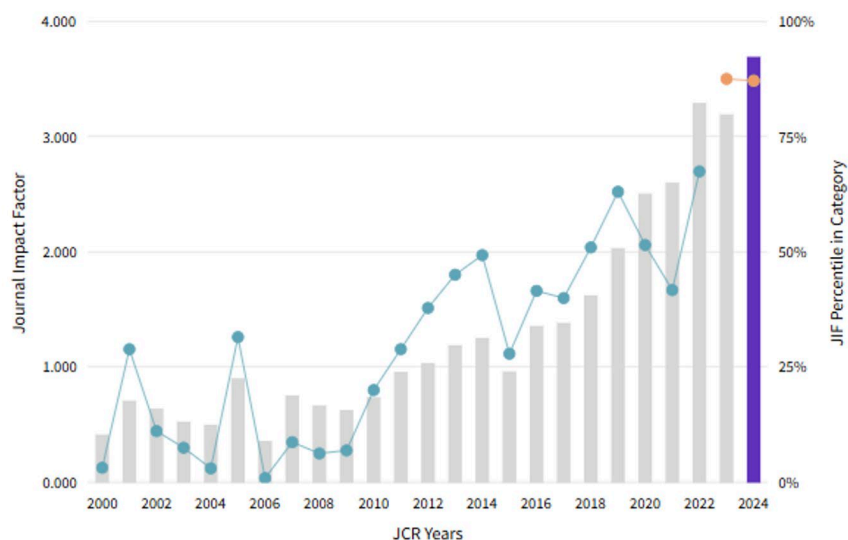
There are two major journal citation platforms *Clarivate* and *SCIMAGO* that are currently in wide use to calculate the impact factor of a scientific journal. These two platforms use marginally different formulae to calculate the various journal indices.

#### Remarkable Rise in Clarivate Impact Factor Rankings

The Clarivate Journal Impact Factor (IF) is the most cited traditional metric, representing the rolling average citations of articles published the prior two years, in a given year (e.g., 2022 and 2023, for 2024). This ranking is subject specific, and for the dental Journals, including the IDJ, the subject category is "Dentistry, Oral Surgery & Medicine".

Currently there are in total 157 Journals in this category. According to the latest available data released in June 2024, the impact factor (IF) of IDJ for 2024 is 3.7. from 3.2 in 2024 to 3.7 in June 2025. This substantial increase has propelled IDJ to #20 out of 157 journals in the *Dentistry, Oral Surgery, and Medicine* category in 2024, up from #30 out of 91 in 2023.

As shown in Figure 1, the overall upward trajectory of the IF is both consistent and encouraging. With the collaborative efforts of our team, we believe this positive trend will continue, positioning us among the top tier of dental journals in the foreseeable future.



**Figure 1: *International Dental Journal*: Annual Impact factor Trend and Journal impact factor percentile in Category 2019-2024 (from Clarivate)**

#### ***A Top Quartile Journal in SCIMAGO Rankings***

SCIMAGO metrics, differ slightly from Clarivate rankings due to the varying parameters used to calculate the two indices.

The IDJ rankings according to the SCIMAGO index are also noteworthy. This is particularly relevant, as SCIMAGO journal rankings (SJR) are currently utilized by many universities as a guide for research funding. Notably, IDJ has maintained the top quartile of the SCIMAGO rankings for 2024 maintaining the 30<sup>th</sup>

position within 271 dentistry journals in this sector.

	Title	Type	↓ SJR	H index	Total Docs. (2024)	Total Docs. (3years)	Total Refs. (2024)	Total Cites (3years)	Citable Docs. (3years)	Cites / Doc. (2years)	Ref. / Doc. (2024)	%Female (2024)	
21	<a href="#">Journal of Oral Microbiology</a>	journal	1.143 Q1	63	60	171	3817	886	171	5.66	63.62	49.71	
22	<a href="#">Journal of Prosthodontic Research</a>	journal	1.137 Q1	61	85	268	3768	1063	245	4.00	44.33	30.90	
23	<a href="#">American Journal of Orthodontics and Dentofacial Orthopedics</a>	journal	1.135 Q1	156	206	1021	4463	2277	655	2.16	21.67	40.89	
24	<a href="#">Journal of Oral Rehabilitation</a>	journal	1.116 Q1	114	290	418	12723	1901	408	4.30	43.87	44.59	
25	<a href="#">Journal of Periodontal Research</a>	journal	1.073 Q1	102	148	344	7398	1461	342	3.96	49.99	46.24	
26	<a href="#">European Journal of Orthodontics</a>	journal	1.012 Q1	105	99	267	3156	869	264	2.97	31.88	48.40	
27	<a href="#">Dentomaxillofacial Radiology</a>	journal	1.009 Q1	89	58	241	901	933	234	3.66	15.53	37.65	
28	<a href="#">Oral Diseases</a>	journal	0.993 Q1	109	718	941	27789	3349	783	3.03	38.70	43.90	
29	<a href="#">Clinical Oral Investigations</a>	journal	0.983 Q1	108	673	1956	28738	7422	1943	3.52	42.70	44.87	
30	<a href="#">International Dental Journal</a>	journal	0.972 Q1	81	286	342	11901	1473	308	3.48	41.61	45.74	
31	<a href="#">Journal of the World Federation of Orthodontists</a>	journal	0.963 Q1	19	51	112	1646	341	95	3.06	32.27	38.17	

**Figure 2: *International Dental Journal*: SCIMAGO rankings of IDJ. In 2024 we reached the 30<sup>th</sup> position within 271 dentistry journals in this sector. (from SCIMAGO)**

### ***A Top Tier Journal Ranking in Open Access Journals***

If one considers *only the open access journals* in dentistry, IDJ now occupies the **sixth position out of a total of 50 journals** overall in this sector per the Scimago journal rankings thus cementing its position as a top tier journal (positioned within the top 10% of journals in the sector (Table 1).

([https://www.scimagojr.com/journalrank.php?area=3500&type=j&openaccess=true#google\\_vignette](https://www.scimagojr.com/journalrank.php?area=3500&type=j&openaccess=true#google_vignette) ; accessed 29<sup>th</sup> June 2025).

	Title	Type	↓ SJR	H index	Total Docs. (2024)	Total Docs. (3years)	Total Refs. (2024)	Total Cites (3years)	Citable Docs. (3years)	Cites / Doc. (2years)	Ref. / Doc. (2024)	%Female (2024)	
1	<a href="#">International Journal of Oral Science</a>	journal	3.035 Q1	73	62	154	4860	2108	154	12.66	78.39	39.58	
2	<a href="#">Japanese Dental Science Review</a>	journal	1.575 Q1	44	26	104	1979	803	101	7.07	76.12	31.93	
3	<a href="#">Progress in Orthodontics</a>	journal	1.538 Q1	52	46	152	2029	814	152	5.51	44.11	40.97	
4	<a href="#">Angle Orthodontist</a>	journal	1.423 Q1	113	83	320	1916	1156	288	3.12	23.08	41.85	
5	<a href="#">Journal of Oral Microbiology</a>	journal	1.143 Q1	63	60	171	3817	886	171	5.66	63.62	49.71	
6	<a href="#">International Dental Journal</a>	journal	0.972 Q1	81	286	342	11901	1473	308	3.48	41.61	45.74	
7	<a href="#">Frontiers in Oral Health</a>	journal	0.869 Q1	23	182	355	8024	1232	315	2.62	44.09	50.06	
8	<a href="#">Journal of Dental Sciences</a>	journal	0.854 Q1	36	446	826	11143	2367	595	2.52	24.98	41.38	
9	<a href="#">Journal of Advanced Prosthodontics</a>	journal	0.852 Q1	50	33	107	1141	371	107	2.94	34.58	34.15	
10	<a href="#">BMC Oral Health</a>	journal	0.843 Q1	80	1551	2324	65361	8255	2320	3.35	42.14	48.71	

Figure 3 : IDJ Is now ranked 6<sup>th</sup> out of the 50 open access Journals in dentistry

### The CiteScore and Citations

**CiteScore** is a metric used to measure journal impact in terms of its citations. It is calculated, on monthly basis, by taking the number of citations received by a journal over the latest four years (including the calculation year) and dividing it by the number of documents published in those years.

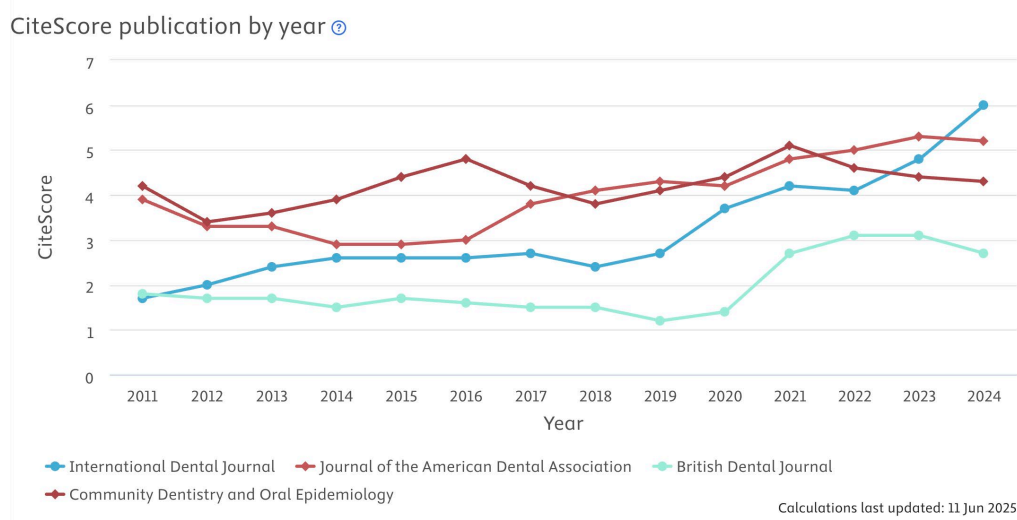
The CiteScore of the IDJ has shown a consistent upward trajectory, with a 41% increase from 4.1 in 2022 to 6.0 in 2025 (Figure 4). This growth is likely linked to the journal's expansion from a core focus on oral epidemiology to a broader scope that now includes articles on *Science and Technology in Dentistry* (introduced in 2021) and *Artificial Intelligence in Dentistry* (introduced in 2023). Additionally, our classification in the Q1 category of dental journals has likely contributed to this positive impact.

Interestingly, we have now surpassed key peer journals in CiteScore rankings, including the Journal of the American Dental Association (2024 CiteScore: 4.3), Community Dentistry and Oral Health (2024 CiteScore: 3.5), and the British Dental Journal (2024 CiteScore: 2.8) (see Figure 5).



**Figure 4.** The CiteScore of the IDJ has shown a consistent upward trajectory, with a 41% increase from 4.1 in 2022 to 6.0 in 2025. (URL <https://www.scopus.com/sourceid/25609>).





**Figure 5: Comparative site scores of four journals similar to the genre of the *International Dental Journal***  
**CiteScores indicate a 41 per cent incremental score of 6.0 from 4.1 in 2024.**  
 (<https://www.scopus.com/sourceid/25609>)<sup>1</sup>

Furthermore, the CiteScore data provides valuable insights into the most cited articles within a journal, indicating the strategic direction that can enhance its popularity and impact. It is noteworthy that in 2024, six of the ten most cited articles published were reviews, with a focus on science, technology, as well as AI in dentistry (Table 1). This demonstrates the effectiveness of the strategic direction we have taken by introducing cutting-edge science sub-sections in the journal over the past few years.

Article Title	Publication Year	Article Type	Volume	Clarivate Citations
Chlorhexidine in Dentistry: Pharmacology, Uses, and Adverse Effects	2022	Review Article	3	69
Knowledge and Attitude of Dentists Towards Obstructive Sleep Apnea	2022	Full Length Article	3	19
Reasons for Tooth Removal in Adults: A Systematic Review	2022	Review Article	1	19
Impact of Clear Aligners on Oral Health and Oral Microbiome During Orthodontic Treatment	2023	Review Article	5	16
Decline in Oral Function and Its Management	2022	Review Article	4	15
Nonrestorative Caries Treatment: A Systematic Review Update	2022	Review Article	6	15
The Effectiveness of Artificial Intelligence in Detection of Oral Cancer	2022	Review Article	4	15
Mouthwash Effects on the Oral Microbiome: Are They Good, Bad, or Balanced?	2023	Full Length Article		14
Accuracy of Artificial Intelligence-Based Photographic Detection of Gingivitis	2023	Full Length Article	5	13
Policies Supporting Oral Health in Ageing Populations Are Needed Worldwide	2022	Review Article	4	13

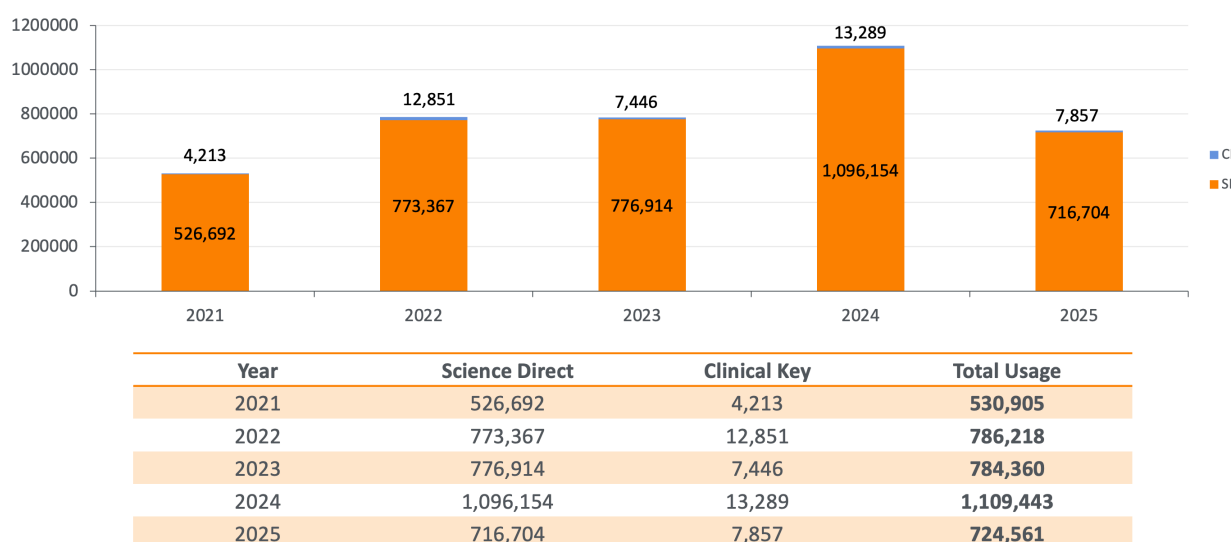
**Table 1 : Top cited articles contributing to IF of *International Dental Journal* 2024 (Published in 2022-2023)**

### Full Text Downloads and Usage

The increasing reach and impact of IDJ is also reflected in the rising number of articles downloads and HTML views. As an open access journal IDJ is now freely available from any location with internet connectivity. While download metrics do not guarantee that an article was read, they provide a strong indication of usage trends.

From 2021 to 2024, full-text downloads rose by over 42 percent, increasing from 784,360 to 1,109,443 (Fig 6; last column). Further the latest data indicate (June 2025) the continuing to increase in this trend with a projected ~ 30% y/y increase from 2024 to end 2025. This growth could be attributed to the journal's gold open access policy. It is encouraging to see the positive impact of the open access policy reflected in these usage trends.

### Full Text Usage per Platform per Year



**Figure 6 : Full text downloads and usage of *International Dental Journal***

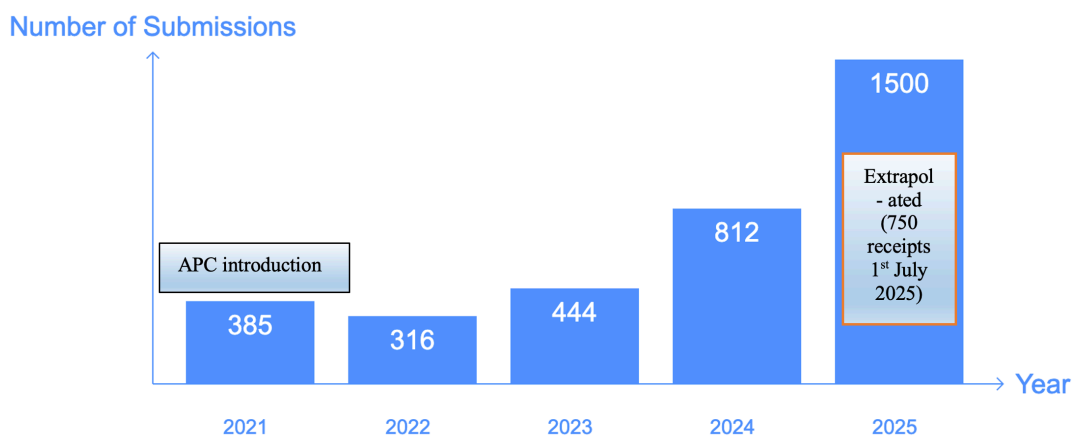
(Note: Journal Access data derived from two sources; ScienceDirect (SD) and Clinical Key (CK) platforms. Note the downloads continuing to increase with a projected increase ~ 30% y/y increase from 2024 to June 2025.)

### Manuscript submissions

Despite initial concerns of a possible decline in manuscript submission rates due to the introduction of the article processing charge (APC) in 2021, we are now seeing an extraordinary increase in submissions with a significant 37% increase in overall submissions in 2023 and a remarkable 110% rise in 2024. Specifically, we received 444 submissions in 2023 and 812 in 2024, and this positive trajectory is continuing into 2025, with an overwhelming 750 manuscripts received as of 1<sup>st</sup> July 2025. (Figure 7).

This upward trend could be attributed to the rise in the journal's impact factor, as well as the strategic marketing campaigns by the publisher, Elsevier, and the FDI head office plus the broader menu of sub-section such as artificial intelligence. This indicates that 2025 is likely to be a record-breaking year, with the highest number of annual manuscripts received in the journal's history.

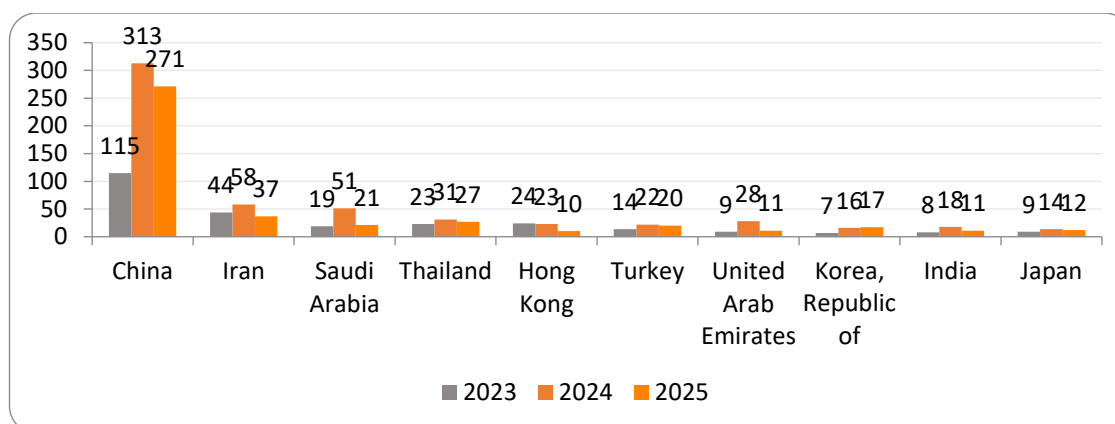
The increased flow of manuscript has led to a significant increase in the editorial review burden and the necessity to recruit additional manuscript reviewers (see below), factors which we are currently addressing.



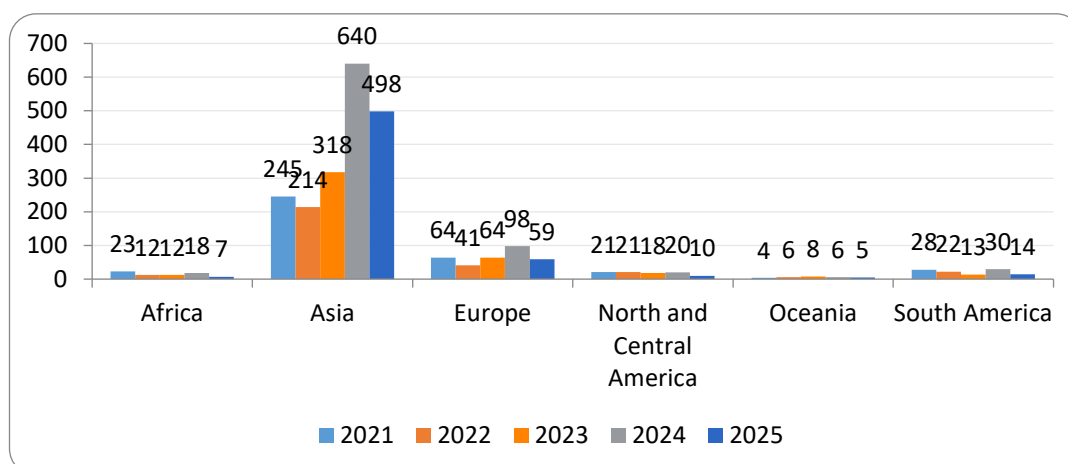
**Figure 7: Manuscript flow: Number of manuscripts received** Note the dramatic rise in the numbers of manuscripts submitted in 2025 ( *Note: extrapolated data of 1500 for 2025 as 750 manuscripts have been received by 1<sup>st</sup> July 2025*)

### Geographic Origin of Submissions

As is customary we once again received manuscripts from diverse regions across the globe. Notably, resource-rich regions such as China and Saudi Arabia were prominent contributors, as depicted in Figures 8 and 9.. However, manuscript submissions from the Americas are relatively sparse. We recognize the significance of the higher levels of affluence and resources allocated to scientific research in North America. Hence, it is crucial to incorporate a proactive campaign into our future strategic planning to promote the journal in this region and enhance its visibility.



**Figure 8 : Top ten countries for manuscript submissions 2023- 2025 (June)**



**Figure 9 : Geographic Origin: Articles submitted to *International Dental Journal* by continent from 2021- 2025 (June)**

### Editorial outcomes:

#### *Manuscript Accept/Reject Rates*

Significant variations in the acceptance and rejection rates of manuscripts have been observed from 2021 to 2025. Notably, in 2025, the acceptance rate dropped to one in five articles (~20%), accompanied by a 63.7% increase in rejection rates. This trend reflects an improvement in the quality of published articles, driven by a large influx of submissions. Ultimately, this is likely to lead to higher citation rates and growth in the journal's impact factor.

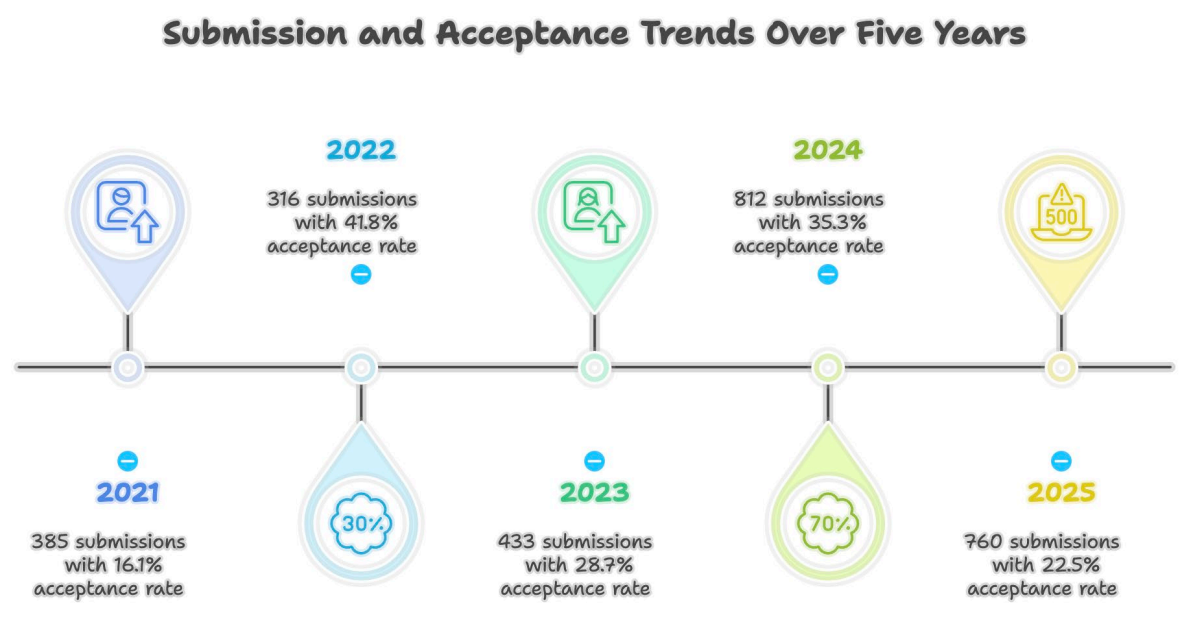
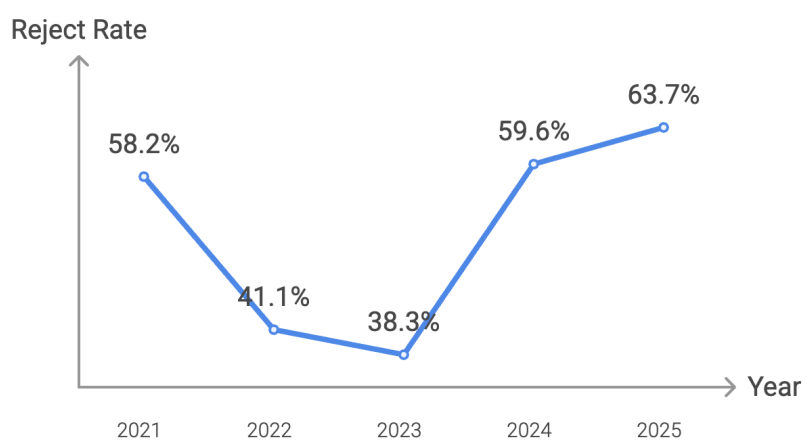


Figure 10a



### Manuscript Reject Rates Over Five Years

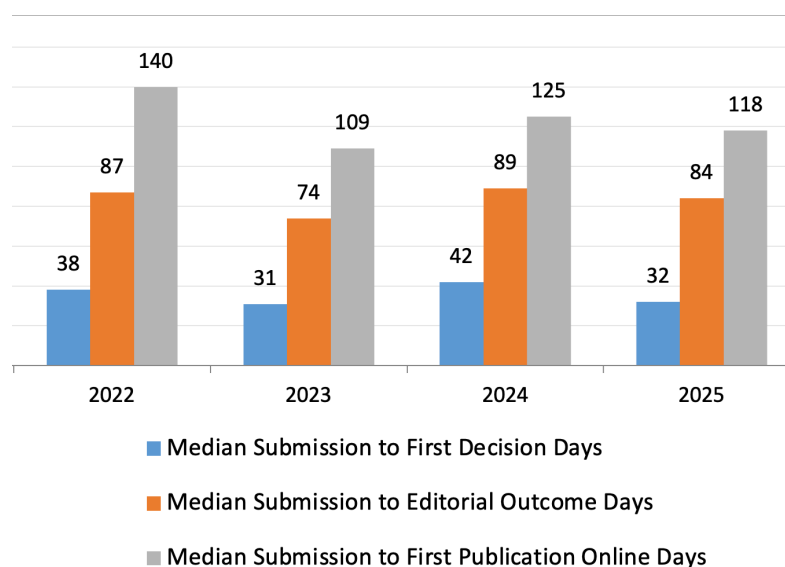
Figure 10b

**Figure 10 a. Submission and acceptance trends from 2021-2025** (Note : 2025 data up to July 1st, 2025; the values do not add up to 100 as the residual manuscripts were withdrawn or transferred to other journals)

**10 b. Graphic of rejection rate of manuscripts 2021-2025**

### Publication Speed

Maintaining a rapid turnaround for manuscripts has been challenging due to the high volume of submitted papers we currently receive. Despite this, there has been an overall improvement in the median time, *from submission to first decision*, which has decreased from 42 days to 32 days, and in the median time *from submission to standard online publication*, which has improved from 125 days to 118 days from 2024 to 2025 (see Figure 11). The editorial board is under significant pressure to fulfill their responsibilities and efficiently manage manuscript reviews. We are immensely grateful to the editorial members who dedicate their valuable time to this service.

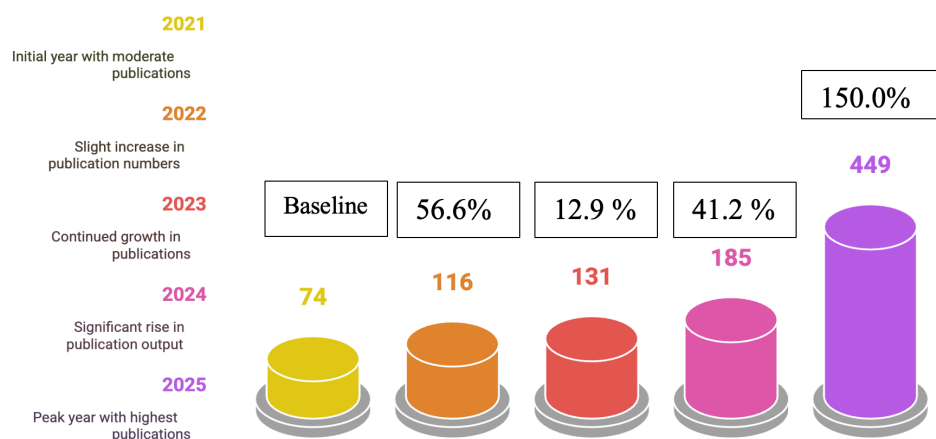


**Figure 11: Mean editorial speed for accepted and rejected articles 2021 to 2025 (June 2025)**

### Record number of articles published in 2025

Due to the trifecta of quadrupled receipt of quality manuscripts, increased acceptance rates, and a significant backlog of articles, along with our transition to Article-Based Publishing (ABP), we have published a record number of manuscripts this year. As of now, we have published over 300 articles from the February to August 2025 issues, and we are on track to publish over 440 articles by the end of 2025. (Figure 12 and Table 2).





**Figure 12; IDJ Numeric History of manuscripts published from 2021 to 2025 (2025 data are extrapolated) showing per cent annual increment (last row (from the base year of 2021))**

Issue	2021	2022	2023	2024	2025
February	12	27	27	28	51
April	12	18	23	26	114
June	13	21	19	29	82
August	12	20	17	31	62
October	12	20	27	35	(70)*
December	13	20	18	36	(70)
Total	74	116	131	185	449
Annual % increase	-	56.6%	12.9%	41.22%	150%

\*Extrapolated indicative data

**Table 2: IDJ Numeric History of manuscripts published from 2021 to 2025 (2025 data are extrapolated) showing per cent annual increment (from the base year of 2021)**

## New initiatives and Their Impact

### Celebrating 75 years of IDJ publishing – Diamond Jubilee

The inaugural issue of IDJ was published in September 1950, and the journal has proudly maintained an uninterrupted publication legacy for over 75 years. To commemorate this historic milestone—our diamond

jubilee—we have created a new logo, prominently displayed on the journal’s front cover (**Figure 13**).

Additionally a legacy editors-in-chief of IDJ has been traced and displayed in the Journal frontispiece.

In parallel, we launched a social media campaign to highlight this event, featuring a flyer prepared by the FDI medi arm (**Figure 13**).

Additionally, a professionally produced short reel showcasing IDJ’s rich history and achievements is under preparation, and will be presented at the FDI booth during the Shanghai WDC. This reel will also be available for wider promotion on popular platforms such as YouTube, TikTok, and other media outlets.



**Figure 13: Celebrating the diamond jubilee of IDJ: Creation of a logo, and tracing the first edition of the journal published in September 1950, and the legacy of journal leadership**

### Article Based Publishing

IDJ announced brand new initiative called article-based publishing (ABP) beginning June 2025. This is a new industry standard now widely adapted by several elite journals in medicine and dentistry. Article-Based Publishing is a model of scholarly publishing where individual articles are published independently, rather than being compiled into a single issue of a journal. In summary, article-based publishing offers greater flexibility, speed, and accessibility compared to traditional publishing, which follows a more structured and periodic approach and its key features are:

- **Continuous Publication:** Articles are published as soon as they are accepted and finalized, allowing for timely dissemination of research findings.
- **Flexible Submission:** Authors can submit articles at any time, which can streamline the publication process and reduce delays associated with traditional journal issue cycles.
- **Immediate Availability of a Permanent Article Reference:** Authors do not have to wait for months in "in press" queues to receive a publication reference for their accepted work. The bibliographic reference will be available immediately after the proofs of the article are completed.

### Continued Expansion of the Editorial Board

The recent initiatives described above, along with the significant number of manuscripts we receive have necessitated the expansion of both the associate editorial and editorial boards.

To this end, we continue to add new members to the board. Currently, the editorial board consists of 70 members, including nine associate editors who manage different subdisciplines of dentistry. We believe this board reflects broad international representation and diversity, with members hailing from over 25 countries across all five continents. The board also demonstrates good gender and discipline diversity, encompassing a wide range of expertise.

In this context, I would like to express my sincere appreciation to the FDI council for granting permission for the expansion of the board and providing the necessary financial resources.

I also wish to thank the dedicated board members for their unwavering commitment to the journal despite their busy schedules. Their dedication and willingness to contribute to IDJ's mission are invaluable.

### Virtual Special Issues (VSI)

The IDJ has launched a new initiative to produce Virtual Special Issues (VSI). Many leading journals utilize VSIs to organize content thematically while maintaining the flexibility of digital publishing. A Virtual Special Issue (VSI) is defined as a curated collection of articles from a journal that focuses on a specific theme, topic, or emerging area of research. Unlike traditional special issues, which are published together in a single print or digital volume, a VSI gathers previously published or newly accepted articles from different regular issues and presents them online as a cohesive group.

Key Features of a Virtual Special Issue are:

- *Thematic Focus* – Articles are selected based on a central subject, providing readers with a consolidated resource on a particular field in order to highlight cutting-edge research trends.
- *Online-Only Compilation* – VSIs exist digitally, often accessible through a dedicated webpage on the journal's site, making them easily discoverable.
- *Continuous Updates* – New relevant articles may be added over time, keeping the VSI dynamic and up-to-date and to boost engagement with previously published content
- *Increased Visibility* – By grouping high-impact or trending research, VSIs enhance the discoverability and citation potential of included papers.

Currently we have embarked on the following two virtual special issues;

#### A. Artificial Intelligence and Dentistry

- **Executive Guest Editors:**
  - Prof. Thanaphum Osathanon, Chulalongkorn University, Thailand
  - Prof. Antoin Tichy, University of Munich, Germany

#### B. Advances in Genomics and Digital Health: Exploring Craniofacial and Orofacial Diseases

- **Executive Guest Editor:**
  - Prof. Dr. Thantrira (First) Porntaveetus, Chulalongkorn University, Thailand
- **Co-Guest Editors:**
  - Assoc. Prof. Ana Angelova Volponi, King's College, London
  - Assoc. Prof. Shih-Kai Wang, National Taiwan University School of Dentistry, Taiwan
  - Prof. Dr. Ji-Man Park, Seoul National University, South Korea

### The Impact of New Initiatives

Since taking on my duties, I have worked to broaden the remit and scope of the journal to make it more inclusive and appealing to a multidisciplinary audience, while also staying at the forefront of technological advancements. To achieve this, we introduced two new sub-sectors to the journal, namely, *Science and Technology in Dentistry* and *Artificial Intelligence (AI) and Dentistry*.

These initiatives have been well-received by the dental research community, leading to a significant increase in submissions across both sub-sectors, accruing high citations for the journal. Notably, the AI section has become particularly popular, accounting for over 20 percent of total articles published since its inception. We are proud to announce that the IDJ is the first dentistry journal to launch a dedicated platform for AI-related articles.

### IDJ Supplements

Supplements for the journal are published regularly. The purpose of IDJ supplemental issues is to consolidate important scientific information on focused topics and disseminate it to a broader audience of dental researchers and professionals.

The most recent supplement, published in December 2024, was titled *Current Concepts in Infection Prevention and Control in Dentistry* and comprised five review articles that have been highly cited due to the timely content of this crucial subject.

A forthcoming supplement sponsored by the Asian Academy of Preventive Dentistry (AAPD), entitled *Oral Care in the Asia Pacific Region*, is slated for publication within a few weeks. It will cover the following relevant topics, authored by a distinguished group of experts:

1. Special Care Dentistry for People in the Asia Pacific Region
2. Managing Early Childhood Caries in the Asia Pacific Region
3. Promoting Oral Health for Older Adults in the Asia Pacific Region

Additionally, a new supplement on *The Ageing Population* has been initiated and is currently in the early stages of preparation.

### Writing Workshops at the World Dental Congress

A tradition of writing workshops was initiated at the 2023 FDI World Dental Congress in Sydney and continued at the 2024 meeting in Istanbul, Turkey. These workshops are typically led by senior editorial staff and occasionally include representatives from the publisher.

The workshops have proven to be extremely popular; the most recent session in Istanbul was attended by over 60 participants. We are excited to continue this tradition at the Shanghai World Dental Congress in September 2025 with an interactive session titled "Manuscript Mastery: A Dialogue with Journal Editors." The senior editors and content experts selected for the Shanghai meeting include Professor Liran Levin, an Elsevier publishing executive from China, a senior editor from the Chinese Stomatological Journal, and myself. The planned discussion topics will cover manuscript writing guidelines, ethical considerations, authorship issues, and the use of AI in manuscript preparation.

### Media and Publicity: World oral health Day, Daimond Jubilee etc

The media and publicity arms of both the FDI and Elsevier are closely involved with the promotional aspects of the journal (figure 14).. This year, the journal celebrated World Oral Health Day on March 20, 2025, in collaboration with the FDI by producing a special issue comprising a curated collection of five articles. You can view the special issue [here](#).

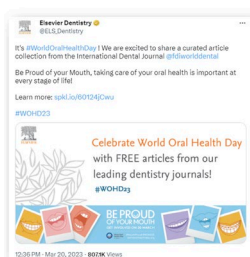
These articles highlight the link between oral health and overall well-being under the theme "A Happy Mouth is a Happy Body." (Figure 15). The impact of this article collection is evident in the increased impressions, engagements, and link clicks to the website (**Figure 14**). In 2025, there was a 136% increase in impressions and a 161% increase in engagements compared to 2024.

Furthermore, the media and publicity teams promoted the IDJ's increase in impact factor to 3.7 as soon as it was announced. They are also working on commemorating the journal's 75th anniversary and producing a media reel to be showcased at various conferences, including the World Dental Congress and IADR, to further enhance the journal's visibility.



**Figure 14: Examples of media and publicity efforts to disseminate the rise in IDJ's impact factor and the publication of a bumper edition featuring over 100 manuscripts, facilitating our transition to article-based publishing.**

### VS World Oral Health Day 2023



**Impressions: 399K**  
**Engagements: 2,756**  
**Link Clicks: 107**

32 Retweets 5 Quotes 101 Likes 8 Bookmarks

### World Oral Health Day 2024



**Impressions: 946K**  
**Engagements: 4,441**  
**Link Clicks: 106**

23 38 126 23

**Figure 15 : Examples of media and publicity efforts to disseminate the World oral health day on 20<sup>th</sup> March in 2023 and 2024 X (Twitter handle) of FDI. The increased engagement of the public in 2024 is evident.**



## Miscellaneous Commitments

### Abstract Review for the WDC

Due to the overwhelming number of abstracts received for the WDC (over 3,200), we reached out to the editorial board of the IDJ to participate in the abstract review process. Many editorial members volunteered, with some reviewing over 40 abstracts in a very short timeframe.

We extend our gratitude to those members who dedicated their time on behalf of the FDI for this purpose. We hope that a mechanism can be established for future congresses to inform board members in advance of this possibility.

### Management Issues and journal stake holder meetings

The management of the journal is, unsurprisingly, a collaborative effort that requires constant oversight and development by all the major stakeholders. To this end, the publisher's team, along with the FDI leadership, holds regular monthly meetings to assess production issues and discuss various cutting-edge developments in the industry. This approach helps us maintain our position as a leading publication in dentistry.

Additionally, the Editor-in-Chief conducts annual remote meetings with the Associate Editor and the entire Editorial Board. Currently, several key issues have arisen and are under consideration, including:

- Requests from the Editorial Board for tokens of appreciation in the form of exemptions to the Article Processing Charge (APC).
- The necessity for face-to-face meetings of the Editorial Board at the World Dental Congress (WDC).
- The introduction of an annual award for the most outstanding paper published in each discipline sub-category.

All these issues are under active consideration and we hope to implement one or more of them to align with industry standards set by similar journals.

## Concluding Remarks

Amid the rising tide of numerous competitors in the journal landscape, IDJ stands strong, proudly maintaining its 75-year legacy and reputation. I look forward to sharing more updates as we drive forward our mission: to spread valuable dental research and leading the world to optimal oral health.

## Acknowledgements

I would like to extend my heartfelt thanks to Ms. Lindsay Ellen and her publishing team at Elsevier for providing valuable data, statistics, and graphics on IDJ's performance indicators. Special thanks to Ms. Kayleigh Skilton, who consistently addresses numerous queries and issues from authors, reviewers, and myself on a near-daily basis. I am also grateful to the FDI team, led by Mr. Enzo Bondioni, as well as Ms. Charanjit Jagait and Ms. Roshana Saleem, along with the marketing and publicity teams from both FDI and Elsevier, for their unwavering support throughout. Last but not least, I would like to express my appreciation to our esteemed editorial board, our dedicated reviewers from all continents, and our authors..

*Prepared by: Lakshman Samaranayake, IDJ Editor-in-Chief*

*4<sup>th</sup> July 2025*

# Dental Practice Committee Report

## General Assembly 2025

Generated on 25 June 2025

This report summarizes all activities undertaken by the Dental Practice Committee (DPC) from the General Assembly report of September 2024 through June 2025.

### Policy statements 2025

Three policy statements will be presented to the General Assembly in 2025 and were under review by national dental associations (NDAs) at the time of writing this report:

1. **Supervision of the dental team** (revision) led by Dr Mick Armstrong
2. **Specialisation in dentistry** (revision) led by Dr Doniphan Hammer
3. **Advertising in Dentistry** (revision) led by Dr Jina Linton and Dr Hiroyuki Hirano

### Dental Practice Committee Forum 2025

The 2025 DPC Forum will focus on **Illegal Dental Practice and Patient Rights** and will take place on 9 September from 11:00–12:00. The confirmed speakers with topline topics are summarized below:

- Dr Mick Armstrong (*will also Chair*) (UK)  
*Summary of the findings of the Illegal Practice in Dentistry survey and their impact.*
- Dr Kinga Grzech-Lesniak (Poland)  
*Overview of the different types of illegal practice.*
- Dr Doniphan Hammer (France)  
*How to prevent illegal practices and how patients can identify them.*

### Committee projects update

#### Career management: Know your worth

FDI's Vision 2030 emphasizes the need to build a resilient oral health workforce, addressing key challenges through mentorship, collaboration, and continuous learning. Launched in 2023, this project began with a brochure outlining diverse career paths in oral health, supported by interviews and video testimonials from FDI leadership to inspire new professionals. In collaboration with IADS and EDSA, a global survey gathered insights from 2,340 dental students across 50+ countries to understand career perceptions. The results article was published in the *Frontiers Oral Health Journal*. The brochure, which was approved by the Council, is available on the [FDI website](https://www.fdiworlddental.org).

#### Illegal Dental Practice survey

The DPC conducted a survey of NDAs to assess the extent of illegal dental practice and the strategies in place to address this issue. Conducted between March and June 2024, the survey received 44 responses. The data was analyzed, and a [report based on the findings](#) is available on the FDI website.

## Advice sheet on Halitosis

DPC developed an advice sheet for dentists and dental teams on the causes and management of halitosis, which will be published on the FDI website in advance of the Congress.

## Advice sheet on the Oral Cavity and Sexually Transmitted Diseases

In January 2025, DPC began working on an advice sheet for dentists and dental teams to update them on the prevention and treatment of Sexually Transmitted Diseases (STDs) in the oral cavity. The final advice sheet will be published on the FDI website in advance of the Congress.

## Working Groups and Task Teams reporting to DPC

Full details of all the projects overseen by these Working Groups and Task Teams are included in the project report.

- **Integrated Electronic Health Records in Dentistry Task Team:** Prof. Mark Wolff (Chair); Dr Lina Weinert; Dr Fred Horowitz; Dr Piret Väli; Dr Jina Lee Linton.
- **Oral Health Observatory Task Team:** Dr Michael Sereny (Chair); Prof. Georgios Tsakos; Prof. David Williams.
- **Sustainability in Dentistry Task Team:** Prof. Nicolas Martin (Chair); Dr Mick Armstrong; Dr Duygu Ilhan; Dr Steven Mulligan; Dr Hasan Jamal; Asst. Prof. Donna Hackley.

The two Task Teams, **Whole Body Health** and **Whole Mouth Health**, overseeing the Oral Health within General Health project, need to be updated and reappointed by the Council.

## Regional Continuing Education (CE) Programme

FDI's Regional CE Programme is designed for qualified dental practitioners and covers five regions: Africa, Asia Pacific, Europe, Americas, and the Middle East. The 2025 programme is globally stable with a similar number of NDAs supported compared to 2024, but with an increase of planned courses (+4). Compared to 2024, new countries have been involved in almost every region.

The current geopolitical situation in the Middle East impacted the 2024 programme and some of the scheduled courses are postponement from last year programme. In-person format is still preferred, but webinars alternatives are being envisioned in case of further postponement.

### CE Programme Overview 2025 – as of June 2025

Region	Nb of courses planned	Nb of events	Nb of NDAs	Countries
<b>Africa</b>	14	12	12	Uganda, Zimbabwe, Burkina Faso, Morocco, Kenya, Senegal, Niger, South Africa, Republic of Congo, Nigeria, Ethiopia, Democratic Republic of Congo.
<b>Asia Pacific</b>	14	10	9	Cambodia, Malaysia, Hong Kong, Sri Lanka, Vietnam, Macau, Indonesia, India, Philippines
<b>Europe</b>	12	12	11	Bosnia and Herzegovina, Italy, Poland, Hungary, Bulgaria, Slovakia, Croatia, Portugal, Serbia, Türkiye, Cyprus
<b>Americas</b>	9	7	6	Costa Rica, Chile, Colombia, Honduras, Mexico, Argentina, USA
<b>Middle East</b>	11	9	8	Syria, Lebanon, Iran, United Arab Emirates, Egypt, Iraq, Jordan, Saudi Arabia
	<b>60</b>	<b>50</b>	<b>46</b>	

The Regional CE programme is delivered with the leadership of FDI-appointed Regional CE Directors.

FDI Council appoints the Regional CE Directors based on the Education Committee Chair and the Executive Director's proposals. Regional CE Directors are appointed for a 2-year, renewable mandate, without limit to the number of terms of service.

Year	Appointment
2024	<ul style="list-style-type: none"> <li>Europe: Prof. Hande Sar Sancakli</li> <li>Africa: Dr. Wendpoulomdé Aimé Désiré Kaboré</li> </ul>
2025	<ul style="list-style-type: none"> <li>Americas: Dr. Maria-Fernanda Atuesta Mondragon was appointed in January 2025 to replace Dr. Mauricio Montero.</li> </ul> <p>CEP Regional Directors who need to be considered for re-appointment:</p> <ul style="list-style-type: none"> <li>Middle East: Prof. Hani A. Salam</li> <li>Asia Pacific: Dr. Simon Ho Kam Yuen</li> </ul>

## Oral Health Campus

The FDI Education Committee is organizing 4 webinars on the Oral Health Campus:

Topic	Speaker	Date
Reducing dental carious lesions during the first three years of life	Dr.Eraldo Pesaressi	Live on 26 February: 346 live viewers On-demand: 243 viewers  Total of viewers so far: 589
Neither Children nor Adults: Challenges of Adolescent Oral Healthcare	Prof. Tamara Perić	Live on 16 April: 214 live viewers On-demand: 126 viewers  Total of viewers so far: 340
Digital dentistry: the tool that changed the prosthodontic field	Dr.Faisal Alrashidi	Scheduled on 5 July
Maxillary Lateral Incisor Agenesis: Making the Correct Decision	Dr. Martin Moubarak	Scheduled on 20 November

The concluding lecture of the Young Dentists Forum 2024, delivered by Dr. Miguel Stanley, has been available to watch on demand since November 2024

Finally, since 2024 members have the possibility to download a selection of webinars from FDI Campus and broadcast them on their national platforms. The Polish Dental Chamber is the first member to take this opportunity and will broadcast webinars on its national platform.

## Master CE Programme

FDI Master CE Programme on Aesthetic and Adhesive Dentistry was launched in May 2024 in the Middle East region and is planned to unfold until June 2026 over all FDI regions. The programme is structured into five modules, each offering flexibility for participants to undertake them at varying times and locations across the world. The programme is supported by 3 industry partners and offers practical hands-on training.

Courses are co-hosted with FDI members and have already been delivered in Bulgaria, Hungary and Tunisia during the first semester 2025. Additional courses are being planned in Colombia, India, Hong Kong SAR, United Arab Emirates and Chile between July and September. Further courses are in discussion with Saudi Arabia, Indonesia and Egypt. FDI members still have the possibility to host one or several modules of the programme between September 2025 and June 2026.

### Course overview as of June 2025

Country	Date	Module(s)	Speakers
Bulgaria	30-31 May	5	Dr. Ajay Juneja
Hungary	14 June	2	Dr. Salvatore Sauro
Colombia	25– 26 June	1 & 3	Dr. Carlos Fernandez Villares
Tunisia	28 – 29 June	1 & 2	Dr. Joseph Sabbagh
India	23 – 27 July	1,2,3,4 & 5	Dr Paulo Monteiro Dr. Ajay Juneja
Hong Kong	24 August	1	Dr. Ajay Juneja

## Young Dentists Forum

Building on the success of 2023 and 2024 editions, the Young Dentists Forum is scheduled to take place again within the FDI World Dental Congress and is set to unfold over a half-day programme on 10 September in Shanghai.

The programme will include lectures from emerging and seasoned speakers, an interactive discussion and a networking time. For the second year, a contest amongst FDI members was conducted to select the emerging speaker. 17 applications were received from following countries:

Armenia	Bangladesh	Bulgaria	Costa Rica	Czech Republic	Fiji
Hong-Kong SAR	Japan	Lebanon	Malaysia	Mexico	Morocco
New Zealand	Pakistan	Portugal	Romania	Uganda	

Applications were assessed by the Education Committee and awarded first place to Dr. Luis Anes (Portugal) lecture on “The Digital Dentist - A New Generation of Dentists” and the opportunity to lecture within the Forum. To encourage young speakers to take the stage, the second-best ranked applicant, Dr. Martin Moubarak (Lebanon), has been invited to lecture on the Oral health Campus. The programme will also include Dr Miguel Stanley for a keynote lecture and an inspirational panel discussion.

Two regional editions of the Young Dentists Forum were held within the regional congresses in Riyadh and San José. While the edition in Riyadh focused on career opportunities within the industry and network and speaker role development at an international level, the Costa Rican offered an extensive half-day programme on mental health and personal development. Both initiatives were great successes, allowing FDI to convey its knowledge exchange vision across the young dentist’s community.

## FDI Regional Dental Congress



Two regional congresses were very successfully held in January in Riyadh, Saudi Arabia and in May in San José, Costa Rica. With respectively 8850+ and 1300 participants, both congresses gathered delegates from their regions and beyond and offered unmatched regional learning and engaging opportunities. Both events included a wealth of scientific lectures but also meeting opportunities for FDI members and collaborations with key industry partners, through two very interactive exhibitions. Both were also amazing opportunities for FDI to convey its vision and mission.

Building on the success of these pilot exercises, one regional congress will be scheduled on a yearly basis from 2026. Model will be based on a franchise fee and a registration variable fee. FDI will provide an operating software to ensure smooth delegate experience and impactful promotion. Destination selection for 2026 and 2027 is ongoing, through an official bidding process.





## FDI World Dental Congress



The 2025 FDI World Dental Congress (WDC) will take place from 9 to 12 September in Shanghai jointly hosted with Chinese Stomatological Association.

8000 delegates are expected to join the 4-scientific programme that will gather over 100 international and top national speakers. This year's WDC25 exhibition will be one not to overlook. Spanning over 60,000 square meters, the exhibition will host over 400 companies who will showcase their latest products and services, some 27'000 visitors are expected to visit the tradeshow.

With a record of 2901 accepted abstracts, 19 interactive sessions and several engaging networking event the programme promises delegates from all around the globe to forge meaningful connection in a unique setting.

The 2026 WDC will take place from 4 to 7 September 2026 in Prague, Czech Republic and will be co-hosted with the Czech Dental Chamber. The FDI Congress Parliament will take place from 3 to 8 September 2026.

We are proud to host this prestigious event in Central Europe, a region steeped in history, culture, and breathtaking views. Participants should look forward to an enlightening journey into the latest advancements in dentistry as this congress will feature a cutting-edge scientific programme and offer a wealth of engaging activities in the unique settings of the O2 Arena.

The detailed programme is currently being developed and will be published by the end of 2025. Registration and abstract submissions will open in the fall.



# Membership Liaison and Support Committee (MLSC) Report

## MLSC representation in Task Teams and Working Groups

Prof. Yi Liu served as the representative for MLSC in WOHD TT from May 2024 to April 2025. He was succeeded by Dr. Clement Oluwarotimi, who joined the Task Team on behalf of MLSC starting in May 2025.

## Working with National Liaison Officers (NLOs)

MLSC collaborates with other FDI Standing Committees and departments at the FDI head office to ensure that the NLO reports meet the organization's requirements for up-to-date data. The NLO report template questions have been revised accordingly.

114 NLO reports have been received up to this date, their compilation can be found on the General Assembly webpage. The agenda for the 2025 NLO Forum was developed based on the feedback received from the NLO reports and past NLO Forums. The 2025 NLO Forum agenda is dedicated to the following topics: Integrating the NLO position in the NDA structure, Ageing population, Advertising in dentistry, Education of dentists about modern forms of tobacco consumption, Sugar use reduction.

## FDI Member Events calendar

MLSC gather the data on Member events by providing all FDI Members with a link to the online submission form. FDI Events Calendar displays information related to the events organized by FDI and its Member Associations: [Events calendar | FDI](#).

## Travel Grant 2024 - 2025

The aim of the Travel Grant project is to offer representatives of FDI Members from Low and Low-Middle Income Countries the possibility to attend the World Dental Parliament.

A record number of Travel Grant recipients attended the World Dental Parliament in 2024, these were the representatives of 13 National Dental Associations: Colegio de Odontólogos de Bolivia, Cambodian Dental Association, Ghana Dental Association, Lebanese Dental Association, Mongolian Dental Association, Myanmar Dental Association, Nepal Dental Association, Colegio Odontológico Nicaragüense, Nigerian Dental Association, Pakistan Dental Association, National Dental Association of Somalia, Sri Lanka Dental Association, Zimbabwe Dental Association.

Lebanese Dental Association received Travel Grant for the first time.

In 2025 FDI Members submitted 18 Travel Grant applications and MLSC selected 13 recipients from the following members: Afghanistan Dentists' Association, Bangladesh Dental Society, Ordre Nationale des Chirurgiens-Dentistes de la République Démocratique du Congo, Ethiopian Dental Professionals' Association, Kenya Dental Association, Lebanese Dental Association, Association Marocaine de Prévention Bucco-dentaire (AMPBD), Myanmar Dental Association, Nepal Dental Association, Association Rwandaise des Chirurgiens-Dentistes et Stomatologues, National Dental Association of Somalia, Sri Lanka Dental Association, Uganda Dental Association.

## “Member Supports Member” project 2025

The “Member Supports Member” Project (MSM) creates an opportunity for FDI Members to assist their counterparts in their own country or in other nations. This support may involve covering an annual membership fee for at least one calendar year, providing assistance for attending the World Dental Parliament, or a combination of both.

Representatives from 4 National Dental Associations have supported their fellow Members by covering their membership fees through the MSM 2025 initiative:

Bulgarian Dental Association to Bulgarian Scientific Association of Dental Medicine by paying its 2025 membership fee

Anonymous donation by a member was made to pay the Botswana Dental Association 2025 membership fee

Dr Michael Sereny - Bundeszahnärztekammer (BZAEK) to Association des Chirurgiens-Dentistes du Bénin by paying its 2025 membership fee

Prof. Ihsane Benyahya - Association Marocaine de Prévention Bucco-dentaire (AMPBD) to Association des Odontostomatologistes du Mali (AOSMA) by paying its 2025 membership fee.

## Member Recruitment Initiative

MLSC continues to strengthen FDI membership by reaching out to new National Dental Associations (NDAs). Committee members contacted associations that have not been part of FDI before, using a shared message and contact list.

## Liaising with Dental Associations – FDI Members on behalf of FDI

Each MLSC Member helped share important FDI updates in their region, including news about WOHD, the Young Dentists Forum, and regional congresses. MLSC remain committed to global collaboration, supporting members, and helping raise the visibility and impact of FDI's work.

# Science Committee Report

## General Assembly 2025

Generated on 23 June 2025

This report summarizes all the activities undertaken by the Science Committee since September 2024. The work of the Science Committee is guided by the FDI Strategy and aligns with its *Vision 2030*. The Committee also provides evidence in support of FDI's projects and advocacy efforts where appropriate. Science Committee has already been collaborating with the other Standing Committees and will continue to do so.

## Science Committee Fora

### 2025

The 2025 Science Committee Forum entitled “**Digital dentistry 2.0: overcoming challenges, shaping innovation**” is being held at the 2025 World Dental Congress in Shanghai on **Tuesday, 9<sup>th</sup> September**, from 14.30 to 16.30 in Room N within Hall W. The following speakers are presenting:

- Prof. Walter Yu Hang Lam (Science Committee member)
- Prof. Falk Schwendicke (Science Committee member)
- Prof. Andrew Keeling (United Kingdom)
- Prof. Samir Abou-Ayash (Germany)

### 2026

In 2026, the Science Committee Forum will be titled “**Does truth still matter? The role of science in dentistry**”, with Prof. Falk Schwendicke serving as chairperson.

## Policy Statements

In 2025, four Science Committee Policy Statements will be presented at the General Assembly in Shanghai, including:

- **Endorsement of ISO Standards (2008) – revision**, led by Prof. Gottfried Schmalz and Dr Benoit Soucy
- **Noma – Eradicating a preventable disease to save lives (2022) – revision**, led by Dr Wendy Thompson
- **Integrated electronic health records** – led by Prof. Falk Schwendicke and Prof. Walter Yu Hang Lam
- **Digital dentistry** – led by Prof. Walter Yu Hang Lam, Prof. Falk Schwendicke and Prof. Andrew Keeling (as an external expert)

The new 2025 Policy Statements on Integrated Electronic Health Records and Digital Dentistry will be supported by scientific papers that will be submitted for publication in the *International Dental Journal*.

Additionally, the Science Committee has proposed the withdrawal of the Post-Exposure Prophylaxis for HBV, HCV and HIV (2009) Policy Statement.

## Paper on e-cigarettes and vaping

Dr Wendy Thompson and Assist. Prof. Elizabeth Shick from the Public Health Committee are currently overseeing the development of the paper on e-cigarettes and vaping. They have asked Prof. Purnima Kumar to help with the paper,

which she is currently drafting. The paper is expected to be published in the December issue of the *International Dental Journal*.

## White paper on osteonecrosis of the jaw

Science Committee member, Dr Kivanç Bektas Kayhan has proposed to begin work on a white paper on the topic of medication-related osteonecrosis of the jaws (MRONJ). The white paper is expected to be completed in 2026.

## Committee Task Teams

### Preventing Antimicrobial Resistance and Infections Task Team

Dr Hiroyuki Hirano has replaced Prof. Mahesh Verma, who completed his term in 2024, in the Preventing Antimicrobial Resistance (AMR) and Infections Task Team.

### United Nations High-Level Meeting on AMR

The United Nations (UN) High-Level Meeting (HLM) on AMR took place on 26 September, in New York bringing together Member States and observers of the General Assembly, the UN system, parliamentarians, non-governmental organizations, civil society organizations, academic institutions, the private sector and persons affected by AMR, as well as other relevant stakeholders. Under the theme “Investing in the present and securing our future together: accelerating multisectoral global, regional and national actions to address antimicrobial resistance”. FDI was represented by Dr Wendy Thompson and our key messages were presented in a statement available [here](#). A [new Political Declaration on AMR](#) was approved during the meeting.

### World Health Professions Alliance webinar on AMR

The World Health Professions Alliance ([WHPA](#)) brings together the global organizations representing the world's dentists, nurses, pharmacists, physiotherapists and physicians. Following a successful engagement at the UN HLM on AMR, WHPA member organizations hosted [a webinar during World AMR Awareness Week \(WAAW\) 2024](#). In this webinar, WHPA's expert speakers discussed the outcomes of the HLM and how effective implementation could fast-track global efforts to tackle AMR.

### Side-event at the WHO Global Oral Health Meeting 2024

The first-ever WHO Global Oral Health Meeting took place in Bangkok, Thailand, from 26 to 29 November, and Dr Wendy Thompson attended as part of FDI's delegation. She led a side event entitled 'Tackling Antimicrobial Resistance Through Oral Health: A Global Priority,' which spotlighted the importance of addressing antimicrobial resistance (AMR) through oral health and dental care. In particular, it highlighted opportunities to combat AMR within dentistry, focusing on people-centered, evidence-based, multisectoral approaches for antimicrobial stewardship. The panellists included speakers from WHO, Thailand's Ministry of Public Health, and the Chief Dental Officer from the Norwegian Directorate of Health, as well as a perspective from a person with lived experience, presented by Vanessa Carter (video recording), Chair of the WHO AMR Survivor Group.

## Ongoing activities

WHO is advancing its work on an Infection Prevention and Control curriculum and, through contacts via the task team, has appointed Dr Wendy Thompson to its development group.

A JDR commentary, "*Fighting the Antimicrobial Resistance Global Emergency: The Lifesaving Role of Dentistry*," has completed the proofing stage and will be published shortly. Dr Wendy Thompson is the first author, and collaborated with IADR colleagues and Habib Benzian. The commentary highlights FDI's WHO Global Oral Health Meeting session on AMR and integrates three key points from the FDI statement to the UN High-Level Meeting on AMR.

The task team has analysed the data collected as part of a NDA survey on AMR rolled out in early 2024, and is currently compiling it in a paper to be published in the *International Dental Journal*.

## Dental Materials and Products Surveillance Task Team

Prof. Gottfried Schmalz has been replaced in the Dental Materials and Products Surveillance Task Team (DMPSTT) by the new ISO Liaison Officer, Dr Benoit Soucy.

In February 2025, the DMPSTT was requested to grant approval for Clogard Toothpaste (by Hemas) to use the FDI logo on its packaging as part of the FDI Recognition Programme. The DMPSTT reviewed the list of ingredients and found no issues, thus giving their approval.

In light of recent concerns raised regarding the safety of fluoride, the Science Committee continues to closely monitor emerging reports and remains committed to supporting the use of fluoride based on the best available scientific evidence.

# Public Health Committee Report

## General Assembly 2025

Generated on 30 June 2025

This report summarizes all the activities undertaken by the Public Health Committee (PHC) from the General Assembly report of September 2024 through June 2025.

## Policy Statements

Two policy statements will be presented to the General Assembly in 2025 and were under review by national dental associations (NDAs) at the time of writing this report:

1. **Silver Diamine Fluoride** (New) led by Prof. Chun-hung Chu
2. **Topical Fluorides** (Revision) led by Dr Elizabeth Shick

## Public Health Committee Fora

### 2025

The PHC-CDO Forum 2025 will take place on **10 September**, from **09.00–10.50 am** in **Room South Wing**. The title of the forum will be **Sugar Reduction Strategies: From Policy to Cavity Free**. The PHC Vice-Chair Elizabeth Shick will chair the session, and the speakers are:

1. **Prof. Heming Olsen-Bergem** (President of Norway NDA). His presentation will address the Norwegian Dental Association's participation in an alliance promoting health nutrition for children and adolescents in Norway.
2. **Prof. Shuguo Zheng** (Chief Dental Officer, China). He will present on how China has actively responded to WHO's call to further improve sugar control policies and ensure effective implementation.
3. **Dr Jason Wong** (Chief Dental Officer, England). He will address will sugar policies in the United Kingdom and specifically in England to improve oral health.

### 2026

The PHC-CDO Forum 2026 will focus on the WHO Global Oral Health Action Plan (2023–2030).

## Public Health Committee projects 2025

### Educational module for other healthcare professionals

This project seeks to provide basic oral health knowledge and oral health care skills to non-dental healthcare professionals to enable them to include essential oral healthcare services in their routine work. Full details are included in the *Projects Report*.

### Refugee Oral Health Promotion and Care

Dr Elizabeth Shick was nominated by PHC as the committee expert, and she will continue overseeing this project together with Prof. Elham Kateeb. The scope of the project may be expanded to cover oral health promotion in crisis areas, conflict zones, and humanitarian settings.



The project experts are considering opportunities to engage international institutions working in active crisis situations such as the International Committee of the Red Cross (ICRC) on the importance of recognizing oral health within global frameworks and standards such as the SPHERE standards (a set of universal minimum standards for humanitarian response). Additionally, discussions are underway to determine the most strategic way forward for expanding into this new area of work, including potentially by collaborating with the FDI Section of Defense Forces Dental Services and Dental Practice Committee.

The project leads have also developed a proposal to train health providers in refugee camps to deliver oral healthcare. The aim is to develop a training manual focusing on education and oral hygiene awareness for use in United Nations High Commissioner for Refugees (UNHCR) supported clinics in refugee camps.

An article has also been submitted to the *International Dental Journal*, highlighting the impact of the oral health project in a refugee camp in Bangladesh. It has been accepted for publication and will be published later this year.

## Tobacco Cessation

Each year, up to seven NDAs can be selected to receive a CHF 1,000 tobacco cessation grant, enabling them to implement a workshop in their country in 2025. A call for applications for NDA-led tobacco cessation workshops was sent to members in January 2025. Full details are included in the *Projects Report*.

A WDC 2025 session will be held on 10 September from 14:30–16:30 titled:  
Tobacco Cessation in Dental Practice: Skills, Strategies, and Success Stories  
*Empowering Dental Teams to Lead the Fight Against Tobacco Use*

To ensure measurable outcomes, a comprehensive evaluation process was established by the Task Team using pre- and post-workshop surveys. The data collected will be analysed, and the evaluation results will be presented during the tobacco cessation session. The speakers are Prof. Hiroshi Ogawa, Dr Dongbo Fu (WHO expert), Prof. Simona Dianišková, Dr Wensheng Rong.

## Working Groups and Task Teams reporting to PHC

- **Oral Health for an Ageing Population Task Team:** Prof. Kakuhiro Fukai (Chair); Prof. Judith Jones; Dr Sophie Darteville; Prof. Hirohiko Hirano; Prof. Gerry McKenna. Refer to the *Projects Report* for full details.

## Grants overseen by PHC

Refer to the *Projects Report* for full details on the following:

## World Dental Development Fund (WDDF)

- The PHC reviewers are: Prof. Elizabeth Shick (Vice Chair), Prof. Islam Tarek Abbas Hassan and Prof. Youn-Hee Choi.
- The application deadline for the WDDF is 15 June each year and the 2026 applications were under review at the time of writing this report.

## Smile Grant

- The PHC reviewers are Prof. Chung-hung Chu (Chair), Prof. Islam Tarek Abbas, and Prof. Youn-hee Choi.
- The application deadline for the Smile Grant is 1 February each year. The winners will be announced at WDC 2025.

## Advancing Diplomatic and Collaborative Initiatives

The APRO Business Meetings also served as a springboard for cross-border collaborations, with several inter-country initiatives being proposed to promote continuing dental education, uplift general dental practice, awareness for dental public health concerns and Oral Diseases, and strengthen defense forces dentistry ties with each National Dental Associations. Resulting to foster oral health programs and support joint research and innovation in dentistry.

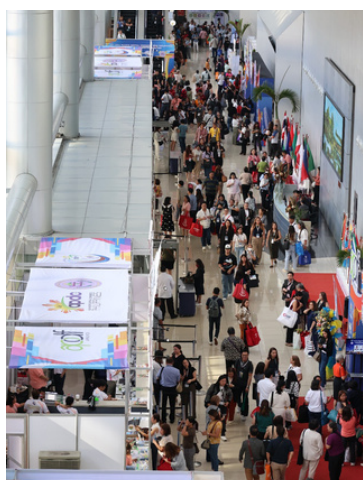
These efforts underscore the APRO's vital role in shaping a cohesive and forward thinking dental community across the Asia Pacific Region.



The recently concluded 46<sup>th</sup> Asia Pacific Dental Congress in collaboration with the 116<sup>th</sup> Philippine Dental Association Annual Convention, held from 12<sup>th</sup> to 16<sup>th</sup> May 2025, proved to be an overwhelming success, earning highly positive feedback from both local and international delegates. Central to this achievement were the scientific sessions, and the APRO business meetings, both of which demonstrated significant advancement in content quality, organizational execution, and professional engagement.

The congress welcomed over 11,000 registered delegates from across the Asia Pacific region, marking one of the highest attendance records in APDC history. The week-long event was a vibrant hub for knowledge exchange, networking and professional development. The venue, located in a well-connected business district, also drew strong praise. Its central location, accessibility, and modern facilities created an ideal setting for both formal and informal interactions.

### *46th Asia Pacific Dental Congress: A resounding Success in Advancing Dental Excellence and Regional Collaboration 12<sup>th</sup> - 16<sup>th</sup> May, 2025 (Manila, Philippines)*



#### *Scientific Sessions: A benchmark to Ascend*

The scientific program was widely praised for its elevated standards and relevance to current clinical practice. Delegates commended the high caliber of speakers, who delivered expert insights with clarity and depth. Well-curated topics, addressing contemporary challenges and innovations in dental science. Case and evidence-based presentations and lectures, described by the attendees as “informative”, “very good” and directly applicable to day-to-day clinical practice.” This real-world applicability directly contributed to the over-all satisfaction of participants and reinforced the scientific value of the congress.



The success of the 46<sup>th</sup> APDC reaffirms the Asia Pacific dental community's shared commitment to innovation, excellence and unity in advancing oral healthcare across the region and to the federation.



The 46<sup>th</sup> APDC set a new benchmark and delivered on its promise of scientific excellence and regional collaboration. It has reinforced the strength of regional unity and professional solidarity.



(credits to Korean Dental Association for all the photos)



## ERO REPORT FOR THE FDI GA Shangai 2025

Dear FDI President, dear Councilors, dear FDI Delegates, please let me report about the most relevant achievements and actions of the European Regional Organization (ERO FDI) in 2024/2025.

ERO had 2 Plenary sessions, one in Istanbul in Autumn 2024 and the second electoral one on May 2<sup>nd</sup> and 3<sup>rd</sup> (Spring 2025 Session) in Almaty, Kazakhstan. The next Plenary will be held in Shanghai, 11<sup>th</sup> September in the morning with WG meetings 9<sup>th</sup> September and Board meeting 10<sup>th</sup> September 2025.

### **REPORT OF THE PRESIDENT - most important issues during the mandate after Istanbul till Mai 22-April 2025 During Dr Simona Dianiskova Presidency and Board.**

#### **Board meetings:**

- 2024: 11 meetings - 3 in presence / 8 online
- 2025: 4 meetings (including this in Almaty), 2 in presence / 2 online

Istanbul Autumn 2024 / Almaty Spring 2025 / Monza Summer first Board Meeting in presence

### **ELECTORAL ERO PLENARY 2025**

#### **Welcome of guests**

We had the privilege that T.C. Wong (Former President of FDI), Enzo Bondioni (CEO FDI), Nick Sharkov (President-elect FDI), Anna Lella (Former President ERO and Vice-President CED), Duygu Ilhan (Liaison Officer FDI-ERO), the delegation from Uzbekistan Dental Association and all delegates attended the Plenary session in Almaty.

We also received special greetings of the Minister of Health of the Republic of Kazakhstan, Alnazarova Akmaral Sharipbayevna to all participants via a video message. In her address, she emphasized the crucial role of oral health within the broader framework of public health and underscored its significance at the highest levels of health policy and leadership. She acknowledged the valuable work being done by dental professionals and international organizations to advance oral health globally.



Warm thanks to the Kazakh hosts — Dana Ospanova, Saule Yessembayeva and Azamat Baigulakov — for their hospitality and excellent organization of the meeting and accompanying events.

### **Achievements in general on the Road of Former ERO Board**

- Development of new website, to fill it with information from Dental World and NDA, Zoom Meetings FORA with NDA and to increase contacts with FDI Regional Organisations
- Social media – ERO is active on Facebook, LinkedIn, Instagram and Twitter
- Finances are in a good state
- Results of taskforce of ERO and CED named “Corporate dentistry”
- Support of CED in collecting data for the EU Manual of Dental Practice
- Text of ERO “Ethic code” to be presented
- FDI Workshop Vision 2023 – outcomes analysed by FDI – new workshop date not yet defined.
- ERO/EDSA award – liaising with EDSA and defining topics. This year’s topics are “*The Role of Dentists in Tobacco Cessation* and *Oral Health for Elderly Patients*”. Support of Dental Education Survey.
- Re-Establishment of the contacts with ESDE (European Society of Dental Ergonomics).
- Discussion about creating an ERO Member support and Communication task force.
- Main topics of concern emerging from the reports of NDAs: corporate dentistry, education of young dentists, insufficient insurance systems, increase of costs, dental education and practice quality
- New Members: Moldavian Association of Stomatologists, Irish Dental Association, Uzbekistan Dental Association, Association of dentists in the Republic of Srpska, The Republic of Srpska Chamber of Doctors in Dentistry / NDAs that left: Albania, Latvia

### **Working groups:**

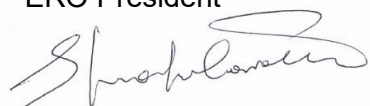
- **Ageing population** – toothbrushing app
- **Relations between dental practitioners and universities** – Several projects: Interprofessional education and collaborative practice / the procedure of specialization / Organization and regulation of orthodontic specialization in the ERO member countries / Collaboration in bridging theory and practice – several articles have been published
- **WG Oral Health and General Health** – a short guide to the relevant themes and ideas on how to support ideas and advocacy for better integration and the move to prevention of the risk factors of dental disease / integration of oral health care into primary health care / preventive oral care and its funding
- **Liberal Dental Practice** – relaunching survey on corporate dentistry/dental chains – a survey to find out what younger dentists preferably chose as working structure
- **Integration** - unification of undergraduate education, according to education standards and educational programs / approximate equalization of requirements for postgraduate education in Eastern European countries and approximation to the European or world standard of certification and accreditation / ensuring the widespread implementation of preventive programs, educating the public, especially children of pre-preschool and school age, governmental preventive programs / responsible attitude to oral health
- **Continuing medical education in dentistry** - survey on the future needs of undergraduate dental students and another one on theoretical and practical gaps exist in training and how any deficits can be remedied
- **Dental Team** – digitalisation of dentistry - survey on continuing education for dental assistants
- **Digitalization in dentistry** – E-Health - Artificial Intelligence – survey on the topic of “Basic education in digital dentistry in dental courses in Europe / Teledentistry – Teleconsultation / definition of digital dentistry – position paper of the use of AI in dentistry.

**ERO ELECTIONS****The new ERO ELECTED Board is composed as follows:**

Edoardo Cavallé – President  
Paula Perlea – President-elect  
Doris Seitz – Secretary General  
Oleg Gladkov – Councillor  
Ariel Slutsky – Councillor

The Former and New ERO Board are very grateful to the FDI, namely to the President Greg Chadwick, President Elect Nikolai Sharkov, the Executive Director Enzo Bondioni and to all FDI Office staff for the excellent cooperation and support during the whole year and incoming future.

ERO President



Dr Edoardo Cavallé

Monza June, 23,2025

## Oral Health Foundation

**Over the last year, the Oral Health Foundation has continued to advance its mission of improving oral health for all. Our work remains grounded in education, advocacy, and empowerment, with a growing focus on tackling inequality and strengthening public engagement worldwide.**

We have kick-started our bold new strategy to 2030, which reaffirms our commitment to reducing health inequalities and delivering systemic change. At its heart is a commitment to collaboration – with dental professionals, communities, industry and policymakers – to shape environments that support better oral health outcomes across the life course.

In the spring, National Smile Month 2025 ran under the theme of *Feed Your Smile*, highlighting the connection between nutrition and oral health. The campaign involved a nationwide rollout of materials in health settings and schools, an ambitious digital media and press plan, and direct messaging to policymakers on sugar reduction and oral disease prevention.

November's Mouth Cancer Action Month continues to grow, with more than 20,000 health settings taking part and a surge in digital engagement. We've expanded our Safe Smiles programme, highlighting the importance of regulated dental care in an era of growing misinformation. Our school's programme, Dental Buddy has been downloaded by 20,000 teachers and educators while we have also sent educational materials, including patients leaflets and dental packs to more than 250,000 people.

Our awareness materials are now used in over 60 countries, helping drive global conversations about early diagnosis and patient outcomes.

Our policy and advocacy work has focused on some of the most urgent issues affecting oral health today – from pushing for sugar reformulation to addressing the crisis in dental access. We have continued to represent the sector's voice in national policy conversations, advocating for measures that reduce disease and promote health equity.

Our work with the Platform for Better Oral Health has been essential this year in advocating for the WHO Global Health strategy and signing up to the Bangkok Declaration. The Platform is now working actively to have oral health included as an important factor in the Declaration for the UN High Level Meeting in New York in November. As the new EU Parliament and Commission settle in, we are actively influencing the developing policy areas around CVD, cancer and medicines. |

Our Product Accreditation programme remains a pillar of the Oral Health Foundation's reach and credibility, supporting consumer trust in over 1,000 approved products worldwide. Meanwhile, our digital channels continue to expand: nearly 2 million people accessed advice through our website this year.

As an independent charity, we are grateful to our Trustees, staff, partners and supporters who make our work possible. Our vision of a world where everyone can enjoy a healthy mouth is bold, but with continued global collaboration and professional leadership, we believe it is within reach.

For partnerships or collaboration, contact Director of Communications, David Arnold:  
davida@dentalhealth.org | +44 1788 539 789



# iADH

International Association  
for Disability & Oral Health

# 2025

## FDI REPORT



The International Association for Disability and Oral Health (iADH), and its more than 7000 members, remains steadfast in its mission to promote equitable, high-quality oral healthcare for individuals with disabilities. iADH bridges systemic gaps in dental care through global collaboration in research, education, and advocacy: enhancing quality of life for people with special healthcare needs.

## Congress & Fellowship Recognition

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In 2024, iADH successfully resumed its biennial international congress, a cornerstone event uniting members from across the globe. The 24th iADH Congress, held in Seoul, South Korea (September 26–29), gathered leading experts in Special Care Dentistry under the theme:

**“Bridging the Gap in Dental Care for Persons with Disabilities – Now and Beyond.”**

The scientific program addressed critical and emerging issues, blending cutting-edge research with practical approaches to care. A robust social program further fostered international collaboration and solidarity. Over 700 participants from more than 40 countries took part.

A key highlight was the formal recognition of clinical and academic excellence through the second cohort of iADH Fellows, who received their Fellowship Diplomas during the congress. This initiative reflects iADH’s commitment to raising professional standards and celebrating leadership in Special Care Dentistry. The next Fellowship call is scheduled for late 2026.

## Education & Innovation

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In 2024, iADH launched two new webinar series under the “Let’s Talk...” banner to promote inclusive, accessible learning. The first session in the Let’s Talk... Education series, explored the use of Artificial Intelligence in dental education and simulation, with a focus on personalisation and application in low-resource settings. The inaugural Let’s Talk... Research webinar attracted over 220 registrants, offering practical insights into inclusive, interdisciplinary oral health research. Strong engagement confirmed members’ appetite for accessible, applied learning opportunities. Both series will continue in 2025 with expanded themes including virtual reality, inclusive curricula, and digital ethics in oral health.

## Research & Clinical Tools

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Research is a pillar of iADH’s mission. A major milestone was the release of the validated iADH Universal Case-Mix Tool, which offers a standardized, inclusive approach to assessing patient complexity in Special Care Dentistry. The iADH has developed and circulated a Web App to facilitate its implementation. This WebApp (uCMT App) can be accessed via this link:

<https://play.google.com/store/apps/details?id=com.penta.iadhmixtool&hl=en-US&pli=1>

To strengthen international research collaboration, iADH is developing a networked research infrastructure, enabling clinical and academic centres worldwide to connect via a centralized database for shared protocols, data harmonization, and joint studies.

iADH also renewed a Memorandum of Understanding with the IADR-DASCR (Dental Anesthesiology and Special Care Research) group, active engaging in joint research, training, and knowledge exchange.

On the advocacy front, former iADH Chair Dr. Denise Faulks represented the association at a high-level policy meeting in Brussels, contributing to the inclusion of disability-focused oral health priorities in evolving European oral health strategies. Follow-up consultations are expected in 2025 as part of the European Oral Health Action Plan.

iADH has further formalized its strategic alliances through Memoranda of Understanding (MOUs) with key organizations, including:

- FDI World Dental Federation
- Special Olympics
- Association for Dental Education in Europe (ADEE)
- International Association of Paediatric Dentistry (IAPD)
- Platform for Better Oral Health in Europe
- IADR-DASCR

These collaborations enhance the association's ability to align efforts across clinical, academic, and policy domains.

## Recognition and Systemic Change

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Further advancing its commitment to inclusive care, iADH partnered with Oral-B to launch the Disability Champions Award Programme. This initiative recognizes dental practices across Europe that demonstrate excellence in accessibility and inclusive service delivery. More than 80 nominations were received in the first cycle, with winners announced during the Seoul Congress.

Together, iADH and Oral-B are advancing systemic change in how dental care is delivered to individuals with disabilities and their caregivers. The recent project of this partnership is the development e-learning module of Autism and Oral Health published in the Wiley Oral Health Knowledge Hub for Autism.

## Looking Ahead

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In 2025 and beyond, iADH will continue to expand its global network, strengthen its research and training infrastructure, and lead advocacy efforts to ensure that the voices of people with disabilities are central in oral health policy. The next 25<sup>th</sup> iADH conference which will be held in Dublin, Ireland in 2026 will further strengthen this vision and continuously provide a platform for global networking.

As the global voice for Special Care Dentistry, iADH reaffirms its commitment to reducing health disparities, promoting inclusive dental practices, and empowering professionals to serve all populations with dignity and excellence.

**Professor Pedro Diz Dios**  
**President,**  
**iADH 2024-2026**

**International Association for Dental, Oral, and Craniofacial Research  
Report for the 2025 FDI General Assembly (Submitted June 24, 2025)**

### **2025 IADR/PER General Session & Exhibition**

The [103<sup>rd</sup> General Session of the IADR](#) will be held in conjunction with the IADR Pan European Regional Congress on June 25-28, 2025. The event will provide dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest cutting-edge research in Barcelona, Spain. The 2025 Distinguished Lecture Series speakers are Leslea J. Hlusko, National Center for Research on Human Evolution, Burgos, Spain; Ahmed Ogwell, VillageReach, Seattle, USA; and Nobuhiko Kamada, University of Michigan, Ann Arbor, USA.

### **IADR Publications**

The [Journal of Dental Research \(JDR\)](#) 2-Year Journal Impact Factor™ is now 5.9, ranking it #7 of 162 journals in the “Dentistry, Oral Surgery & Medicine” category. The JDR 5-year JIF is now 7.3, with an Immediacy Index of 0.9, an article Influence score of 1.657, and an Eigenfactor of 0.01126. The JDR once again maintains its #1 rank in total citations, with a total of 25,107 in 2024. In the same category, the JDR CTR 2-Year JIF is now 2.2, placing it tied for rank #59. The JDR CTR 5-year JIF is now 2.8, with an Immediacy Index of 0.3, an article Influence score of 0.674, and an Eigenfactor of 0.00127. The JDR CTR had 983 total citations in 2024. This news comes from the 2024 Journal Citation Reports® (Clarivate™, 2025).

In December, IADR and AADOCR announced the publication of [a new study](#) in *JDR* that examines how cognitive development among young children is affected by early exposure to fluoride. The study investigated the potential effects of fluoride exposure assessed with the Wechsler Adult Intelligence Scale 4th edition (WAIS-IV) in an Australian population-based sample. The study provided consistent evidence that early childhood exposure to fluoride does *not* have adverse effects on cognitive neurodevelopment.

A special issue of *JDR* in late 2024 highlighted the innovations and applications of advanced imaging techniques for the benefit of dental, oral, and craniofacial health. The guest editors are Dana Graves, University of Pennsylvania School of Dental Medicine, and Sergio Uribe, Rīga Stradiņš University, Latvia. To complement the release of the special issue, Graves conducted interviews with co-author Jeremie Oliver Piña on the paper within the issue entitled, “[Spatial Multi-omics Reveals the Role of the Wnt Modulator, Dkk2, in Palatogenesis](#),” and with co-author Ana Caetano on the paper within the issue entitled “[Computational Methods for Image Analysis in Craniofacial Development and Disease](#).”

### **2026 IADR/PER General Session & Exhibition**

The [104<sup>th</sup> General Session & Exhibition of the IADR](#) will be held in conjunction with the 55<sup>th</sup> Annual Meeting & Exhibition of the AADOCR and the 49<sup>th</sup> Annual Meeting of the CADR on March 25-28, 2026, in San Diego, USA. IADR’s annual meeting will once again showcase the latest and most cutting-edge dental, oral, and craniofacial research to a global community of oral health scientists.

### **External Relations**

The [78<sup>th</sup> World Health Assembly](#) took place in Geneva, Switzerland in May 2025. IADR made several individual interventions, as well as joint and constituency statements with the FDI World Dental Federation and the World Health Professions Alliance, during several provisional agenda items. IADR also partnered with FDI to host a side event, “Global Coalition on Oral Health: Mobilizing for Equity, Leadership, and Action Towards the 4<sup>th</sup> UNHLM on NCDs and Beyond,” which focused on advancing oral health action nationally and globally through the Global Coalition on Oral Health. A panel discussion included IADR Vice President Jenny Gallagher and emphasized the value of multi-stakeholder collaboration as a driver of progress in oral health. The session also highlighted key recommendations for prioritizing the prevention and control of oral diseases at the upcoming UN High-Level Meeting on NCDs.

### **WHO Global Oral Health Meeting**

The first ever [WHO Global Oral Health Meeting](#) took place in Bangkok, Thailand in November, attended by IADR President Satoshi Imazato, IADR Vice-President Jenny Gallagher, IADR CEO Christopher Fox, and IADR Director of Science Policy Makyba Charles-Ayinde. The meeting included WHO, national oral health leads, national UHC leads, non-State Actors and invited experts. IADR hosted a side event at the meeting titled, *From Insights to Impact: How an Oral Health Research Agenda Delivers for Population Health and UHC*. The goal of this meeting was to reaffirm political commitment by Member States to the Resolution on Oral Health adopted in 2021. This meeting contributed to the preparatory process leading to the United Nations 4<sup>th</sup> High-level meeting on NCDs and Mental Health in September 2025.

### **2024 IADR Annual Report**

For further reading about IADR activities, please see the [2024 IADR Annual Report](#).

The International Association of Paediatric Dentistry (IAPD) is pleased to highlight recent key activities and to share exciting plans for upcoming initiatives that will further advance paediatric oral health worldwide.

**FDI Congress, Istanbul (12 - 15 September 2024):** IAPD hosted a dedicated symposium during the 2024 FDI World Dental Congress held in Istanbul, Türkiye.

- **Session Chair & Opening Address by Prof. Figen Seymen, IAPD President**
- **Lecture by Prof. Semen Sevlı Kuvvetli:** *Severe Early Childhood Caries*
- **Lecture by Prof. Varinder Goyal:** *Management of Incipient Carious Lesions: Contemporary Strategies and Clinical Considerations*

**FDI Regional Meeting in Riyadh (16 - 18 January 2025):** Continuing the theme of global collaboration, the Riyadh Regional Congress hosted a second IAPD symposium featuring:

- **Professor Marcelo Bönecker** – *Enamel Hypomineralisation in Primary Teeth.*
- **Dr Nitesh Tewari** – *Interdisciplinary Dental Trauma Management.*
- **Professor Vineet Dhar** – 3-hour workshop on evidence-based dentistry and presentations on 1. *Clinical Practice Guidelines on Caries Lesions* and 2. *Vital/Non-Vital Pulp Therapy.*

**Representation at the 3rd IAPD Summit (8-10 November 2024):** FDI was formally represented by Prof. Nikolai Sharkov at the 3rd IAPD Global Summit on Pulp Therapy, underscoring the strong partnership between the two organisations.

**30th IAPD Congress 2025 in Cape Town:** The upcoming IAPD Congress, to be held in Cape Town, South Africa, marks a historic milestone as the first IAPD Congress on the African continent.

**IAPD Fellowship Examination:** The second IAPD Fellowship Examination was successfully conducted, with participation from candidates representing 28 countries, reflecting growing global recognition of the programme. We look forward to formally welcoming the 46 new IAPD Fellows at the 30th IAPD Congress.

**Teach the Teachers Educational Workshop (TTEW):** IAPD is currently refreshing and updating its flagship *Teach the Teachers* programme, with the intention to launch the next edition in the Philippines in 2026.

**Webinar Series:** The IAPD Webinar Series continues to grow in popularity and impact, becoming a highly anticipated event on the IAPD community calendar. It provides accessible, high-quality education to a worldwide audience.

**IAPD–Colgate Podcast Series:** IAPD is proud to announce the upcoming launch of a collaborative podcast series with Colgate, aimed at disseminating the latest science and clinical guidance in paediatric dentistry to a global audience of oral health professionals.

**Global Reach:** The IAPD National-Member Societies network has now expanded to include over 80 countries, further enhancing global collaboration.

Through impactful educational programmes, global congresses, strong advocacy, and new digital initiatives, the IAPD continues to lead efforts to improve oral health for children worldwide

## International Dental Association Commonwealth Association of Legal Entities - Annual Report 2024/25

The IDA Commonwealth of CIS Countries' Principles and Purposes for the improvement of the Dental Profession in Post-Soviet Countries are in Line with those of the FDI World Dental Federation.

**At the Plenary Session of the Commonwealth of CIS Countries** on November 22, 2024: The attendees were:

1. Khasanov Adham Ibrokhimovich (Uzbekistan), 2. Yesembaeva Saule Serikovna (Kazakhstan), 3. Bedros Yavru Sakuk (Armenia), 4. Tairov Umar Tairovich (Tajikistan), 5. Sultipov M.Sh. (Tajikistan), 6. Kalbaev Abibilla Akburaevich (Kyrgyzstan), 7. Yuldashev Ilshat (Kyrgyzstan), 8. Ivanova Elena (Russia), 9. Matveev Andrey Mikhailovich (Belarus), 10. Denis Bourgeois (France), 11. Yessimov Dauletkhan (Kazakhstan), 12. Rakhimov N.M. (Kazakhstan), 13. Kurvanzhan Myrkha (Kazakhstan), 14. Mariana Dimova-Gabrovski (Bulgaria), 15. Kamichev Kh.P. (Uzbekistan), 16. Orekhova Lyudmila Yuryevna (Russia)

### **Plenary Session's Official Decisions:**

1. Reaffirmation of The President of the IDA of the CIS countries "Commonwealth" as: Prof. Adham Ibrokhimovich Khasanov.
2. The proposed amendments to the Charter of the Interstate Dental Association Commonwealth of CIS countries about the duties and the election of the Executive Director as well as of the Secretary and Treasurer have been unanimously accepted.
3. Election of the Executive Director of the IDA CIS countries "Commonwealth": Prof. Bedros Yavru Sakuk has been elected unanimously.
4. Election of the Secretary of the IDA CIS countries "Commonwealth": Prof. Elena Ivanova has been elected unanimously.
5. The Proposal by the Executive Director for the creation of three main activity committees on Prevention, Education and Practice Management has been unanimously accepted.

**On Prevention.** Prof. Gerhard K. Seeberger was appointed as its chairman. Decisions taken were:

- To analyze the state of the actual prevention awareness and actions taken in every CIS State.
- To evaluate the needs for Oral Diseases Prevention in Every State.
- To Exchange successful Role Models for prevention of Oral Diseases and NCDs
- To Consolidate the driving position of the Stomatological pioneer
- To invite Prevention Specialists outside of Dentistry for subjects related to Oral Health

**On Education,** Prof. Matveyev Andrey Mikhailovich was appointed as its chairman.

- Formation of a group of able lecturers in All Specialties of Dentistry
- Organization of Monthly Online lectures on subjects requested by the Member States.
- Official Record Keeping of Participant's Names and Continuing Education Credit Points
- Participation and Support to the Member States' Congress and Conferences with lecturers

**On Dental Practice Management:** Prof Dauletkhan Yesimov, was appointed as its chairman

- To give the needed help advice and support for the initial set up of the Dental Practices
- To give the needed Everyday Practice Management Help, Advice and Support for a Successful Dental Practice
- To give Help, Advice and Support for Financial Aspects of a Dental Practice.

During the Plenary it has been reaffirmed that The Commonwealth is also dedicated to the Promotion and Implementation of the FDI World Dental Federation's "Vision 2030" in each of its Member States.

Submitted by Prof. Bedros Yavru Sakuk, Executive Director





## FDI World Dental Federation - General Assembly Report, June 2025

IDM represents 1,900 manufacturers and suppliers across all European countries, as well as the United States, Canada, Brazil, Japan, Mexico, and Australia. The organization represents their interests by influencing governments and global organisations. A key priority for IDM is collaboration with the FDI, particularly in advancing sustainability objectives and supporting the World Dental Congress.

The global dental market is currently valued at USD 36 billion and is projected to grow to USD 65 billion by 2030. At present, dental consumables account for approximately 80% of the market value, while dental equipment represents the remaining 20%.<sup>1</sup>

North America remains the largest regional market, followed by Europe. However, the Asia-Pacific region is experiencing the fastest growth, driven by rising income levels in low- and middle-income countries and the resulting increase in demand for dental care.

The dental industry continues to innovate, with a focus on improving oral health outcomes and prioritizing patient safety and treatment quality. However, the research, development, and manufacturing of dental products are becoming increasingly complex. Manufacturers must navigate diverse and more stringent regulatory requirements across countries and regions, which significantly raises development costs. As a result, there is a risk that product innovation may slow, and treatment costs for patients may rise.

Key drivers of growth in the dental sector include<sup>1</sup>:

- The rising adoption of digital workflows within dental practices
- An increasing global prevalence of dental diseases
- Growing demand for aesthetic dental procedures

IDM and its members remain committed to supporting the development and manufacturing of high-quality dental products by actively collaborating with FDI and other stakeholders.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'S Cheetham', with a stylized flourish at the end.

Samantha Cheetham, President



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[www.icd.org](http://www.icd.org); [office@icd.org](mailto:office@icd.org)

June 2025

Dear President Chadwick and Members of the Assembly,

On behalf of the International College of Dentists (ICD), an Affiliate Member of FDI, I am pleased to submit this annual summary outlining key initiatives and progress made over the past year.

### Launch of the ICD Global Oral Health Leadership Institute

In 2025, ICD launched the [Global Oral Health Leadership \(GOHL\) Institute](#) with 18 diverse participants from 10 countries. The program emphasizes interdisciplinary leadership, innovation and sustainable solutions. A highlight was [Stakeholders' Day](#) at Harvard School of Dental Medicine in April, featuring expert panels led by Dr. Greg Chadwick and ADA economist Marko Vujicic on evidence-based advocacy and systems-level change.

### Humanitarian Impact

Through our Global Visionary Fund and partnership with Henry Schein Cares Foundation, ICD-supported outreach treated 47,000+ individuals and delivered 20,000+ procedures in [2024](#). Our projects target communities with critical unmet oral needs.

### Global Relations and Advocacy

ICD holds Special Consultative Status with the U.N. ECOSOC. We are exploring formal engagement as a non-state actor with the World Health Organization to advance collaborative solutions for oral health worldwide. We are also exploring collaborative relationship with Rotary International and other groups with aligned missions.

### Education and Scholarships

ICD Online expanded access to CE content, including a new Women in Leadership [webinar](#). In 2024, a record [14 scholarships were awarded](#) under the ICD-WUDAA program to U.S. and international dental students. Our AMR and Dental Safety initiatives continue to share expert guidance on antibiotic resistance and infection control.

The ICD [Understanding Antimicrobial Resistance](#) and [Dental Safety](#) programs continue to disseminate free, expert resources on the global issues of antibiotic resistance, dental safety and infection control.

### Strategic Direction

We are strengthening internal systems, growing cross-sector partnerships, and seeking deeper alignment with FDI on key initiatives such as AMR and access to care. As ever, our global network of Fellows remains committed to service, education and humanitarian leadership.

We thank the FDI for its ongoing partnership and look forward to continued collaboration in advancing oral health worldwide.

Warm regards,

**Chelsea Segren, CAE**  
Executive Director  
International College of Dentists

## **The Pierre Fauchard Academy**

The Pierre Fauchard Academy was founded in 1936 by Minnesota dentist Elmer S. Best. Dr. Best wanted to help the profession gain control of its own literature and assure its independence from commercial interests. His passionate concern for the search for knowledge and the raising of professional standards laid the groundwork for the beginning of the Academy.

Named in honor of the pioneering physician Pierre Fauchard, often referred to as the "Father of Modern Dentistry," the Academy embodies Dr. Fauchard's vision of elevating the standards of dental care worldwide.

Pierre Fauchard's contributions to dentistry in the 18th century laid the groundwork for the practices we uphold today. He emphasized the importance of education, innovation, and ethical practice—values that remain at the heart of the Academy. Through its mission, the Pierre Fauchard Academy seeks to recognize and support dental professionals who embody these principles.

The Academy brings together a diverse community of dental practitioners, educators, and researchers from across the globe. Together, we foster collaboration, share knowledge, and advocate for the best practices in oral health. With an emphasis on leadership, our initiatives focus on education, research, and outreach, ensuring that all dental professionals have access to the resources they need to thrive and lead their organizations. Now with over 6,000 Fellows across the globe, the PFA is making a significant impact on the oral health for millions of people.

Our commitment to lifelong learning encourages all members to pursue ongoing education, enhancing their skills and ultimately improving patient care.

Our website has a growing collection of online leadership programs available to PFA Fellows at no cost.

Our official journal – Dental Abstracts – is a bi-monthly publication that provides dental information from around the world in short abstracts. Links to the full articles are then available for further reading

Our Foundation, the PFA Leadership Foundation, provides grants to dentists around the world for leadership programs. These programs are culturally and linguistically appropriate for the region.

Fellowship in the PFA does not end with a certificate on the wall and a pin on your lapel. Our hope is that this fellowship will serve as a catalyst for Fellows to want to be, do, and give more in service to their family, profession, and community.

As we look to the future, let us remain committed to the ideals that Pierre Fauchard championed. Let us strive for excellence, uphold the highest ethical standards, and foster an inclusive environment. Together, we can elevate the profession and make a lasting impact on the health and well-being of individuals around the world.

Contact:

Robert Cattoi  
International Executive Director  
[rcattoi@fauchard.org](mailto:rcattoi@fauchard.org)

## **REPORT ON FDI SECTION OF DEFENSE FORCES DENTAL SERVICES 2025**

The FDI Section of Defense Forces Dental Services (SDFDS) was established in 1904 as the military section of the FDI World Dental Federation, providing a global forum for the exchange of ideas, innovations and concepts relevant to dentistry in the defense forces. The Members of the Executive Committee are nominated and elected at the SDFDS Annual Meeting by attendees once every 3 years, with the next election due in 2026. The current Chair is Capt (Navy) Nanda van de Kraats-van Klink from the Netherlands supported by 4 other executive members representing Australia, Brunei Darussalam, Canada and the USA. The SDFDS Webpage has recently been comprehensively updated to promote the Section and appeal to a wide diversity of members and future delegates.

Last year, it hosted its Annual Meeting in Istanbul, Turkiye from 09 to 12 September 2024, just prior to the World Dental Congress. The annual meeting brought together 56 military delegates from 22 countries which included: Australia, Belgium, Brazil, Brunei Darussalam, Canada, China, Guinea, Indonesia, Japan, Malaysia, Mali, Netherlands, Nigeria, Norway, Republic of North Macedonia, Senegal, Singapore and the United States of America.

Following a Welcome Reception held at the Ahali Tesvikiye Restaurant in Istanbul, the Scientific Programme was held over two days at the Istanbul Congress Center. A total of 24 presentations were delivered across five themed-sessions, namely; Optimising Clinical Care, Strategising Service Delivery, Ensuring Operational Readiness, Operational Military Dentistry and Innovations in Military Dentistry. The scope of presentations supported the three Strategic Pillars of the new FDI Strategic Plan 2024-2027, namely; Knowledge Exchange, Advocacy and Innovation, particularly in the context of military oral health provision. An open discussion forum on the contemporary topic of 'Incorporating Digital Dentistry into Military Dentistry' saw active engagement by many participants eager to share their experiences and learning for the benefit of all. Issues of accessibility and availability of new dental technology were discussed, as were user training, artificial intelligence applications and concerns over cyber-security associated with the adoption of new digital technology and innovation.

Towards supporting the pillar of Knowledge Exchange in particular, the annual meeting continues to build a robust community of skilled, engaged and informed dental professionals and partners, specifically in the field of military dentistry. A presentation and product display was also held by Aseptico USA as sole sponsor for the meeting, showcasing their latest deployable dental equipment. A cultural day exploring the famous sights of Istanbul was also arranged where attendees continued to benefit from the social and professional interaction with their military dental peers, sharing with others their common and diverse experiences in the delivery of oral health care in military settings. The meeting ended with a presentation by representatives of the People's Liberation Army of China as the next host nation, followed by the Closing Ceremony.

The next SDFDS Annual Meeting will take place from 5<sup>th</sup> to 8<sup>th</sup> September 2025 in Xi'an China. With the support of the SDFDS Executive Committee, the meeting will be locally jointly organised by the Chinese People's Liberation Army (CPLA) Stomatological Committee and The Third Affiliated Hospital of Air Force Medical University (formerly known as School of Stomatology, the Fourth Military Medical University) in what promises to be an exciting

and eventful meeting set against this ancient historical city, also proudly renowned for being the epicentre of military dentistry in China!

We welcome all military dental professionals worldwide to participate in the 2025 SDFDS Annual Meeting or any future meetings to gain knowledge, get connected and be inspired! For further information, visit the SDFDS Webpage at <https://www.fdiworldddental.org/section-defense-forces-dental-services> or email us at [sdfd.services@gmail.com](mailto:sdfd.services@gmail.com).







## ANNUAL REPORT FROM THE CHAIR

1. The CDO/DPH Section of the FDI is a forum for Chief Dental Officers (CDOs) as well as scientists, educators, practitioners and researchers working in the oral health domain. CDO is a generic term that refers to the officially appointed most senior civilian federal government official in each country responsible for national oral health advice.
2. The CDO/DPH Section is a content-based global collaboration led by national CDOs, with participation by practitioners, administrators and researchers as Section Members. It is not to be confused with the Public Health Committee (PHC) of the FDI. That said, the sitting Chair of our Section holds a statutory position as a member of the PHC. The By-laws of the CDO/DPH Section reflect the unique roles and circumstances of our membership.
3. The Global CDOs list is available on our webpage. Our Section strives to keep our list of global CDOs up to date, but changes take place periodically in national CDO position incumbents and that information may not be immediately available to us. We encourage and ask FDI members to help us continually update this list by contacting our Section Secretary, Dr H. Mitchell Lockhart at [mitchelllockhart@bahamas.gov.bs](mailto:mitchelllockhart@bahamas.gov.bs).
4. We continued our close collaboration with the WHO Dental Officer, working together to ensure that oral health gets on to the NCD, SDG and UHC agendas of the WHO. On 26-29 November 2024, the WHO convened the first [global oral health meeting](#) in Bangkok, and resulted in the development of the [Bangkok Declaration](#). This document will inform the WHO Director-General's report for the 4th UN High-Level Meeting on NCDs, to be held in New York in September 2025. CDOs around the world have worked to support the national implementation activities around the WHO *Global Strategy and Action Plan on Oral Health 2023–2030 (GSAPOH)*, as well as regional implementation activities via their respective WHO Regional Offices.
5. Our Section Chair participated in the FDI PHC meetings during the year, including the in-person mid-year meeting in Geneva, with much related work activity between meetings. The PHC is engaged in activities such as World Dental Development Fund projects, planning related to the FDI *Vision for 2030* and *GSAPOH*, preparing and reviewing FDI Policy Statements and other FDI products, and planning the PHC/CDO Forum that takes place during the FDI World Dental Congress (WDC).
6. As part of the 2024 WDC in Istanbul, an in-person Annual Business Meeting (ABM) of the Section was held on 11 September 2024, and included presentations from WHO HQ, Radboud UMC, ADA-HPI, ACFF Global, and FDI HQ. The 2024 ABM Minutes, and speaker presentations, are available on our Section's [webpage](#) (under "Past Meetings"). The 2024 joint annual FDI PHC/CDO Forum was then held on 12 September 2024 and featured speakers from France, Canada and Malaysia.
7. I look forward to seeing you all in Shanghai at the 2025 FDI WDC. We hope to be able to offer our 2025 Section ABM in asynchronous hybrid format, so as to include as many in the global CDO community as possible. The 2025 ABM Agenda and CDO Master schedule are available on our Section's [webpage](#) (under "FDI World Dental Congress").

Dr James Taylor (Canada)  
Chair

CDO/DPH Section Secretary: Dr H. Mitchell Lockhart (Bahamas) [mitchelllockhart@bahamas.gov.bs](mailto:mitchelllockhart@bahamas.gov.bs)

## Annual Report 2024/2025

### Women Dentists Worldwide, Section

#### Executive Board

Dr. Makiko Iwasaki, Chair, Japan

Dr. Khanyi Makwakwa, Vice-Chair, South Africa

Dr. Amanda Johnston, New Zealand

Dr. Elham Kateeb, State of Palestine

Dr. Hande Şar Sancakli, Türkiye

Dr. Jung Hoi-In, Republic of Korea

Prof. dr hab. Marzena Dominiak, Poland

Dr. Nawal Rabi, Morocco

Dr. Patricia Gonzalez, Mexico

Assoc. Prof. Simona Dianišková, Slovakia

#### Vision

Women Dentists Worldwide represents the female voice of dentistry and is sharing data, facts, experiences, and challenges of our members. Some of our objectives are to provide assistance to the FDI with our expertise and knowledge on women's issues, enhance the leadership skills of women dentists, develop and propose educational programmes for the Annual World Dental Congress, coordinate activities for national groups and promote the collection of information about women dentists.

#### WDW Forum at the 2024 FDI World Dental Congress (Istanbul)

At the 2024 FDI World Dental Congress in Istanbul, WDW held a forum titled "Women Empowering Excellence in Dentistry." The forum was planned during the term of former Chair Dr. Irene Marron-Tarrazzi. Following the presentations, a panel discussion was held, during which participants exchanged views on career development for women in dentistry.

#### WDW 25th Anniversary Celebration at the 2025 FDI World Dental Congress (Shanghai)

WDW will mark its 25th anniversary in 2025, and a commemorative forum will be held at the FDI World Dental Congress in Shanghai. To support the planning, the board established four task forces. The forum was titled "Pioneering Women in Dentistry – A Legacy of 25 Years, Shaping the Future of Dentistry Together," and a dedicated logo was created. The final programme will consist of the Scientific and Career Development Forum, the 25th Anniversary Celebration, and the WDW General Assembly.

#### Scientific Activities and Publications

A global survey on women in the dental profession, conducted during the term of former Chair Dr. Juliane von Hoyningen-Huene and in collaboration with Prof. Thomas Gerhard Wolf of the University of Bern, was published in February 2024 in the International Dental Journal. The article, titled "The Presence of Women in the Dental Profession: A Global Survey," presents comparative data on the working conditions and professional environments of women dentists across various regions of the world.

Submitted by

Dr. Makiko Iwasaki

Chair, Women Dentists Worldwide

June 2025



## ISO/TC 106, 2025 Liaison Report

The 2024 ISO TC 106 annual meeting was hosted by the American Dental Association in New Orleans, USA, from Oct 11-16, 2024. 316 delegates from 20 P-member countries and 2 O-member countries attended the meeting and participated in 48 Working Group meetings, 8 Subcommittee meetings, and the ISO TC 106 Plenary. It is with pleasure that we thank Sharon Stanford and her team for their efforts to organize an excellent meeting. We also want to express our gratitude to our sponsors, ADEC, Crest/Oral B, and DTA (Dental Trade Alliance), for their willingness to support the meeting in accordance with current ISO regulations.

During the annual meeting, many working groups successfully completed their program, with several new or revised standards moving to the Final Draft International Standard (FDIS) or publication stages. A complete list of the standards and other deliverables under development is available at <https://www.iso.org/committee/51218/x/catalogue/p/0/u/1/w/0/d/0>.

For the first time, special training sessions for WG conveners were available, before the annual meeting in two virtual calls and during the annual meeting in two early morning open houses. During these sessions, trainers provided information on new ISO regulations. Conveners also learned about changes to the ISO/IEC Directives and received hands-on training on the ISO Documents Portal.

Other highlights included the presentation of a progress report on the work of ISO/TC 106/AHG 3 sustainability and climate change when developing ISO/TC 106 documents, which led to a decision to focus on education; and consider labeling that includes the environmental impact of product, reprocessing, or disposal methods; the creation of a new ad hoc group, ISO/TC 106/AHG 4 to study a request for the establishment of a new subcommittee for forensic in odontology and the establishment of a new working group, ISO/TC 106/WG 12 Dental implant surgical guide that will submit a New Work Item Proposal for ISO 8172 Dentistry — Polymeric materials for dental implant surgical guide. Furthermore, the topic of the future meeting formats and the use of online tools such as the new ISO Online Standards Development (OSD), was discussed.

At the beginning of the TC 106 Plenary, all members present commemorated Prof. Derek Jones, who passed away on February 15 at the age of 90. Derek served TC 106 for over 46 years as an expert, first from the UK, and later as a Canadian delegate.

The New Orleans meeting was the last meeting under the chairmanship of Prof. Gottfried Schmaltz, who completed his third three-year term as the Chair of ISO/TC 106 Dentistry on December 31. As of January 1<sup>st</sup>, Dr. Benoit Soucy of Canada took over as the new chair of ISO/TC 106 Dentistry for a three-year term.

The 2025 annual meeting of ISO TC 106 will take place in Seoul, Korea, from September 14 through .19



Benoit Soucy D.M.D., M.Sc  
Chair, ISO/TC 106 Dentistry

## 7.1 Special Committee on World Dental Parliament Report

The Special Committee on World Dental Parliament was appointed on 6 April and formally started its work early May. Dr. Kirk Preston is chairing the committee. Several strategic discussions were led and work mostly focused on identifying possible Parliament format revisions to facilitate hybrid participation while maintaining a high level of security for the voting members and participants.

To support the analysis, 5 international federations of similar size and structure (global representation) were surveyed about their General Assembly processes.

The committee developed 7 possible scenarios to include hybrid participation. Nuances amongst the scenario were mostly concerning:

- the level of interaction possible for offsite participants during debates and presentation
- the voting opportunities for offsite participants
- the meeting overall structure and duration.

A consensus was agreed on the fact that all activities should be held simultaneously for onsite and offsite participants and that the in-person meeting operating times should prevail for all. As far as voting is concerned, security of the voting process, including formal identification of the offsite voting members was identified as critical criterium.

Based on these considerations the committee has retained four scenarios for a more detailed feasibility study.

	Scenario A (1)		Scenario B (1 short)
<b>Timezone</b>	All participants adjust to the Parliament in-person timezone	<b>Timezone</b>	All participants adjust to the Parliament in-person timezone
<b>Meeting structure</b>	No change to current 6-days structure	<b>Meeting structure</b>	Meeting structure to be reduced to 4 days
<b>Activity Format &amp; Hybrid Component</b>	<p>Presentation and Debates are broadcasted – no interaction are possible for online participants.</p> <p>Q&amp;A and voting are possible for in-person participants only</p>	<b>Activity Format &amp; Hybrid Component</b>	<p>Presentation and Debates are broadcasted – no interaction are possible for online participants.</p> <p>Q&amp;A and voting are possible for in-person participants only</p>

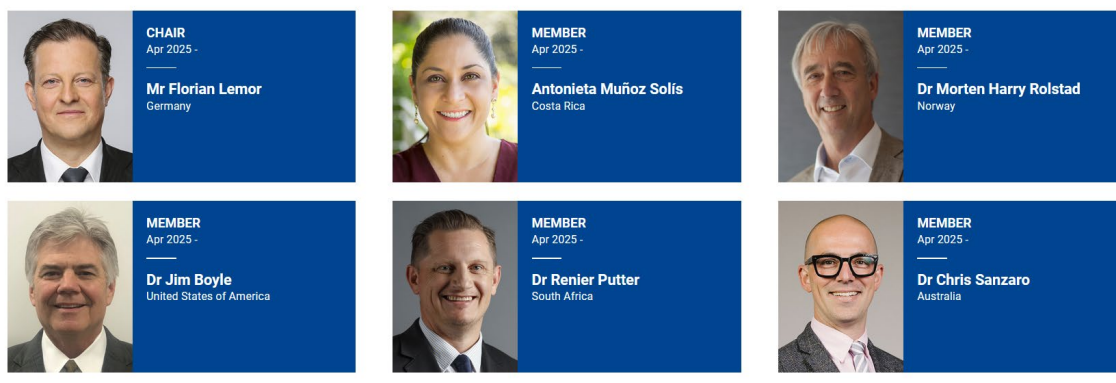
	Scenario C (2)		Scenario D (2 short)
<b>Timezone</b>	All participants adjust to the Parliament in-person timezone	<b>Timezone</b>	All participants adjust to the Parliament in-person timezone
<b>Meeting structure</b>	No change to current 6-days structure	<b>Meeting structure</b>	Meeting structure to be reduced to 4 days
<b>Activity Format &amp; Hybrid Component</b>	<p>Presentation and Debates are broadcasted with possibility for participants to present remotely and to participate to Q&amp;A.</p> <p>Voting is possible for in-person participants only</p>	<b>Activity Format &amp; Hybrid Component</b>	<p>Presentation and Debates are broadcasted with possibility for participants to present remotely and to participate to Q&amp;A.</p> <p>Voting is possible for in-person participants only</p>

Scenarios consist of hybrid participation during Open Forum either through monodirectional online content streaming (no possibility for offsite participants to interact), or through bidirectional online streaming (possibility for offsite participants to present and participate to Q&A and debates). Technical implementation and cost analysis will be conducted on both options and a shortened schedule (6 to 4 days) will be investigated as well for each option. Since the Parliament production costs are currently embedded in the World Dental Congress budget, cost may strongly vary from a location / year to another. To facilitate the analysis, the cost comparison for the 4 scenarios will be based on a fictive Parliament held in Geneva.

At this stage, none of the scenarios include voting possibility for the offsite participants. Committee will investigate this option as a second step. The Governance Task Team is currently investigating proxy voting options and will inform the Special Committee on World Dental Parliament in due time.

## Report from the Special Committee on Membership Subscription Formula

### Special Committee members



### Introduction

The Special Committee (SC) on Membership Subscription Formula was established following the directives of the General Assembly in Istanbul, with a clear objective: to evaluate the effectiveness and fairness of the current membership formula, explore alternatives, and provide recommendations for the General Assembly meeting in 2025.

### Timeline and Engagements

To date, the SC held two video conferences:

- 5 May 2025
- 11 June 2025

Additionally, the membership was updated about the work of the SC during a Members Webinar on 1 July 2025. A further call is planned for late August to continue these discussions.

### Progress and Methodology

From the outset, the SC focused on examining membership fee structures from other comparable organizations at international level. The following associations served as benchmarks for simulation with FDI membership fees:

- International Council of Nurses (ICN)
- World Medical Association (WMA)
- International Federation of Pharmacists (FIP)
- World Physiotherapy (World Physio)

Moreover, the SC considered the proposal put forth by the British Dental Association (BDA) during the General Assembly in 2024, analyzing its implications on FDI's current structure. It also looked at simulation proposed by members of the SC. Through intensive discussions, the SC looked at all the simulations and their transferability to FDI, generating insightful findings.

### ***Key Findings***

- Potential modifications to the existing formula
- Adaptations of similar organizations fee formulas will be investigated further by the SC.
- The current FDI fee calculation formula offers the most diverse range of parameters for adjustments, including:
  - The multiplier
  - The utilized wealth index
  - The established threshold for minimum fees.
- The SC will examine potential adjustments to these parameters to potentially create a more equitable distribution of fees across member countries.
- Maintaining the concept of a minimum fee seems to be essential to keeping membership accessible for smaller members.
- The possibility of instituting a maximum fee will be scrutinized to alleviate the financial burden on larger contributors (“capping factor”).
- The SC plans to address “political parameters,” including voting rights in relation to membership contributions representativeness factors.

### ***Next Steps***

- Develop a comprehensive list of issues linked to the current membership formula.
- Discuss the potential political ramifications arising from existing membership structures.
- Analyze voting rights per member and their significance in the context of financial contributions.
- Compile data on the number of members per National Dental Association (NDA) compared to the total number of dentists in their respective countries, assessing both obligatory and voluntary membership roles.

### ***Conclusion***

The Special Committee continues to work diligently on the evaluation of the membership subscription formula and will implement the next steps outlined.

A preliminary report will be presented during the next General Assembly and open fora, ensuring member engagement and input in this crucial process.

## 8A. Financial Matters

**Report from the Treasurer, Prof. Young Guk Park**

You elected me as the FDI treasurer 2 years ago, and I thank you for that. For the past two years, I can confirm that the FDI is still in a strong financial position.

In 2024, the financial year generated a surplus of 265 KCHF. Activities were in line with the budget approved by the General Assembly which was also the 1<sup>st</sup> year of our 2024–2027 strategic plan. The FDI maintained its partnerships with industry for a variety of projects, many of which are carried out over multiple years.

I would like to thank the Turkish Dental Association for organizing a successful congress in the beautiful city of Istanbul with the participation of 16,000 attendees.

As per the General Assembly's decision, the multiplier for the calculation of the 2024 membership fees has been replaced by the 2025 one which corresponds to a decrease of 12%. From a finance perspective, we have created a membership fees special fund for the equivalent of the discount amount. This amount of 225 kCHF has been fully used in 2024.

The operational result is negative at -184 kCHF but offset by an excellent performance of our financial investments. As per the Council's inquiry, last year, we reallocated our strategic asset allocation of our portfolio to exclude the sugar-related industry companies. Nevertheless, the portfolio delivered a very good performance, resulting in an overall profit.

We also transferred 100 kCHF from the General Reserves to replenish the World dental development fund. The total General reserves stated at 5'949 kCHF for 2024 vs 6'009 kCHF in 2023, which is above the requirement of our Finance manual.

Our financial accounts for 2024 were audited by Deloitte, now in the third year of their mandate. Deloitte conducted a thorough examination of our internal control system and confirmed that FDI's financial management processes and controls are sound and effective. The audit report contains no limitations or qualifications and concludes that the financial statements comply with Swiss GAAP RPC 21, Swiss law, and FDI's Bylaws.

The 2024 financial statements were examined by FDI's Audit Committee, composed of three members of the General Assembly. Dr. Allrogen, Dr. Doble, and Dr. Matsuo. They reviewed, in details, the reports with the Auditors from Deloitte and their report is included in the GA binder.

The Budget Reference Committee met in Istanbul and the General Assembly approved the 2025 budget. You'll find the responses to their recommendations in the binder.

In 2025, the second year of our new strategy plan, we set-up a risk assessment and an action plan. The head office is actively working to continue our partnership to implement.

I was in the head office in Geneva in June to prepare the General Assembly. I had some meeting with the Directors of each department to present and discuss about the 2026 budget but also to monitor the 2025 situation. I also had a meeting with the representatives of our bank, UBS, to get an overview of the banking situation in Switzerland and an assessment of our portfolio.

The 2026 budget is detailed in the GA binder. The budget has been carefully prepared and reviewed by the Finance Committee, and the Council, and is now ready for presentations to the GA. The budget sheets will show each project, program or administrative expense and details, who is responsible, the project and rationale, objectives, action plan and timeline. The predicted surplus will be small but

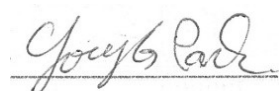


prudent. An adjustment of the membership fees multiplier has been examined and will be proposed to the vote at the General Assembly.

I am looking forward seeing you in Shanghai, and FDI and the Chinese Stomatological Association are delighting to welcome you for an exceptional congress.

I wish to thank all members of the Finance Committee, the Council, our Officers, and the FDI staff for their hard work in achieving such a strong financial situation for FDI.

Best regards,



Prof. Young Guk Park  
FDI Treasurer

*July 2025*

## 8.2 Financial Statements 2024

***FDI Fédération Dentaire Internationale  
(IDF International Dental Federation),  
Meyrin***

*Financial Statements for the year ended December 31, 2024  
and Report of the Independent Auditor*

## Report of the Independent Auditor

To the Council of  
FDI Fédération Dentaire Internationale (IDF International Dental Federation), Meyrin

### *Opinion*

We have audited the financial statements of FDI Fédération Dentaire Internationale (IDF International Dental Federation) (the “Association”), which comprise, the statement of assets, liabilities and reserve funds as at December 31, 2024, the statement of receipts and operating expenditure, the cash flow statement, the statement of changes in reserve funds for the year then ended and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Federation as at December 31, 2024 and of its financial performance and its cash flows for the year then ended in accordance with Swiss GAAP FER (Core FER) and Swiss GAAP FER 21 and comply with Swiss Law and the Association’s articles of incorporation.

### *Basis for Opinion*

We conducted our audit in accordance with Swiss Law and Swiss Standards on Auditing (SA-CH). Our responsibilities under those provisions and standards are further described in the “Auditor’s Responsibilities for the Audit of the Financial Statements” section of our report. We are independent of the Association in accordance with the provisions of Swiss law, together with the requirements of the Swiss audit profession, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### *Other Information*

The Council is responsible for the preparation of the other information. The other information comprises the information included in the annual report but does not include the financial statements and our auditor’s report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this performance report, we are required to report that fact. We have nothing to report in this regard.

*Council's Responsibilities for the Financial Statements*

The Council is responsible for the preparation of the financial statements which give a true and fair view in accordance with Swiss GAAP FER, the requirements of Swiss Law and the Federation's article of incorporation, and for such internal control as the Council determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Council is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern, and using the going concern basis of accounting unless the Council either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so.

*Auditor's Responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SA-CH will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements can be found on the EXPERTsuisse website: <https://www.expertsuisse.ch/en/audit-report-for-ordinary-audits>. This description forms an integral part of our report.

**Deloitte SA**


Alexandre Dubi  
Licensed Audit Expert  
Auditor in Charge



Alexandre Ribordy  
Licensed Auditor

Geneva, March 14, 2025

Enclosure

- Financial statements (statement of assets, liabilities and reserve funds, statement of receipts and operating expenditure, cash flow statement, statement of changes in reserve funds and notes)



## **2024 FINANCIAL STATEMENTS**

Statement of assets, liabilities and reserve funds as at December 31, 2024  
(in CHF)

	Notes	2024	2023
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	2.1	3 821 088	4 093 146
Accounts receivable, net		465 155	528 114
<i>Accounts receivable</i>	2.2	468 067	532 274
<i>Provision for bad and doubtful debts</i>	2.3	( 2 912)	( 4 160)
Prepayments, accrued income and other current assets	2.4	280 262	312 184
<b>Total current assets</b>		<b>4 566 505</b>	<b>4 933 444</b>
<b>Non-current assets</b>			
Tangible fixed assets	2.8	68 428	84 121
Financial fixed assets	2.9	3 402 460	3 023 514
Guarantee deposits	2.10	69 378	69 197
<b>Total non-current assets</b>		<b>3 540 266</b>	<b>3 176 832</b>
<b>Total assets</b>		<b>8 106 771</b>	<b>8 110 276</b>
<b>Liabilities and reserve funds</b>			
<b>Current liabilities</b>			
Accounts payable	2.5	347 804	284 609
Other payables	2.6	101 899	132 873
Accrued liabilities		129 426	175 764
Deferred income	2.7	705 362	716 399
Provisions	2.11	46 000	31 000
<b>Total current liabilities</b>		<b>1 330 491</b>	<b>1 340 644</b>
<b>Total liabilities</b>		<b>1 330 491</b>	<b>1 340 644</b>
<b>Reserve funds</b>			
Restricted funds		606 010	546 948
Restricted funds in custody		221 468	213 478
<b>Total Restricted funds</b>		<b>827 478</b>	<b>760 426</b>
General Reserves		5 183 609	5 052 429
Special Reserve		500 000	500 000
Net income for the year		265 194	456 777
<b>Total Unrestricted funds</b>		<b>5 948 803</b>	<b>6 009 206</b>
<b>Total Reserve funds</b>		<b>6 776 280</b>	<b>6 769 632</b>
<b>Total liabilities and reserve funds</b>		<b>8 106 771</b>	<b>8 110 276</b>

The accompanying notes are an integral part of these financial statements.



## Statement of receipts and operating expenditure for the period ended December 31, 2024

(in CHF)

	Notes	2024	2023
<b>Income</b>			
Membership	3.1 / 8	1 694 366	1 778 244
Congress	3.2	1 032 407	1 018 309
Corporate partnerships		1 736 616	2 427 036
<i>Unrestricted</i>	3.3	886 663	1 574 970
<i>Restricted</i>	3.4	849 953	852 066
Other income	3.5	199 464	156 586
<b>Total income</b>		<b>4 662 853</b>	<b>5 380 175</b>
<b>Operating expenditure</b>			
Personnel costs	3.6	(2 521 316)	(2 530 501)
Office	3.7	( 374 944)	( 362 530)
Travel & subsistence	3.8	( 781 215)	( 807 918)
Operational	3.9	( 702 960)	( 954 242)
Congress specific	3.10	( 149 929)	( 124 621)
Communication/Web/Webinars	3.11	( 248 069)	( 387 563)
Legal	3.12	( 68 684)	( 76 525)
<b>Total expenses</b>		<b>(4 847 117)</b>	<b>(5 243 900)</b>
<b>Operational result</b>		<b>( 184 264)</b>	<b>136 275</b>
Financial income/(expenses)	3.13	186 052	87 116
Exchange rate gain/(loss)	3.13	( 3 129)	( 115 558)
<b>Net FDI Financial result</b>		<b>182 923</b>	<b>( 28 442)</b>
<b>FDI result before change in fund capital</b>		<b>( 1 341)</b>	<b>107 832</b>
Restricted income allocated to funds in custody		134 112	94 197
Restricted income withdrawn from funds in custody		( 126 122)	( 83 538)
<b>Result of the year for funds in custody</b>		<b>7 990</b>	<b>10 660</b>
Restricted income allocated to restricted funds		949 953	852 066
Restricted income withdrawn from restricted funds		( 890 891)	(1 286 011)
<b>Result of the year after change in restricted funds</b>		<b>( 60 402)</b>	<b>541 777</b>
(Allocation) to/ Withdrawn from special reserve	3.14	-	( 85 000)
(Allocation) to/ Withdrawn from Membership fees fund	3.14	225 596	-
(Allocation) to / Withdrawn to World Dental Dvpt fund	3.14	100 000	-
<b>FDI Result of the year after funds allocations</b>	3.15	<b>265 194</b>	<b>456 777</b>

The accompanying notes are an integral part of these financial statements.

FDI Fédération Dentaire Internationale, Meyrin

Statement of receipts and operating expenditure for the period ended December 31, 2024



(in CHF)

Funds in Custody of FDI

<b>African Regional Organisation (ARO)</b>	<b>2024</b>	<b>2023</b>
Total income	3 314	2 288
Operational costs	( 3 027)	-
Total operating expenditures	( 3 027)	-
<b>Operational result</b>	<b>287</b>	<b>2 288</b>

<b>International Association of Dental Students (IADS)</b>	<b>2024</b>	<b>2023</b>
Total income	47 362	15 944
Operational costs (travel)	( 26 090)	( 10 392)
Other costs	( 79)	-
Total operating expenditures	( 26 169)	( 10 392)
<b>Operational result</b>	<b>21 193</b>	<b>5 552</b>

<b>Women Dentist Worldwide (WDW)</b>	<b>2024</b>	<b>2023</b>
Total income	8 436	965
Total operating expenditures	( 4 026)	( 1 245)
<b>Operational result</b>	<b>4 410</b>	<b>( 280)</b>

<b>World Health Professions Alliance (WHPA)</b>	<b>2024</b>	<b>2023</b>
Total income	75 000	75 000
Personnel costs/ Consultant	( 48 607)	( 43 404)
Communication/Web	( 12 120)	( 6 468)
Other costs	( 32 173)	( 22 029)
Total operating expenditures	( 92 900)	( 71 901)
<b>Operational result</b>	<b>( 17 900)</b>	<b>3 099</b>

Restricted income allocated to funds in custody	134 112	94 197
Restricted income withdrawn from funds in custody	( 126 122)	( 83 538)
<b>Result of the year for funds in custody</b>	<b>7 990</b>	<b>10 660</b>

**Cash flow statement for the period ended December 31, 2024**  
**(in CHF)**

	2024	2023
FDI Result of the year after funds allocations	265 194	456 777
Change in Restricted Funds in custody	7 990	10 660
Change in Restricted/Unrestricted Funds	( 266 535)	( 348 945)
<b>Net operational result</b>	<b>6 649</b>	<b>118 491</b>
./. Depreciation	40 379	36 873
./. Net creation and dissolution of the provision for bad and doubtful debts	( 1 248)	2 080
./. Revaluation of securities to market value	( 190 618)	( 82 809)
<b>Surplus/ (deficit) for the year (before change in net working capital)</b>	<b>( 144 838)</b>	<b>74 635</b>
(Increase) / decrease in accounts receivable	64 207	61 605
(Increase) / decrease in prepayments, accrued income and other current assets	31 922	12 891
Increase / (decrease) in accounts payable	63 195	( 31 956)
Increase / (decrease) in other payables	( 30 974)	33 934
Increase / (decrease) in accrued liabilities	( 46 338)	47 328
Increase / (decrease) in deferred income	( 11 037)	( 280 013)
Increase / (decrease) in provisions	15 000	-
<b>Net cash generated from operating activities</b>	<b>( 58 863)</b>	<b>( 81 577)</b>
<b>Cash flow from investing activities</b>		
Investment in tangible fixed assets	( 24 686)	( 78 141)
Investment in financial fixed assets	( 188 328)	-
Investment in guarantee deposits	( 180)	( 14)
<b>Net cash used for investing activities</b>	<b>( 213 195)</b>	<b>( 78 155)</b>
<b>Net increase / (decrease) in cash and cash equivalents</b>	<b>( 272 058)</b>	<b>( 159 733)</b>
Cash and cash equivalents at beginning of the year	4 093 146	4 252 879
Cash and cash equivalents at year end	3 821 088	4 093 146
<b>Variation</b>	<b>( 272 058)</b>	<b>( 159 733)</b>

## Statement of changes in reserve funds

(in CHF)

2024

	01/01/2024	Allocations	Withdrawal	31/12/2024
<b>1) FDI Restricted funds</b>				
Continuing Education Programme	110'533	-	( 12 967)	97'566
Master Continuing Education Programme	-	66 221	( 24 244)	41'978
Young Dentists Forum	16'019	25 000	( 15 654)	25'365
World Dental Development Funds (WDDF)	-	132 000	-	132'000
Oral Health for Ageing Population (OHAP)	63'273	65 000	( 96 267)	32'006
Oral Health in General Health	70'961	105 000	( 109 494)	66'467
Oral Health Observatory (OHO)	30'000	96 000	( 71 060)	54'940
Global Periodontal Health Project (GPHP)	44'810	-	( 44 810)	0
Health and Safety in the Dental Workplace (HSDW)	20'872	44 000	( 64 872)	0
Sustainability in dentistry	113'920	156 000	( 197 306)	72'614
Electronic Health Records (EHRs)	76'560	21 000	( 87 475)	10'085
Digital Cleft Care	-	91 254	( 76 459)	14'795
Mental Health and Wellbeing in dentistry	-	95 477	( 49 053)	46'424
Educational Module for non-oral health professionals	-	40 000	( 28 230)	11'770
Smile Around the World (SAW)	-	13 000	( 13 000)	0
<b>Total FDI Restricted funds</b>	<b>546'948</b>	<b>949 953</b>	<b>( 890 891)</b>	<b>606'010</b>
<b>2) Funds in custody of FDI</b>				
African Regional Organisation (ARO)	27'984	3 314	( 3 027)	28'271
International Association of Dental Students (IADS)	69'449	47 362	( 26 169)	90'642
Women Dentist Worldwide (WDW)	2'698	8 436	( 4 026)	7'107
World Health Professions Alliance (WHPA)	113'348	75 000	( 92 900)	95'448
<b>Total Funds in custody of FDI</b>	<b>213'478</b>	<b>134 112</b>	<b>( 126 122)</b>	<b>221'468</b>

2023

	01/01/2023	Allocations	Withdrawal	31/12/2023
<b>1) FDI Restricted funds</b>				
Continuing Education Programme	120 157	-	( 9 624)	110 533
Young Dentists Forum	-	25 000	( 8 981)	16 019
World Dental Development Funds (WDDF)	29 302	20 000	( 49 302)	-
Talk to a dentist	92 889	201 166	( 294 055)	-
Oral Health for Ageing Population (OHAP)	52 517	99 900	( 89 144)	63 273
Oral Health in General Health	129 485	85 000	( 143 524)	70 961
Oral Health Observatory (OHO)	82 295	30 000	( 82 295)	30 000
Global Periodontal Health Project (GPHP)	50 340	50 000	( 55 530)	44 810
Partially Dentate Patients (PDP)	41 392	-	( 41 392)	-
Health and Safety in the Dental Workplace (HSDW)	10 435	44 000	( 33 563)	20 872
Sports dentistry	-	2 000	( 2 000)	-
Oral Health for Cleft Patients	35 721	30 000	( 65 721)	-
Sustainability in dentistry	68 980	190 000	( 145 060)	113 920
Toothbrushing project	94 965	-	( 94 965)	-
Electronic Health Records (EHRs)	50 450	75 000	( 48 890)	76 560
Digital Cleft Care	42 518	-	( 42 518)	-
Mouthwash in Oral Care	79 450	-	( 79 450)	-
<b>Total FDI Restricted funds</b>	<b>980 894</b>	<b>852 066</b>	<b>( 1 286 011)</b>	<b>546 948</b>
<b>2) Funds in custody of FDI</b>				
African Regional Organisation (ARO)	25 696	2 288	-	27 984
International Association of Dental Students (IADS)	63 897	15 944	( 10 392)	69 449
Women Dentist Worldwide (WDW)	2 977	965	( 1 245)	2 698
World Health Professions Alliance (WHPA)	110 248	75 000	( 71 901)	113 348
<b>Total Funds in custody of FDI</b>	<b>202 818</b>	<b>94 197</b>	<b>( 83 538)</b>	<b>213 478</b>

**Notes to the financial statements, as at December 31, 2024**  
**(in CHF)**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Introduction**

FDI Fédération Dentaire Internationale (the "Federation" or "FDI") prepares its accounts in compliance with the policies described in the following notes. Accounting policies of the Foundation have been prepared in accordance with the provisions of the Swiss Code of Obligations and in accordance with the Swiss GAAP FER (core FER), in particular Swiss GAAP FER 21 relating to accounting for charitable non-profit organisations.

The accounts also applied with the article 69a of the Swiss Civil Code.

FDI is an association. The headoffice is located in Geneva in Switzerland since 2009.

**Basis of presentation**

The financial statements are prepared under the historical cost convention and on an accrual basis. Operating receipts are recorded as income on an accrual basis, according to the date of contract, or, if no contract exists, date of invoice.

Revenues and expenses are classified based on the existence or absence of donor-imposed restrictions. Restricted income received is allocated to the Restricted Funds, while expenses incurred on restricted projects are withdrawn from the Restricted Funds, while expenses incurred on restricted projects are withdrawn from the Restricted Funds.

**Revenue recognition and prepaid expenses**

Revenues and expenses originated from services rendered in connection with specific events or major projects, are recognised as follows: When a specific event or major project is of substantially greater significance than event or project considered as being of a typical scale, for example the Congress, the recognition of revenue is postponed until the year when the significant event or project takes place and the related direct costs are accumulated in prepaid expenses until then.

**Foreign currency translation**

The Federation's accounting records are maintained in Swiss francs. Monetary assets and liabilities denominated in currencies other than the Swiss franc are recorded on the basis of exchange rates ruling at the balance sheet date. Income and expenditure in currencies other than the Swiss franc are recorded on the basis of exchange rates at the transaction date.

**Accounts receivable**

Amounts recorded as accounts receivable represent amounts invoiced or earned contractually at each balance sheet date but not yet collected. A provision for bad debt of accounts receivable is established when there is evidence that the Federation will not be able to collect all amounts due.

**Financial fixed assets**

Financial fixed assets include investments that consist of equity and debt securities and that are traded by the Federation's authorized custodians in liquid markets. Investments are shown in the financial statements at market value at each balance sheet date. The breakdown per nature is compliant with the Finance Manual.

**Tangible fixed assets**

Tangible assets are stated at acquisition cost less depreciation. Depreciation is calculated and charged using the straight-line method to allocate their cost to their residual values over their estimated useful lives, which range from 3-5 years.

**Leasing**

Leases in which a significant portion of the risks and rewards of ownership are retained by the lessor are classified as operating leases and are charged to the statement of receipts and operating expenditure on a straight-line basis over the period of the lease. A lease over an asset where the Federation has substantially all the risks and rewards of ownership is classified as a finance lease. This finance lease is capitalized at the lease's commencement at the lower of the fair value of the asset and the present value of the minimum lease commitment. Each lease payment is allocated between the liability and finance charges so as to achieve a constant rate on the finance balance outstanding. The asset acquired under finance lease is depreciated over the shorter of the useful life of the asset and the lease term.

**Related parties**

The National Dental Associations as member of the FDI are considered as related parties. The members of the Council are also part of the related parties. The assets and liabilities of the related parties are presented separately in the notes to the financial statements.

Notes to the financial statements, as at December 31, 2024  
(in CHF)

NOTE 2 - STATEMENT OF ASSETS, LIABILITIES AND RESERVE FUNDS DETAILS

	2024	2023
<b>2.1 Cash and cash equivalents</b>		
Petty cash	16	1 565
Banks	3'821'072	4 091 581
	<b>3'821'088</b>	<b>4 093 146</b>
<b>2.2 Accounts receivable</b>		
Membership (Related parties)	8 439	20 371
Partnership	155'730	220 321
Other (congress)	303'898	291 582
	<b>468'067</b>	<b>532 274</b>
<b>2.3 Provision for bad and doubtful debts</b>		
Bad debts - membership fees	( 2 912)	( 4 160)
Bad debts - other	-	-
	<b>( 2 912)</b>	<b>( 4 160)</b>
<b>2.4 Prepayments, deferred costs and other current assets</b>		
Prepaid Expenses	227'214	227 612
<i>Direct costs for :</i>		
- <i>Projects next year</i>	158'750	176 126
- <i>Congress next year</i>	68'464	51 486
Accrued income	44'000	70 000
Withholding tax	973	5 957
VAT	8'075	8 615
	<b>280'262</b>	<b>312 184</b>
<b>2.5 Accounts payable</b>		
Creditors	116'208	196 662
Related Parties (Membership)	225'596	-
Related Parties (other)	6'000	87 947
	<b>347'804</b>	<b>284 609</b>
<b>2.6 Other payables</b>		
Social charges to be paid and other	78'888	114 756
Return of payments	23'011	18 117
	<b>101'899</b>	<b>132 873</b>
<b>2.7 Deferred income</b>		
Projects for 2025	138'730	-
Membership fees 2025	38'967	112 162
Congresses 2025	527'665	604 237
	<b>705'362</b>	<b>716 399</b>

Notes to the financial statements, as at December 31, 2024  
(in CHF)

**NOTE 2 - STATEMENT OF ASSETS, LIABILITIES AND RESERVE FUNDS DETAILS**  
(continued)

**2.8 Tangible fixed assets**

	Office refurbishment and equipment	Office furniture	IT Equipment	Total
<b>2024</b>				
<b>Fixed assets at cost</b>				
Opening balance at 1 January 2024	-	99 061	267 318	366 379
Acquisition	-	-	24 686	24 686
Write off	-	-	-	-
Accumulated depreciation	-	( 90 021)	( 232 616)	( 322 637)
Net book value at 31 December 2024	-	<b>9 040</b>	<b>59 388</b>	<b>68 428</b>

	Office refurbishment and equipment	Office furniture	IT Equipment	Total
<b>2023</b>				
<b>Fixed assets at cost</b>				
Opening balance at 1 January 2023	-	86 430	201 808	288 238
Acquisition	-	12 630	65 511	78 141
Write off	-	-	-	-
Accumulated depreciation	-	( 87 495)	( 194 763)	( 282 258)
Net book value at 31 December 2023	-	<b>11 565</b>	<b>72 556</b>	<b>84 121</b>

**2.9 Financial fixed assets**

	Credit Suisse	UBS	Total
<b>2024</b>			
Opening balance at 1 January 2024	-	3 023 514	3 023 514
Acquisition/(redemption)		188 328	188 328
Financial gain/(loss)		190 618	190 618
Market to Market value at 31 December 2024	-	<b>3 402 460</b>	<b>3 402 460</b>

<b>2023</b>			
Opening balance at 1 January 2023	577 735	2 362 970	2 940 705
Acquisition/(redemption)	( 593 795)	593 795	-
Financial gain/(loss)	16 060	66 749	82 809
Market to Market value at 31 December 2023	-	<b>3 023 514</b>	<b>3 023 514</b>

**2.10 Guarantee deposits**

	2024	2023
Rental deposit savings account Crédit Suisse	69 378	69 197
	<b>69 378</b>	<b>69 197</b>



Notes to the financial statements, as at December 31, 2024  
(in CHF)

**NOTE 2 - STATEMENT OF ASSETS, LIABILITIES AND RESERVE FUNDS DETAILS (continued)**

**2.11 Provisions  
2024**

<b>Provisions</b>	<b>01/01/2024</b>	<b>Allocations</b>	<b>Withdrawals</b>	<b>31/12/2024</b>
Provisions - vacation	31 000	15 000	-	46 000
<b>Provisions</b>	<b>31 000</b>	<b>15 000</b>	<b>-</b>	<b>46 000</b>

**2023**

<b>Provisions</b>	<b>01/01/2023</b>	<b>Allocations</b>	<b>Withdrawals</b>	<b>31/12/2023</b>
Provisions - vacation	31 000	-	-	31 000
<b>Provisions</b>	<b>31 000</b>	<b>-</b>	<b>-</b>	<b>31 000</b>

Notes to the financial statements, as at December 31, 2024  
(in CHF)

**NOTE 3 - STATEMENT OF RECEIPTS AND OPERATING EXPENDITURES DETAILS**

	2024	2023
<b>3.1 Membership fees</b>		
Regular Member	1 678 870	1 790 734
Associated Member	2 382	2 805
Affiliated Member	8 840	8 840
Supporting Member	11 120	11 120
Bad debts	2 068	( 4 160)
Write off/Discount/credit note	( 8 366)	( 31 095)
	<u>1 694 914</u>	<u>1 778 244</u>
<b>3.2 Congress Income</b>		
World Dental Congress/Parliament	1 032 407	1 018 309
	<u>1 032 407</u>	<u>1 018 309</u>
<b>3.3-3.4 Corporate partnerships</b>		
3.3 Unrestricted Funds	886 663	1 574 970
3.4 Restricted Funds	849 953	852 066
	<u>1 736 616</u>	<u>2 427 036</u>
<b>3.5 Other income</b>	<b>199 464</b>	<b>156 586</b>
(International Dental Journal, Other recharges...)		

Notes to the financial statements, as at December 31, 2024  
(in CHF)

**NOTE 3 - STATEMENT OF RECEIPTS AND OPERATING EXPENDITURES DETAILS**  
(continued)

	2024	2023
<b>3.6 Personnel costs</b>		
Salaries	2 038 205	2 020 199
Other employee benefits	11 493	10 297
Social contributions	435 720	439 296
Temporary staff	32 050	59 659
Other personnel expenses	3 848	1 050
	<b>2 521 316</b>	<b>2 530 501</b>
<b>3.7 Office</b>		
Office rent, services charges & parking	169 249	170 215
Utilities	3 373	3 105
Cleaning & office maintenance	30 996	28 152
Equipment hire & lease	6 539	8 980
Telecommunication & internet	17 193	25 316
Stationary & consumables	4 731	10 852
Courier & postage	5 306	2 955
Depreciation	40 379	36 873
IT support	97 178	76 083
	<b>374 944</b>	<b>362 530</b>
<b>3.8 Travel &amp; subsistence</b>		
Transportation (air, rail, road, taxis)	433 199	471 696
Accommodation	231 870	207 202
Per Diem	97 208	106 686
Business representation (lunch, dinner, gifts)	11 101	12 858
Travel insurance	5 419	3 752
Other (Visas)	2 418	5 724
	<b>781 215</b>	<b>807 918</b>
<b>3.9 Operational</b>		
Consultancy/lecturer	509 898	473 308
Translation/interpretation	114 074	96 716
Rental (venue, meeting rooms, etc.)	9 861	48 622
Audio & visual	9 072	9 768
Catering	16 431	28 247
NDA support/project	43 624	297 581
	<b>702 960</b>	<b>954 242</b>

**Notes to the financial statements, as at December 31, 2024**  
**(in CHF)**

**NOTE 3 - STATEMENT OF RECEIPTS AND OPERATING EXPENDITURES DETAILS**  
**(continued)**

	2024	2023
<b>3.10 Congress specific expenses</b>		
Construction & furnishing	70 915	54 325
Transport & forwarding agent fees	2 115	3 272
Social programme	65 688	52 533
Hostess	2 595	3 584
Awards	3 700	7 976
Other Congress costs	4 916	2 931
	<b>149 929</b>	<b>124 621</b>
<b>3.11 Communication/web/webinars</b>		
Design & graphics	34 129	72 681
Printing	2 739	3 224
Promotional materials	20 278	29 929
Web maintenance/development & webinars	132 648	202 139
Photo/Video	36 895	54 687
Press	21 380	24 903
	<b>248 069</b>	<b>387 563</b>
<b>3.12 Non-project</b>		
Other costs	-	1 258
Legal & professional fees	37 184	53 172
Audit fees	31 500	22 095
	<b>68 684</b>	<b>76 525</b>
<b>3.13 Net financial result</b>		
Bank charges	( 32 029)	( 18 757)
Financial income/(loss)	218 081	105 872
Exchange gain/(loss)	( 3 129)	( 115 558)
	<b>182 923</b>	<b>( 28 442)</b>
<b>3.14 (Allocation) to/Withdrawn from the General Reserves</b>		
Special Reserve	-	( 85 000)
Fund for Membership fees	225 596	-
World Dental Development Fund (WDDF)	100 000	-
	<b>325 596</b>	<b>( 85 000)</b>

The membership fees special fund, created at the General Assembly 2024, will be fully used in 2024 as per the General Assembly's decision to refund a part of the membership fee for 2024 to Regular and Associate members (not subject to minimum subscription fee), based on the difference between the multiplier used for 2024 and the new multiplier proposed for 2025. The refund will be taken out of a specially created restricted fund from the General Reserves.

**3.15 Result of the year**

Gain/(Loss) of the year	265 194	456 777
Gain/(Loss) Financial result	182 923	( 28 442)
Gain/(Loss) Operational result of the year before net financial result	<b>82 271</b>	<b>485 219</b>

The result before net financial result for 2024 stated at CHF 82'271 vs CHF 485'219 in 2023

**Notes to the financial statements, as at December 31, 2024**  
(in CHF)

**NOTE 4 - TAXES**

In October 2010, FDI received confirmation from the Geneva Tax Authorities that it has been granted with an exemption from Communal and Cantonal taxes on its profits and capital as of 2009 for a period of ten years. In October 2018, this exemption is extended for an indefinite period.

In parallel, FDI obtained exemption for income and capital tax with respect to the Federal Direct Tax (IFD).

**NOTE 5 - ADDITIONAL NOTE DISCLOSURES IN ACCORDANCE WITH ARTICLE 69 CC**

	2024	2023
- Lease commitments not recorded in the balance sheet		
At 31 December, the Federation had the following future aggregate minimum lease payments under non-cancellable operating leases for office equipment and office rent, which are not required to be reflected in the balance sheet:		
Payments to be made within one year	180 065	180 065
Payments to be made after more than one year	900 325	1 080 390
	<u><u>1 080 390</u></u>	<u><u>1 260 455</u></u>
- In 2024 and 2023, the number of full-time equivalents did not exceed 50 on an annual average basis.		
- Amount due to the pension funds :	CHF 75'000	CHF 78'331

**NOTE 6 - OTHER NOTE DISCLOSURES**

- Compensation and expenses reimbursement to Council members :  
Total expenses reimbursed to Council members amounted to CHF 184'301 in 2024 (2023 : CHF 167'672)  
In addition the President is entitled to a representation fee of CHF 24'000 in 2024 (2023: CHF 24'000)  
FDI's remuneration committee is responsible for the performance appraisal and the determination of the remuneration package of the Executive Director. This committee also makes recommendations regarding
- allowances and per diems for members of Council, Standing Committees, Working Groups and Task Teams.  
The management of the FDI is handled by the Executive Director. As permitted by Swiss GAAP FER 21.45, the disclosure of the compensation has been waived.

**NOTE 7 - SUBSEQUENT EVENTS**

No subsequent events identified

Notes to the financial statements, as at December 31, 2024  
(in CHF)

NOTE 8 - MEMBERSHIP FEE DETAILS

The table below provides the detail of the membership fees in CHF for the years 2024 and 2023:

Members	Regular Member Net	Regular Member	Refund	Associated Member	Affiliated Member	Supporting Member	Total 2024	Total 2023
Afganistan	260	260	-	-	-	-	260	260
Albania	1'117	1'272	154	-	-	-	1 117	335
Andorra	260	280	20	-	-	-	260	277
Argentina	2'723	3'100	377	-	-	-	2 723	5 359
Armenia	315	358	44	-	-	-	315	274
Australia	51'179	58'256	7'077	-	-	-	51 179	54 718
Austria	19'823	22'564	2'741	-	-	-	19 823	4 011
Azerbaijan	260	260	-	-	-	-	260	260
Bahamas	260	260	-	-	-	-	260	260
Bangladesh	2'023	2'303	280	-	-	-	2 023	2 140
Barbados	260	260	-	-	-	-	260	260
Belarus	707	805	98	-	-	-	707	773
Belgium - Chambres	3'266	3'717	452	-	-	-	3 266	3 855
Belgium - Society	5'972	6'798	826	-	-	-	5 972	7 050
Belgium - Verbond	10'928	12'439	1'511	-	-	-	10 928	13 497
Benin	260	260	-	-	-	-	260	260
Bolivia	273	311	38	-	-	-	273	303
Bosnia & Herzegovina Dental Assoc	260	260	-	-	-	-	260	260
Bosnia & Herzegovina Assoc Dentists in Republic of Srpska	260	260	-	-	-	-	260	260
Bosnia & Herzegovina Assoc Dentists in Republic of Srpska	630	718	87	-	-	-	630	-
Bosnia & Herzegovina Srpska Chamber	688	783	95	-	-	-	688	603
Botswana	260	260	-	-	-	-	260	260
Bulgaria	260	260	-	-	-	-	260	6 878
Bulgaria - AMSR	7'967	9'068	1'102	-	-	-	7 967	260
Burkina Faso	260	260	-	-	-	-	260	260
Cambodia	260	260	-	-	-	-	260	260
Cameroon	260	260	-	-	-	-	260	260
Canada	67'303	76'610	9'306	-	-	-	67 303	69 883
Chile	5'069	5'770	701	-	-	-	5 069	5 634
China	39'641	45'123	5'481	-	-	-	39 641	41 752
Chinese Taipei	6'686	7'610	924	-	-	-	6 686	5 269
Colombia	1'719	1'956	238	-	-	-	1 719	1 851
Congo, Dem. Rep.	260	260	-	-	-	-	260	260
Cook Islands	260	260	-	-	-	-	260	-
Costa rica	4'199	4'780	581	-	-	-	4 199	4 499
Croatia - Chamber	5'716	6'506	790	-	-	-	5 716	5 731
Croatia - Society	941	1'071	130	-	-	-	941	943
Cyprus	2'030	2'310	281	-	-	-	2 030	2 128
Czech Republic	13'517	15'386	1'869	-	-	-	13 517	15 564
Denmark - DDA	18'035	20'529	2'494	-	-	-	18 035	19 429
Denmark - APHD	2'585	2'942	357	-	-	-	2 585	2 738
Ecuador	528	601	73	-	-	-	528	564
Egypt	1'145	1'303	158	-	-	-	1 145	1 115
Estonia	2'134	2'429	295	-	-	-	2 134	2 255
Ethiopia	260	260	-	-	-	-	260	260

Notes to the financial statements, as at December 31, 2024  
(in CHF)

NOTE 8 - MEMBERSHIP FEE DETAILS (continued)

Members	Regular Member	Regular Member	Refund	Associated Member	Affiliated Member	Supporting Member	Total 2024	Total 2023
Fiji	260	260	-	-	-	-	260	260
Finland	13'540	15'412	1 872	-	-	-	13 540	15 214
France	86'450	98'404	11'954	-	-	-	86 450	95 283
Gabon	260	260	-	-	-	-	260	260
Georgia	1'335	1'520	185	-	-	-	1 335	1 282
Germany	160'474	182'664	22'190	-	-	-	160 474	179 068
Ghana	260	260	-	-	-	-	260	260
Greece - Hell.Dent.Ass.	17'628	20'066	2 438	-	-	-	17 628	17 383
Greece - SSG	865	985	120	-	-	-	865	924
Guam	260	260	-	-	-	-	260	260
Guatemala	1'074	1'222	148	-	-	-	1 074	1 008
Haiti	260	260	-	-	-	-	260	260
Honduras	546	621	75	-	-	-	546	476
Hong Kong SAR, China	7'733	8'802	1'069	-	-	-	7 733	8 693
Hungary	979	1'114	135	-	-	-	979	1 275
Iceland	1'049	1'194	145	-	-	-	1 049	1 127
India	8'835	10'057	1'222	-	-	-	8 835	9 170
Indonesia	6'031	6'865	834	-	-	-	6 031	5 740
Iran	2'658	3'026	368	-	-	-	2 658	3 038
Iraq	5'420	6'170	750	-	-	-	5 420	5 901
Ireland	9'337	10'628	1'291	-	-	-	9 337	9 769
Israel	18'046	20'541	2'495	-	-	-	18 046	18 627
Italy - AIO	9'983	11'363	1'380	-	-	-	9 983	10 763
Italy - ANDI	69'202	78'771	9'569	-	-	-	69 202	72 284
Ivory Coast	260	260	-	-	-	-	260	260
Jamaica	260	260	-	-	-	-	260	260
Japan	126'887	144'432	17 545	-	-	-	126 887	146 631
Jordan	276	314	38	-	-	-	276	331
Kazakhstan Uted Kaz Ass	755	859	104	-	-	-	755	791
Kazakhstan Stom Asso	629	716	87	-	-	-	629	660
Kenya	260	260	-	-	-	-	260	260
Korea	38'809	44'175	5'366	-	-	-	38 809	42 302
Kosovo	618	703	85	-	-	-	618	625
Kyrgyz Republic	260	260	-	-	-	-	260	260
Laos	260	260	-	-	-	-	260	260
Latvia	2'373	2'701	328	-	-	-	2 373	2 433
Lebanon	1'548	1'762	214	-	-	-	1 548	1 223
Luxembourg	2'155	2'453	298	-	-	-	2 155	2 181
Macau SAR, China	260	260	-	-	-	-	260	260
Malaysia	2'488	2'832	344	-	-	-	2 488	2 628
Mali	260	260	-	-	-	-	260	260
Malta	321	365	44	-	-	-	321	333
Mauritania	260	260	-	-	-	-	260	260
Mauritius	260	260	-	-	-	-	260	260
Mexico	3'091	3'519	428	-	-	-	3 091	3 171
Moldova	506	576	70	-	-	-	506	589



Notes to the financial statements, as at December 31, 2024  
(in CHF)

NOTE 8 - MEMBERSHIP FEE DETAILS (continued)

Members	Regular Member	Regular Member	Refund	Associated Member	Affiliated Member	Supporting Member	Total 2024	Total 2023
Mongolia	260	260	0	-	-	-	260	260
Montenegro	270	307	37	-	-	-	270	275
Morocco	260	260	-	-	-	-	260	260
Mozambique	520	520	-	-	-	-	520	-
Myanmar	260	260	-	-	-	-	260	260
Nepal	260	260	-	-	-	-	260	260
Netherlands	33'443	38'067	4'624	-	-	-	33 443	37 152
New Zealand	7'474	8'508	1'034	-	-	-	7 474	7 688
Nicaragua	260	260	-	-	-	-	260	260
Niger	260	260	-	-	-	-	260	260
Nigeria	567	645	78	-	-	-	567	633
Republic of North Macedonia	260	260	-	-	-	-	260	521
Republic of North Macedonia	496	565	69	-	-	-	496	260
Norway	32'326	32'326	-	-	-	-	32 326	32 326
Pakistan	923	1'051	128	-	-	-	923	998
State of Palestine	835	951	116	-	-	-	835	951
Panama	590	672	82	-	-	-	590	549
Papua New Guinea	260	260	-	-	-	-	260	260
Paraguay	260	260	-	-	-	-	260	260
Peru	7'390	8'412	1'022	-	-	-	7 390	7 837
Philippines	4'244	4'831	587	-	-	-	4 244	4 452
Polish Chber of Phys/Dentists	23'623	26'889	3'266	-	-	-	23 623	24 427
Poland Polish Dtl Soc	3'125	3'557	432	-	-	-	3 125	3 231
Portugal OMD	21'635	24'627	2'992	-	-	-	21 635	21 812
Portugal SPEMD	4'768	5'427	659	-	-	-	4 768	4 992
Romania Dental Ass. Of Private Pract	517	588	71	-	-	-	517	532
Romania Society of Stomatology	260	260	-	-	-	-	260	260
Russia	24'776	28'202	3'426	-	-	-	24 776	25 498
Rwanda	260	260	-	-	-	-	260	260
Kingdom Saudi Arabia	7'372	8'392	1'020	-	-	-	7 372	6 774
Senegal	260	260	-	-	-	-	260	260
Serbia	260	288	28	-	-	-	260	266
Seychelles	260	260	-	-	-	-	260	260
Singapore	8'436	9'602	1'166	-	-	-	8 436	9 074
Slovakia	4'257	4'846	589	-	-	-	4 257	4 392
Slovenia	1'608	1'830	222	-	-	-	1 608	1 689
Somali	260	260	-	-	-	-	260	260
South Africa	1'380	1'571	191	-	-	-	1 380	1 463
Spain	81'570	92'849	11'279	-	-	-	81 570	85 934
Sri Lanka	425	484	59	-	-	-	425	498
Sudan	260	260	0	-	-	-	260	-
Sweden	20'283	23'088	2'805	-	-	-	20 283	21 524
Switzerland	23'991	27'619	3'627	-	-	-	23 991	27 900
Syria	260	260	-	-	-	-	260	260
Tanzania	260	260	-	-	-	-	260	260
Thailand	4'363	4'966	603	-	-	-	4 363	4 947
Timor Leste	260	260	-	-	-	-	260	260

Notes to the financial statements, as at December 31, 2024  
(in CHF)

NOTE 8 - MEMBERSHIP FEE DETAILS (continued)

Members	Regular Member	Regular Member	Refund	Associated Member	Affiliated Member	Supporting Member	Total 2024	Total 2023
Togo	260	260	-	-	-	-	260	260
Tunisia	260	260	-	-	-	-	260	260
Türkiye	23'876	27'177	3'301	-	-	-	23 876	25 227
Uganda	260	260	-	-	-	-	260	260
Ukraine	1'396	1'589	193	-	-	-	1 396	1 533
United Arab Emirates	2'585	2'942	357	-	-	-	2 585	2 369
United Kingdom	49'663	56'530	6'867	-	-	-	49 663	52 471
United States	383'310	436'313	53'003	-	-	-	383 610	414 899
Uruguay	1'128	1'284	156	-	-	-	1 128	1 372
Uzbekistan	260	260	-	-	-	-	260	260
Vietnam	1'165	1'326	161	-	-	-	1 165	1 177
Zimbabwe	260	260	-	-	-	-	260	260
Asociacion Odontologica Argentina	-	-	-	423	-	-	423	423
Egyptian Clinical Dental Society	-	-	-	423	-	-	423	423
Chinese Taipei Dental Association	-	-	-	423	-	-	423	423
Freier Verband Deutscher Zahnärzte	-	-	-	423	-	-	423	423
Dental Section of the Hungarian Medical Chamber	-	-	-	423	-	-	423	423
Dental chamber of Federation Bosnia and Herzegovina	-	-	-	-	-	-	-	423
Macedonian Society of Dental Medecine	-	-	-	267	-	-	267	267
Academy of Dentistry International	-	-	-	-	520	-	520	520
Associação Dentária Lusófona (ADL)	-	-	-	-	520	-	520	520
International Dental Assoc.Commonwealth	-	-	-	-	520	-	520	520
GADEF	-	-	-	-	520	-	520	520
Intern. Assoc. for Dental Research	-	-	-	-	520	-	520	520
Intern. Association for Disability and Oral Health	-	-	-	-	520	-	520	520

Notes to the financial statements, as at December 31, 2024  
(in CHF)

NOTE 8 - MEMBERSHIP FEE DETAILS (continued)

Members	Regular Member	Regular Member	Refund	Associated Member	Affiliated Member	Supporting Member	Total 2024	Total 2023
Intern. Association of Dento-Maxillofacial Radiology	-	-	-	-	520	-	520	520
Intern. Association of Paediatric Dentistry	-	-	-	-	520	-	520	520
The Intern. College of Dentists	-	-	-	-	520	-	520	520
International Dental Association Commonwealth	-	-	-	-	520	-	520	520
The Intern. Congress of Oral Implantologists	-	-	-	-	520	-	520	520
IFDAS Intern. Fed. of Dental Anesthesiology Societies	-	-	-	-	520	-	520	520
Intern. Society of Computerized Dentistry	-	-	-	-	520	-	520	520
Iranian-German Implant Association - IGIA	-	-	-	-	520	-	520	520
Internation Ass of Dental Students	-	-	-	-	520	-	520	520
Academy of Osseointegration	-	-	-	-	520	-	520	520
Pierre Fauchard Academy	-	-	-	-	520	-	520	520
Academy of General Dentistry	-	-	-	-	-	520	520	520
European Dental Students Assoc.	-	-	-	-	-	520	520	520
Young Dentists Worldwide	-	-	-	-	-	520	520	520
Association of Dental Dealers in Europe (ADDE)	-	-	-	-	-	740	740	740
Australian Dental Industry Assoc.	-	-	-	-	-	740	740	740
The British Dental Industr Asso	-	-	-	-	-	740	740	740
Dental Trade Alliance	-	-	-	-	-	740	740	740

NOTE 8 - MEMBERSHIP FEE DETAILS (continued)

Members	Regular Member	Regular Member	Refund	Associated Member	Affiliated Member	Supporting Member	Total 2024	Total 2023
Federation of the European Dental Industry (FIDE)	-	-	-	-	-	740	740	740
Fondazione ANDI	-	-	-	-	-	520	520	520
Foundation Nakao	-	-	-	-	-	740	740	740
International Dental Manufacturers	-	-	-	-	-	740	740	740
Japan Dental Trade Association	-	-	-	-	-	740	740	740
Organization for Safety & Asepsis Prevention (OSAP)	-	-	-	-	-	520	520	520
Georgian Implantological Association	-	-	-	-	-	520	520	520
American Dental Education Association	-	-	-	-	-	520	520	520
Balkan Stomatological Society	-	-	-	-	-	520	520	520
Oral Health Foundation	-	-	-	-	-	520	520	520
Global Scientific Dental Alliance	-	-	-	-	-	520	520	520
<b>Sub-total</b>	<b>1'678'870</b>	<b>1'904'891</b>	<b>226'021</b>	<b>2 382</b>	<b>8 840</b>	<b>11 120</b>	<b>1 701 212</b>	<b>1 813 499</b>
Bad debts adjustment	( 12)	( 12)	-	-	1 040	1 040	2 068	( 2 080)
Termination/Write off	( 6 626)	( 6 954)	(328)	-	-	-	( 6 626)	( 621)
Discount/credit note	( 1 740)	( 1 838)	(98)	-	-	-	( 1 740)	( 32 554)
<b>Total</b>	<b>1'670'492</b>	<b>1'896'087</b>	<b>225'596</b>	<b>2 382</b>	<b>9 880</b>	<b>12 160</b>	<b>1 694 914</b>	<b>1 778 244</b>

FDI - 2024

	2024	2024	2024	2024	
	Expenses Budget	Expenses Actual (December)	Revenue Budget	Revenue Actual (December)	Footnotes
CHF					
1. ADMINISTRATION					
1) Staff costs	270'000	236'320	-	-	
2) Office costs	550'000	536'581	-	8'938	
3) Other	-	-	-	-	
total	820'000	772'901	-	8'938	
2. GOVERNANCE					
1) Membership	10'000	2'041	1'700'000	1'694'366	Footnote 1
2) Representation and President's travel	85'000	92'415	-	2'560	
3) Council and Committees Mid-year meeting	160'000	201'462	15'000	660	
4) Executive Committee	30'000	29'483	-	-	
5) Finance/Audit Committee	10'000	5'899	-	-	
6) Governance general	30'000	33'094	-	-	
7) Contingency funds	20'000	-	-	-	
Staff costs	405'000	405'000	-	-	
total	750'000	769'394	1'715'000	1'697'586	
3. COMMITTEES					
Education committee					
1) Regional Continuing Education Programme	20'000	32'898	-	12'967	Footnote 2
2) Education Committee Webinars	13'000	11'183	-	-	
3) Evaluation of congress speakers	3'000	3'424	-	-	
Staff costs	43'000	90'000	-	-	
total	79'000	137'505	-	12'967	
Public Health committee					
1) World Dental Development Funds (WDDF)	50'000	-	50'000	-	
2) Policy statements	4'000	2'135	-	-	
3) Refugee Oral Health Prevention and Promotion	10'000	4'000	-	-	
4) Oral Health and Tobacco Cessation	9'500	6'845	-	-	
5) Educational Module for non-oral health professionals	8'000	24'230	-	28'230	
6) Universal Health Coverage Implementation	14'000	-	-	-	Footnote 3
Staff costs	36'000	36'000	-	-	
total	131'500	73'210	50'000	28'230	
Science committee					
1) Policy Statements	3'000	1'423	-	-	
2) IADR General session and Exhibition attendance	3'340	1'551	-	-	
3) Science Committee Forum	12'000	1'271	-	-	
4) AntimicroBial Resistance (ABR)	10'000	2'769	-	-	
Staff costs	25'000	25'000	-	-	
total	53'340	32'014	-	-	
Dental Practice committee					
1) Policy Statements	3'000	2'198	-	-	
2) Career Management	3'000	-	-	-	
3) Digitalisation of the Ethics Manual	30'000	-	30'000	-	
4) Advice Sheet on Halitosis	2'000	-	-	-	
Staff costs	36'000	36'000	-	-	
total	74'000	38'198	30'000	-	
Membership Liaison and Support committee					
1) Travel Grant - Congress	25'000	24'591	-	-	Footnote 4
2) Member supports Member	-	-	-	-	
Staff costs	40'000	40'000	-	-	
total	65'000	64'591	-	-	
4. COMMUNICATIONS AND ADVOCACY					
4.1) Communications					
4.1.1) International Dental Journal (IDJ)	128'000	106'930	165'000	173'454	
4.1.2) Public Relations and Multimedia	84'000	60'829	-	-	
4.1.3) Website and Database	65'000	41'208	-	-	
4.2) World Oral Health Day (WOHD)	439'500	424'735	520'000	474'459	
4.3) Advocacy	145'000	98'805	280'000	283'451	
4.4) Developing a sugar advocacy programme	100'000	-	140'000	-	
Staff costs	530'000	550'000	-	-	Footnote 5
total	1'491'500	1'282'507	1'105'000	931'364	
5. MULTI-COMMITTEES PROJECTS					
1) Oral Health within General Health	185'000	95'494	203'000	109'494	
2) Global Periodontal Health Project (GPHP)	45'000	40'810	50'000	44'810	
3) Oral Health Observatory (OHO)	105'000	62'050	105'000	71'050	
4) Health and Safety in the Dental Workplace (HSDW)	54'000	60'872	57'000	64'872	
5) Oral Health in Comprehensive Cleft Care	110'000	-	121'000	-	
6) Oral Health for an Ageing Population (OHAP)	105'000	88'267	105'000	96'267	
7) Electronic Health Records (EHRs)	88'000	78'475	90'000	87'475	
8) Toothbrushing Method	48'500	-	48'500	-	
9) Digital Cleft Care	51'000	68'459	56'000	76'459	Footnote 6
10) Sustainability in Dentistry	287'500	182'306	300'000	197'306	
11) Mental Health and Wellbeing	105'000	41'053	105'000	49'053	
12) Smile around the world	-	12'000	-	13'000	
13) Recognition programme	-	-	500'000	132'204	
14) Digital tool maintenance	16'000	16'014	-	-	
total	1'200'000	745'801	1'740'500	941'991	
6. CONGRESSES AND CONTINUING EDUCATION					
6.1) FDI Oral Health Campus	10'000	8'659	-	-	
6.2) Regional Congresses	50'000	-	85'000	-	
6.3.1) World Dental Congress - Istanbul	414'000	388'860	995'000	1'032'407	Footnote 7
6.3.2) Other expenses	7'000	12'577	-	10'410	
6.4) Young Dentists Forum	6'500	19'154	-	15'654	
6.5) Master Continuing Education Programme	50'000	19'244	50'000	24'244	
6.6) Speakers platform	12'000	9'537	-	-	
Staff costs	345'000	338'000	-	-	
total	894'500	796'031	1'130'000	1'082'714	
7. DEVELOPMENT					
Travel and others	25'000	17'737	-	-	
Staff costs	175'000	175'000	-	-	
total	200'000	192'737	-	-	
Grand Total	5'758'840	4'904'890	5'770'500	4'703'790	
Special fund membership fees				225'596	
Financial result (bank charges excluded)		3'129		218'081	
Other fiscal years		-25'745			
Net Result of the year (profit)				265'194	

## 2024 Management report – Footnotes

As per the Budget Reference Committee's recommendation, the variances versus the budget should be explained in a footnote for programmes with a budget of CHF 50,000 or more with a variance of fifteen (15) percent or more, whether negative or positive. For 2024, the explanations are:

1. Governance – Midyear meeting: the meeting took place in Costa Rica. the Costa Rica Dental Association offered 2 dinners but travel costs to Costa Rica were more expensive than anticipated.
2. Public Health Committee – World Dental Development Fund: the 2024 projects have been paid in advance in 2023. The timeline should be adjusted in 2025.
3. Public Health Committee – Educational module for non-oral health professionals: we have secured a partnership to fund the project and expand it through collaboration with the International Pharmaceutical Federation.
4. Communications and Advocacy – Public Relation and Multimedia: Press releases were only distributed where funding was available across the projects. Hence the amount allocated to press release distribution was not spent.
5. Communications and Advocacy – Website and database: in 2024 there were no developments costs for our internet or database, only maintenance fees.
6. Communications and Advocacy – Developing a sugar advocacy programme: we could not secure a partner to fund the programme, therefore, the programme has been integrated into our advocacy activities.
7. Multi-Committees projects- Oral Health within General Health: the contract couldn't be renewed as budgeted, but a new contract has been signed for one year.
8. Multi-Committees projects- Oral Health Observatory: less revenue was secured for OHO, therefore less expenses occurred.
9. Multi-Committees projects – Oral health in comprehensive cleft care: our partner did not want to continue and start a new phase for this project, therefore the project ended.
10. Multi-Committees projects – Consensus Project on Toothbrushing: this project ended as well as we were unsure on how to proceed with a second phase.
11. Multi-Committees projects – Digital Cleft Care: the carry over from last year allowed to implement the end of the programme of this project.
12. Multi-Committees projects – Sustainability in Dentistry: we received a smaller income therefore we spent accordingly.
13. Multi-Committees projects – Mental health and wellbeing: the project started 2 years ago and we are in line with the schedule. It's a 2-year project.

14. Recognition programme: the budget was based on what we were receiving before the decision to exclude the sugar industry companies and it's been proven to be slower to secure new partnerships. The income corresponds to a transition period with our previous partners. We will have a new partner as of next year.
15. Regional congresses: we did not organize a regional congress but will organize 2 next year as pilots.
16. Young dentists forum: we managed to find a partner and therefore we organized a bigger forum.
17. Master continuing education programme: 2024 was the 1<sup>st</sup> year of this pilot programme and we scheduled less events than budgeted. More courses are planned in 2025.

## 8.4 Report From the Audit Committee



**FDI AUDIT COMMITTEE REPORT****June 2025**

The FDI Audit Committee chaired by Dr Ashok Dhoble, Indian Dental Association, India, was in receipt of the 2024 Financial Statements as well as other documents including the the FDI Financial Statements 2024, the Report from Deloitte to the Council and Audit Committee, the FDI Finance Manual, Terms of Reference of Audit Committee and the Audit Committee Reports of the years 2022 and 2023.

Based on the information received from all the documents, Audit committee recommends to the GA to approve the report and grant discharge. We do not have any further recommendations for the same.

**Dr. Ashok Dhoble**  
Indian Dental Association  
India

**Dr. Stephan Allroggen**  
BundesZahnArztEKammer  
Germany

**Dr. Ken Matsuo**  
Japan Dental Association  
Japan

## 8.5 Forecast 2025



**May 2025**

## FDI World Dental Federation

## Statement of assets, liabilities and reserve funds as at 31 May 2025

(in CHF)

	2025 Jan-May	2024 Jan-May	2024 Full year
<b>Assets</b>			
<b>Current assets</b>			
Cash current accounts	2 588 710	3 611 052	1 640 668
Cash general reserves	2 444 589	2 016 360	2 180 419
Accounts receivable, net	818 817	456 979	465 155
<i>Accounts receivable</i>	<i>820 689</i>	<i>459 059</i>	<i>468 067</i>
<i>Provision for bad and doubtful debts</i>	<i>( 1 872)</i>	<i>( 2 080)</i>	<i>( 2 912)</i>
Prepayments, accrued income and other	5 272	5 807	280 262
<b>Total current assets</b>	<b>5 857 387</b>	<b>6 090 198</b>	<b>4 566 505</b>
<b>Non-current assets</b>			
Tangible fixed assets, net	52 620	86 647	68 428
Financial fixed assets	3 402 460	3 033 840	3 402 460
Guarantee deposits	69 378	69 197	69 378
<b>Total non-current assets</b>	<b>3 524 458</b>	<b>3 189 684</b>	<b>3 540 266</b>
<b>Total assets</b>	<b>9 381 845</b>	<b>9 279 882</b>	<b>8 106 771</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Accounts payable	103 268	145 409	347 804
Other payables	68 604	113 742	101 899
Accrued liabilities	31 346	100 094	129 426
Deferred income	100 260	305 024	705 362
Provisions	42 564	31 000	46 000
<b>Total current liabilities</b>	<b>346 043</b>	<b>695 269</b>	<b>1 330 491</b>
<b>Total liabilities</b>	<b>346 043</b>	<b>695 269</b>	<b>1 330 491</b>
<b>Reserve funds</b>			
Restricted funds	609 031	546 948	606 010
Restricted funds in custody	221 468	213 478	221 468
<b>Total Restricted Funds</b>	<b>830 499</b>	<b>760 426</b>	<b>827 478</b>
General reserves	5 448 803	5 509 206	5 183 609
Special reserve	500 000	500 000	500 000
Net income / (loss) for the year	-	-	265 194
<b>Total Unrestricted Funds</b>	<b>5 948 803</b>	<b>6 009 206</b>	<b>5 948 803</b>
<b>Total Reserve funds</b>	<b>6 779 302</b>	<b>6 769 632</b>	<b>6 776 280</b>
<b>Total liabilities and reserve funds</b>			<b>8 106 771</b>

## FDI World Dental Federation

## Statement of receipts and operating expenditures as at 31 May 2025

(in CHF)

	2025 Jan-May	2024 Jan-May	2024 Full year
<b>Income</b>			
Membership	1 695 978	1 936 726	1 694 366
Congress	980 543	719 237	1 032 407
Corporate partnerships	1 451 706	1 058 917	1 736 616
<i>Unrestricted</i>	705 917	710 663	886 663
<i>Restricted</i>	745 789	348 254	849 953
Other income	84 104	100 465	199 464
<b>Total income</b>	<b>4 212 331</b>	<b>3 815 345</b>	<b>4 662 853</b>
<b>Operating expenditure</b>			
Personnel costs	990 311	1 040 579	2 521 316
Office	161 726	159 694	374 944
Travel & subsistence	301 661	373 187	781 215
Operational	279 926	367 508	702 960
Congress specific/events	79 600	51 006	149 929
Communication/Web/Webinars	123 284	118 778	248 069
Legal	18 921	12 496	68 684
<b>Total expenses</b>	<b>1 955 429</b>	<b>2 123 247</b>	<b>4 847 117</b>
<b>Operational result</b>	<b>2 256 902</b>	<b>1 692 098</b>	<b>( 184 264)</b>
Financial income/expenses	13 006	( 12 246)	186 052
Exchange rate gain or loss	( 8 687)	( 3 083)	( 3 129)
<b>Net Financial result</b>	<b>4 319</b>	<b>( 15 329)</b>	<b>182 923</b>

FDI - May 2025

	2025	2025	2025	2025	2025	2025
	Expenses Budget	Expenses Forecast	Expenses Actual (May)	Revenue Budget	Revenue Forecast	Revenue Actual (May)
CHF						
<b>1. ADMINISTRATION</b>						
1) Staff costs	270'000	270'000	104'061	-	-	-
2) Office costs	550'000	550'000	216'541	-	-	9'516
3) Other	-	-	-	-	-	-
<b>total</b>	<b>820'000</b>	<b>820'000</b>	<b>320'602</b>	-	-	<b>9'516</b>
<b>2. GOVERNANCE</b>						
1) Membership	10'000	10'000	3'626	1'700'000	1'700'000	1'695'978
2) Representation and President's travel	85'000	85'000	37'363	-	-	4'121
3) Council and Committees Mid-year meeting	170'000	170'000	113'467	-	-	-
4) Executive Committee	30'000	30'000	13'811	-	-	-
5) Finance/Audit Committee	10'000	10'000	4'733	-	-	-
6) Governance general	30'000	30'000	6'919	-	-	-
7) Contingency funds	20'000	20'000	-	-	-	-
Staff costs	405'000	405'000	168'750	-	-	-
<b>total</b>	<b>760'000</b>	<b>760'000</b>	<b>348'669</b>	<b>1'700'000</b>	<b>1'700'000</b>	<b>1'700'099</b>
<b>3. COMMITTEES</b>						
<b>Education committee</b>						
1) Regional Continuing Education Programme	20'000	20'000	7'684	-	-	2'101
2) Education Committee Webinars	13'000	13'000	5'649	-	-	-
3) Evaluation of congress speakers	3'000	3'000	-	-	-	-
Staff costs	43'000	43'000	37'500	-	-	-
<b>total</b>	<b>79'000</b>	<b>79'000</b>	<b>50'833</b>	-	-	<b>2'101</b>
<b>Public Health committee</b>						
1) World Dental Development Funds (WDDF)	50'000	50'000	25'000	50'000	50'000	-
2) Policy statements	3'000	3'000	620	-	-	-
3) Refugee Oral Health Prevention and Promotion	10'000	10'000	-	-	-	-
4) Oral Health and Tobacco Cessation	10'500	10'500	3'000	11'500	11'500	11'500
5) Educational Module for non-oral health professionals	36'000	36'000	-	40'000	40'000	68'000
6) Silver Diamine Fluoride from a PH perspective	15'000	15'000	-	15'000	15'000	-
Staff costs	36'000	36'000	15'000	-	-	-
<b>total</b>	<b>160'500</b>	<b>160'500</b>	<b>43'620</b>	<b>116'500</b>	<b>116'500</b>	<b>79'500</b>
<b>Science committee</b>						
1) Policy Statements	4'000	4'000	1'200	-	-	-
2) IADR General session and Exhibition attendance	4'510	4'510	-	-	-	-
3) Science Committee Forum	3'725	3'725	-	-	-	-
4) AntimicroBial Resistance (ABR)	10'000	10'000	-	-	-	-
5) International Dental Journal articles to support PS	4'800	4'800	-	-	-	-
Staff costs	25'000	25'000	10'417	-	-	-
<b>total</b>	<b>52'035</b>	<b>52'035</b>	<b>11'617</b>	-	-	-
<b>Dental Practice committee</b>						
1) Policy Statements	3'000	3'000	976	-	-	-
2) Access to Care	10'000	10'000	2'550	10'000	10'000	-
3) Advice Sheet on Oral Health and Sexually Transmitted Diseases	1'000	1'000	-	-	-	-
Staff costs	36'000	36'000	15'000	-	-	-
<b>total</b>	<b>50'000</b>	<b>50'000</b>	<b>18'526</b>	<b>10'000</b>	<b>10'000</b>	-
<b>Membership Liaison and Support committee</b>						
1) Travel Grant - Congress	25'000	25'000	205	-	-	-
2) Member supports Member	-	-	-	-	-	-
Staff costs	40'000	40'000	16'667	-	-	-
<b>total</b>	<b>65'000</b>	<b>65'000</b>	<b>16'871</b>	-	-	-
<b>4. COMMUNICATIONS AND ADVOCACY</b>						
<b>4.1) Communications</b>						
4.1.1) International Dental Journal (IDJ)	118'000	118'000	35'723	165'000	165'000	70'468
4.1.2) Public Relations and Multimedia	64'000	64'000	17'164	-	-	-
4.1.3) Website and Database	65'000	65'000	24'175	-	-	-
4.2) World Oral Health Day (WOHD)	419'500	419'500	191'901	570'000	570'000	491'417
4.3) Advocacy	145'000	145'000	26'586	320'000	320'000	160'000
Staff costs	530'000	530'000	220'833	-	-	-
<b>total</b>	<b>1'341'500</b>	<b>1'341'500</b>	<b>516'384</b>	<b>1'055'000</b>	<b>1'055'000</b>	<b>721'885</b>
<b>5. MULTI-COMMITTEES PROJECTS</b>						
1) Oral Health within General Health	330'000	114'500	21'396	363'000	131'000	121'000
2) Oral Health Observatory (OHO)	97'000	97'000	26'085	107'000	107'000	117'000
3) Oral Health in Comprehensive Cleft Care	70'000	-	-	77'000	-	-
4) Oral Health for an Ageing Population (OHAP)	84'000	84'000	16'795	92'000	92'000	88'000
5) Electronic Health Records (EHRs)	83'000	83'000	23'866	90'000	90'000	-
6) Digital Cleft Care	83'000	-	1'743	90'000	-	-
7) Sustainability in Dentistry	142'500	142'500	60'310	150'000	150'000	110'000
8) Mental Health and Wellbeing	95'000	95'000	18'910	105'000	105'000	108'381
9) Ethics in dentistry	50'000	50'000	-	55'000	55'000	-
10) Dental Imaging Project	80'000	80'000	-	88'000	88'000	-
11) Web Application and Platform Maintenance	16'000	16'000	6'145	-	-	-
12) Smile around the world	-	-	7'000	-	-	-
13) Recognition Programme	-	-	-	400'000	400'000	38'000
<b>total</b>	<b>1'130'500</b>	<b>762'000</b>	<b>182'249</b>	<b>1'617'000</b>	<b>1'218'000</b>	<b>582'381</b>
<b>6. CONGRESSES AND CONTINUING EDUCATION</b>						
6.1) FDI Oral Health Campus	10'000	10'000	3'578	-	-	-
6.2) Regional Congresses	46'000	46'000	24'859	56'000	56'000	55'543
6.3.1) World Dental Congress - Shanghai	429'000	429'000	154'064	995'000	995'000	925'000
6.3.2) Other expenses	7'000	7'000	1'221	-	-	-
6.4) Young Dentists Forum	25'000	25'000	5'924	25'000	25'000	-
6.5) Master Continuing Education Programme	60'000	105'000	8'318	60'000	105'000	60'000
6.6) Speakers platform	12'000	12'000	-	-	-	-
Staff costs	345'000	345'000	141'667	-	-	-
<b>total</b>	<b>934'000</b>	<b>979'000</b>	<b>339'630</b>	<b>1'136'000</b>	<b>1'181'000</b>	<b>1'040'543</b>
<b>7. DEVELOPMENT</b>						
Travel and others	25'000	25'000	7'920	-	-	-
Staff costs	175'000	175'000	72'917	-	-	-
<b>total</b>	<b>200'000</b>	<b>200'000</b>	<b>80'837</b>	-	-	-
<b>Grand Total</b>	<b>5'592'535</b>	<b>5'269'035</b>	<b>1'929'838</b>	<b>5'634'500</b>	<b>5'280'500</b>	<b>4'136'023</b>
<i>Operationnal loss</i>				<i>41'965</i>	<i>11 465</i>	

## 8.6 Five-year budget comparison

5 YEARS BUDGET COMPARISON 2026-2021	2026	2025	2024	2023	2022	2021		2026	2025	2024	2023	2022	2021
CHF	Budget Costs	Budget Costs	Actual Costs	Actual Costs	Actual Costs	Actual Costs		Budget Revenue	Budget Revenue	Actual Revenue	Actual Revenue	Actual revenue	Actual Revenue
ADMINISTRATION													
Travel & Subsistence	85'000	85'000	91'284	66'531	168'357	10'795							
Office costs	465'000	465'000	445'297	430'450	444'473	419'722						2'286	
Other	-	-	-	-	27'379	6'253				8'938	6'768	72'266	8'006
Staff costs	270'000	270'000	236'320	242'796	-	222'380							
total	820'000	820'000	772'901	739'777	640'209	659'150				8'938	6'768	74'552	8'006
GOVERNANCE													
Membership fees	-	-	-	-	-	-		1'707'000	1'700'000	1'694'366	1'778'244	1'674'002	1'652'568
Membership promotion	10'000	10'000	2'041	4'532	3'715	2'655							
Representation and President's Travel	85'000	85'000	92'415	67'404	46'877	39'834				2'560	1'650	318	
Executive Committee	30'000	30'000	29'483	15'144	28'900	-							
Governance general	30'000	30'000	33'094	23'219	26'251	17'296					670		
FDI Strategy	-	-	-	-	35'536	-							
Council and committees Mid-year meeting	170'000	170'000	201'462	175'289	124'967	4'682				660			
Finance/Audit Committee/Remuneration Committee	10'000	10'000	5'899	3'077	3'110	10'497							
Contingency funds	8'000	20'000	-	-	-	-							
Staff costs	405'000	405'000	405'000	395'000	395'000	395'000							
total	748'000	760'000	769'394	683'665	664'356	469'964		1'707'000	1'700'000	1'697'586	1'780'564	1'674'320	1'652'568
COMMITTEES													
Education Committee													
Education committee webinars	6'000	13'000	11'183	11'309	11'796	-							
Regional Continuing Education programme	20'000	20'000	32'898	29'622	33'255	28'677				12'967	9'624	13'247	11'148
Evaluation of congress speakers	-	3'000	3'424	1'967	-	-							
Staff costs	90'000	43'000	90'000	42'000	25'000	42'000							
total	116'000	79'000	137'505	84'897	70'051	70'677				12'967	9'624	13'247	11'148
Public Health Committee													
World Dental Development Fund (WDDF)	50'000	50'000	-	50'000	50'000	50'000		50'000	50'000		50'000	50'000	50'000
Policy Statements	2'000	3'000	2'135	1'320	1'616	3'020							
Refugee Oral Health Prevention and Promotion	10'000	10'000	4'000	9'917	-	3'107							
Oral health and Tobacco cessation	10'500	10'500	6'845	7'571	10'296	8'660		11'500	11'500				
TeleDendistry	-	-	-	-	2'182	5'399							
Educational module for other healthcare professionals	64'000	36'000	24'230	1'843	-	-		68'000	40'000	28'230			
Silver Diamine Fluoride from a Public Heal perspective	-	15'000	-	-	-	-			15'000				
Staff costs	36'000	36'000	36'000	35'000	35'000	35'000							
total	172'500	160'500	73'210	105'651	99'094	105'186		129'500	116'500	28'230	50'000	50'000	50'000
Science Committee													
Policy statements	3'000	4'000	1'423	1'299	1'473	2'665							
IADR General session and Exhibition attendance	3'200	4'510	1'551	3'653	434	-							
AntimicroBial Resistance (ABR)	10'000	10'000	2'769	196	-	-							
International Dental Journal articles to support Policy Statements	-	4'800	-	-	-	-							
Science committee forum	4'000	3'725	1'271	3'336	2'916	3'246							
Promotion of IDJ paper on e-cigarettes and vaping*	3'000	-	-	-	-	-							
White paper on the OsteoNecrosis of the Jaw (ONJ)*	7'200	-	-	-	-	-							
Staff costs	25'000	25'000	25'000	24'000	18'000	24'000							
total	55'400	52'035	32'014	32'484	22'823	29'911							
Dental Practice Committee													
Policy statements	2'000	3'000	2'198	2'626	1'636	2'474							
Career Management	-	-	-	-	-	-							
Access to Care	-	10'000	-	-	-	-			10'000				
Developing and Delivering Dentistry (DDD)	-	-	-	5'013	2'561	-							
Advice Sheet- Oral Health and Sexually Transmitted	-	1'000	-	-	-	-							
Do-It-Yourself (DIY) dentistry*	1'000	-	-	-	-	-							
Oral Health and Sexually Transmitted Diseases (STDs)*	1'000	-	-	-	-	-							
Illegal dental practice*	1'000	-	-	-	-	-							
Violence in the Dental Practice*	6'000	-	-	-	-	-							
Staff costs	36'000	36'000	36'000	35'000	35'000	35'000			10'000				
total	47'000	50'000	38'198	42'639	39'197	37'474			10'000				
Membership Liaison and Support Committee													
Travel grant congress	25'000	25'000	24'591	22'659	20'309	-							
Staff costs	40'000	40'000	40'000	39'000	39'000	39'000							
total	65'000	65'000	64'591	61'659	59'309	39'000							
COMMUNICATIONS AND ADVOCACY													
Communications													
International Dental Journal (IDJ)	116'000	118'000	106'930	104'338	102'268	88'000		185'000	165'000	173'454	138'577	89'989	152'898
Public Relations and Multimedia	65'000	64'000	60'829	43'351	41'348	56'029							
Website and database	60'000	65'000	41'208	68'962	99'210	23'060							
World Oral Health Day (WOHD)	430'500	419'500	424'735	391'134	338'161	296'714		550'000	570'000	474'459	575'052	509'574	205'981
Advocacy and Vision 2030	141'000	145'000	98'805	151'459	73'994	56'487		360'000	320'000	283'451	285'412	201'257	160'320
Covid-19 response	-	-	-	-	-	9'678							4'686
Staff costs	530'000	530'000	550'000	515'000	440'000	515'000							
total	1'342'500	1'341'500	1'282'507	1'274'244	1'094'981	1'044'968		1'095'000	1'055'000	931'364	999'041	800'819	523'884
MULTI-COMMITTEES PROJECTS													
Talk to a dentist (ex BDN)	-	-	-	423'264	433'490	427'399					440'218	790'438	435'034
Whole Mouth Health project (WMH)	-	-	-	-	144'843	73'931						154'593	83'681
Oral Health within General Health	125'000	330'000	95'494	121'524	-	-		140'000	363'000	109'494	143'524		
Global Periodontal Health Project (GPHP)	-		40'810	50'530	37'578	46'189				44'810	55'530	42'578	51'689
Oral Health Observatory (OHO)	97'000	97'000	62'050	75'514	68'347	62'250		107'000	107'000	71'050	82'295	74'347	68'250
Partially Dentate Patients (PDP)	-	-	-	41'392	46'272	40'000					41'392	46'272	45'500
Health and Safety in the Dental Workplace (HSDW)	-	-	60'872	25'563	53'251	44'187				64'872	33'563	57'101	48'037
Oral Health in Comprehensive Cleft Care	-	70'000	-	64'032	97'630	49'143			77'000		65'721	97'630	54'768
Oral Health for Ageing Population (OHAP)	88'000	84'000	88'267	80'244	73'449	23'103		97'000	92'000	96'267	89'144	82'349	30'403
Electronic Health Records (EHRs)	96'000	83'000	78'475	41'890	40'4								



## 8.7 Budget 2026 including budget forms

	2026 Budget Expenses	2026 Budget Revenues	2025 Budget Expenses	2025 Budget Revenues
<b>1. ADMINISTRATION</b>				
Office costs	550'000	-	550'000	-
Staff costs	270'000	-	270'000	-
<b>TOTAL ADMINISTRATION</b>	<b>820'000</b>	<b>-</b>	<b>820'000</b>	<b>-</b>
<b>2. GOVERNANCE</b>				
Membership	-	1'707'000	-	1'700'000
Membership promotion	10'000	-	10'000	-
Representation and President's travel	85'000	-	85'000	-
Council and Committees Mid-year meeting	170'000	-	170'000	-
Executive Committee	30'000	-	30'000	-
Finance/Audit Committee/Remuneration Committee	10'000	-	10'000	-
Governance general	30'000	-	30'000	-
Contingency funds	8'000	-	20'000	-
Staff costs	405'000	-	405'000	-
<b>TOTAL GOVERNANCE</b>	<b>748'000</b>	<b>1'707'000</b>	<b>760'000</b>	<b>1'700'000</b>
<b>3. COMMITTEES</b>				
<b>Education Committee</b>				
Regional Continuing Education programme	20'000	-	20'000	-
Education Committee Webinars	6'000	-	13'000	-
Evaluation of congress speakers	-	-	3'000	-
Staff costs	90'000	-	43'000	-
<b>total</b>	<b>116'000</b>	<b>-</b>	<b>79'000</b>	<b>-</b>
<b>Public Health Committee</b>				
World Dental Development Fund (WDDF)	50'000	50'000	50'000	50'000
Policy statements	2'000	-	3'000	-
Refugee Oral Health Prevention and Promotion	10'000	-	10'000	-
Oral Health and Tobacco Cessation	10'500	11'500	10'500	11'500
Educational module for other healthcare professionals	64'000	68'000	36'000	40'000
Silver Diamine Fluoride from a Public Health perspective	-	-	15'000	15'000
Staff costs	36'000	-	36'000	-
<b>total</b>	<b>172'500</b>	<b>129'500</b>	<b>160'500</b>	<b>116'500</b>
<b>Science Committee</b>				
Policy statements	3'000	-	4'000	-
IADR General session and Exhibition attendance	3'200	-	4'510	-
Science Committee Forum	4'000	-	3'725	-
Preventing AntiMicrobial Resistance (AMR) and infections	10'000	-	10'000	-
Promotion of IDJ paper on e-cigarettes and vaping*	3'000	-	-	-
White paper on the OsteoNecrosis of the Jaw (ONJ)*	7'200	-	-	-
International Dental Journal articles to support Policy Statements	-	-	4'800	-
Staff costs	25'000	-	25'000	-
<b>total</b>	<b>55'400</b>	<b>-</b>	<b>52'035</b>	<b>-</b>
<b>Dental Practice Committee</b>				
Policy statements	2'000	-	3'000	-
Access to care	-	-	10'000	10'000
Do-It-Yourself (DIY) dentistry*	1'000	-	-	-
Oral Health and Sexually Transmitted Diseases (STDs)*	1'000	-	1'000	-
Illegal dental practice*	1'000	-	-	-
Violence in the Dental Practice*	6'000	-	-	-
Staff costs	36'000	-	36'000	-
<b>total</b>	<b>47'000</b>	<b>-</b>	<b>50'000</b>	<b>10'000</b>
<b>Membership Liaison and Support Committee</b>				
Travel Grant - Congress	25'000	-	25'000	-
Member Supports Member	-	-	-	-
Staff costs	40'000	-	40'000	-
<b>total</b>	<b>65'000</b>	<b>-</b>	<b>65'000</b>	<b>-</b>
<b>TOTAL COMMITTEES</b>	<b>455'900</b>	<b>129'500</b>	<b>406'535</b>	<b>126'500</b>
<b>4. COMMUNICATIONS AND ADVOCACY</b>				
Communications				
International Dental Journal (IDJ)	116'000	185'000	118'000	165'000
Public Relations and Multimedia	65'000	-	64'000	-
Website and Database	60'000	-	65'000	-
World Oral Health Day (WOHD)	430'500	550'000	419'500	570'000
Advocacy	141'000	360'000	145'000	320'000
Developing a sugar advocacy programme	-	-	-	-
Staff costs	530'000	-	530'000	-
<b>TOTAL COMMUNICATIONS AND ADVOCACY</b>	<b>1'342'500</b>	<b>1'095'000</b>	<b>1'341'500</b>	<b>1'055'000</b>
<b>5. MULTI-COMMITTEES PROJECTS</b>				
Oral Health within General Health	125'000	140'000	330'000	363'000
Oral Health Observatory (OHO)	97'000	107'000	97'000	107'000
Oral Health in Comprehensive Cleft Care	-	-	70'000	77'000
Oral Health for an Ageing Population (OHAP)	88'000	97'000	84'000	92'000
Electronic Health Records (EHRs)	96'000	105'000	83'000	90'000
Digital Cleft care	-	-	83'000	90'000
Sustainability in Dentistry	135'000	150'000	142'500	150'000
Mental Health and Well-being	-	-	95'000	105'000
Human Papillomavirus (HPV)*	40'000	45'000	-	-
Ethics in dentistry	63'000	70'000	50'000	55'000
Dental imaging project	-	-	80'000	88'000
Web Application and Platform Maintenance	16'000	-	16'000	-
Recognition programme	-	400'000	-	400'000
<b>TOTAL MULTI-COMMITTEES PROJECTS</b>	<b>660'000</b>	<b>1'114'000</b>	<b>1'130'500</b>	<b>1'617'000</b>
<b>6. CONGRESSES AND CONTINUING EDUCATION</b>				
FDI Oral Health Campus	10'000	-	10'000	-
Young Dentists Forum	25'000	25'000	25'000	25'000
Regional Congresses	27'000	37'000	46'000	56'000
FDI World Dental Congress	346'000	925'000	429'000	995'000
Other expenses	83'000	70'000	7'000	-
Master CE programme	30'000	30'000	60'000	60'000
CE accreditation task team*	15'000	-	-	-
Speakers Platform	12'000	-	12'000	-
Staff costs	338'000	-	345'000	-
<b>TOTAL CONGRESSES AND CONTINUING EDUCATION</b>	<b>886'000</b>	<b>1'087'000</b>	<b>934'000</b>	<b>1'136'000</b>
<b>7. DEVELOPMENT</b>				
Travel and others	25'000	-	25'000	-
Staff costs	175'000	-	175'000	-
<b>TOTAL DEVELOPMENT</b>	<b>200'000</b>	<b>-</b>	<b>200'000</b>	<b>-</b>
<b>Grand total</b>	<b>5'112'400</b>	<b>5'132'500</b>	<b>5'592'535</b>	<b>5'634'500</b>
Surplus		20'100		41'965

## Administration

### **Responsible:**

Head office.  
Administration Department

### **Rationale, Background and Need:**

The head office is located in Geneva, Switzerland since 2009.  
In the end of 2025, FDI will have to move again to new premises as the actual offices will be dedicated to living quarters. The costs for the move should be borne by the owner of the offices we are occupying right now.  
Audit fees are estimated to be compliant with GAAP RPC21 standards audit report (full audit).  
The FDI permanent staff is based on 17 positions. The social charges are based on 23% of gross salaries.  
The administration is the actual overhead and represents only 16% of the costs (including office costs).

### **Objectives:**

The objective of the administration is to support the operations of the FDI.

### **Action Plan:**

The Head Office is up and running.  
The budget is continuously managed.  
Administration processes are continuously refined.

HR: performance reviews are standardized, job descriptions are refined, staff is allocated according to needs and new positions are filled with best possible candidates.

### **Budget:**

Office costs for 550 kCHF, including rent premises, depreciation, IT/telecom costs, legal and audit fees, Bank charges.  
The budget takes into consideration the inflation in Switzerland.  
The depreciation should be stable as no new development for IT are scheduled.

**Strategy – Focus area:** Knowledge exchange / Advocacy / Innovation

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Office rent, services/utilities	225 000
IT and Telecommunication costs	95 000
Other office costs (office supplies, postage...)	15 000
Legal and audit fees	60 000
Travel and accommodation	85 000
Depreciation	35 000
Bank charges	35 000
Staff costs	270 000
<b>Total Expenses</b>	<b>820 000</b>
<b>Total Net</b>	<b>-820 000</b>

## Membership Promotion

### **Responsible/Committee/Task Team:**

Membership Liaison and Support Committee  
Governance Department

### **Rationale, Background and Need:**

Operational budget required for membership services and promotion:

- translation of specific membership mailings, guidelines, and promo material for National Liaison Officers (NLOs);
- design and print of the leaflet/brochures or handouts;
- NLO and membership certificates;
- increased volume of translations of relevant communications and NLO reports.

This budget also serves for FDI membership in other Organizations (i.e. IADR) and support to attendance at relevant meetings.

### **Objectives:**

Production and distribution of FDI Membership and NLO materials for better involvement of Members and increased visibility of FDI.

### **Action Plan:**

Identify Non-Members Association and groups (annual exercise).

Identify relevant expenses and correspondence for translation at the beginning of the year and allocate funds within the budget.

### **Outcome:**

FDI Membership materials and communication and NLO materials are produced and circulated to all members.

### **Timeline:**

Potential members and correspondence for translation is defined throughout the year.

**Strategy – Focus area:** Knowledge exchange / Advocacy

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Expenses related to various Membership Activities	10 000
<b>Total Expenses</b>	<b>10 000</b>
<b>Total Net</b>	<b>-10 000</b>

### Representation and President's travel

**Responsible/Committee/Task Team:**

Executive Committee  
Governance Department

**Rationale, Background and Need:**

FDI President serve as the principal official representative of the FDI in its relations with members, governments and international organizations. The President's travel is an important part of the Presidential term, with the purpose to endure ties between the FDI and Member Associations, to contribute to ongoing cooperation with other representatives and to advance a range of FDI activities. President's attendance at the Executive Committee and Mid-Year meeting might be allocated in this budget.

**Objectives:**

Better performance and increased visibility of FDI.

**Action Plan:**

The Executive Committee identifies events throughout the year and confirms which events FDI's participation should be confirmed.

**Outcome:**

The President attends members' events and prominent global events and represents the organization.

**Timeline:**

he events and meetings are identified at the beginning of each year, revised, and approved by the Executive Committee.

**Strategy – Focus area:** Knowledge exchange / Advocacy / Innovation

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Travel & Accommodation	58 000
Representation (President's) fee	24 000
Mobile Phone and other representation costs	3 000
<b>Total Expenses</b>	<b>85 000</b>
<b>Total Net</b>	<b>-85 000</b>



### Council and Standing Committees 2026 Mid-Year meeting

**Responsible/Committee/Task Team:**

Executive Committee  
Governance Department

**Rationale, Background and Need:**

The basis for the work of the Council and Standing Committees is laid down in the Constitution. The council represents the administrative authority of the FDI and initiates, conducts, delegates, monitors and coordinates all business of the FDI.

**Objectives:**

Constitutional requirements as listed above.

**Action Plan:**

Action plan is identified annually, in accordance with FDI Strategy, annual Action plan and dates of the World Dental Parliament of each year.

**Outcome:**

The Council and Committee meetings and Plenary Session are organized in accordance with FDI annual Action plan.

**Timeline:**

The time, place and number of meetings is determined annually by the Council. The Council meets with the Committees twice a year, during WDC and at the FDI Mid-Year meeting. The Mid-Year meeting is usually held in April / May, over a period of five to six days depending on the number of items on the agenda, number of meetings and consequent to time and cost implications. Plenary Session for all Council and Standing Committee members is organized at every Mid-Year meeting.

**Strategy – Focus area:** Knowledge exchange / Advocacy / Innovation

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Travel, Hotel Accommodation & Subsistence	110 000
Due to high travel costs, this budget is for the expenses of the Council, Committee members and staff only. <i>(Attendance of CE Programme Directors or other presenters at the meeting (IDJ, V2030) is not included in this budget)</i>	
Rental (venue, meeting room, AV, conference package)	40 000
Social Programme	20 000
<b>Total Expenses</b>	<b>170 000</b>
<b>Total Net</b>	<b>-170 000</b>

## Executive Committee

### **Responsible/Committee/Task Team:**

Executive Committee  
Governance Department

### **Rationale, Background and Need:**

The duties of the Executive Committee are:

- To provide guidance to the Executive Director to take urgent leadership decisions that cannot be made by staff and cannot be referred to the Council due to time constraints. All decisions taken in this manner are reported to the Council within two weeks and ratified by the Council at its next meeting.
- To support the Executive Director with aspects such as the completion of agendas for the Council and General Assembly meetings.
- To advise and support the Executive Director in the accomplishment of the strategic plan.
- To review and provide guidance as required on other contractual agreements.
- To ensure that the Council has all the information to make informed decisions.
- To fulfil individual duties as described in the Constitution.

### **Objectives:**

Constitutional requirements as listed above.

### **Action Plan:**

Action plan is identified in accordance with FDI Strategy and annual Action plan set by the Council.

### **Outcome:**

The Committee holds at least 2 face-to-face meetings over a year.

### **Timeline:**

Timeline is set annually and in accordance with FDI Strategy and Action plan.

**Strategy – Focus area:** Knowledge exchange / Advocacy / Innovation

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Travel & Subsistence	24 500
Rental (venue, meeting room...)	1 500
Catering	4 000
<b>Total Expenses</b>	<b>30 000</b>
<b>Total Net</b>	<b>-30 000</b>

### Finance Committee/Audit Committee

**Responsible:**

Finance Committee  
Administration Department.

**Finance Committee**

The Finance Committee is composed of the Treasurer and 3 other members of Council, with the Executive Director as an ex officio member. The task of the Committee is to oversee the preparation of the annual budget for the consideration of Council and to make recommendations to Council about the financial affairs of FDI World Dental Federation.

**Objectives:**

Monitor budget 2023 implementation, review 2023 quarterly reports presented by office, to be sent to NLO's,  
Review 2022 accounts and external audit report.  
Prepare 2024 budget in accordance with the strategy.

**Audit Committee**

The Audit Committee shall, under the direction of Council, assess financial control and processes, risk management protocols and review the previous year's financial reporting. It shall report annually to the General Assembly.

**Role and Responsibilities:**

The Audit Committee shall, under the direction of Council:

- Assess financial control and processes.
- Assess risk management protocols.
- Review past financial reporting.
- Report annually to the General Assembly.

**Composition and terms of office:**

The Audit Committee shall consist of 3 Delegates of the FDI General Assembly with experience in finance issues to be appointed annually by the Council.

3 Delegates of the General Assembly (staggered approach / alternating years)

Annual appointment by the Council (Special Committee)

Committee Members shall be appointed annually with a maximum term of two years.

**Strategy – Focus area:** Knowledge exchange / Advocacy / Innovation

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Travel and subsistence	10 000
<b>Total Expenses</b>	<b>10 000</b>
<b>Total Net</b>	<b>-10 000</b>

## Governance General

### **Responsible/Committee/Task Team:**

Council  
Governance Department

### **Rationale, Background and Need:**

To answer the high demand and need of Spanish and French speaking Member Associations, these funds are mainly allocated for translation of FDI internal and external communication and news, General Assembly main reports, minutes and any other communications and correspondence of importance. The funds are also used to produce FDI gifts and Awards and support any Governance travels and attendance at relevant meetings.

### **Objectives:**

Identify and translate the most relevant documents and communications for FDI Membership.  
Design and produce FDI Awards and gifts.

### **Action Plan:**

The action plan is identified in accordance with the FDI Constitution, communication plan and annual business meetings.

### **Outcome:**

Translated documents and assets, FDI Awards and gifts.

**Timeline:** A timeline is identified annually in accordance with the FDI Constitution and annual business meetings.

**Strategy – Focus area:** Knowledge exchange / Advocacy / Innovation

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Translation of governance documents	25 000
Design and promo material	3 000
Certificates and Awards	2 000
<b>Total Expenses</b>	<b>30 000</b>
<b>Total Net</b>	<b>-30 000</b>



## Regional Continuing Education Programme

### **Responsible/Committee/Task Team:**

CE Regional Directors / Education Committee (EdC)  
Education & Congress Department

### **Rationale, Background and Need:**

There is a need for FDI to support the Continuing Education (CE) Programme in the 5 regions, to ensure that the educational needs are fairly addressed in all regions, and that underserved regions could receive the appropriate support, even in absence of sponsors.

### **Objectives:**

- To assist/support NDAs in the development of quality CE programmes, adapted to their needs
- To develop CE programmes disseminating FDI focus areas.
- To support CE Directors and NDAs in organizing face-to-face and virtual meetings.
- To provide CE Directors with digital tools to uniform needs assessment, feedback collection and promotion.
- To promote the CE programme across all NDAs and continue to raise awareness on FDI continuing education's mission

### **Action Plan:**

- CE Directors to survey and address educational needs with NDAs within their regions
- CE Directors input into the revised continuing education strategy
- Modernize the training offer to include platforms for in-person and virtual meetings
- Implement the needs assessment results and feedback collection tools to adapt content to the closest needs of the NDAs and their dentists
- Create easy-to-use communication tools to support CE Director with their trainings' promotion

The 20 kCHF FDI contribution will be allocated to region according to the needs.

### **Outcome:**

- To improve access to CE programme in all underserved regions
- To improve quality of CE programme activities and events

KPIs: At least 10 training sessions are organized yearly in every region. 80% of the training sessions are self-funded. Where not possible FDI will complement up to 20kCHF  
Implementation of the 5-year strategic plan including KPIs.

### **Timeline:**

1 November 2025: first draft of the annual project per region is available

28 February 2026: finalized programme per region is available

30 June 2026: mid-year assessment of all programmes implemented and FDI financial support assessment for the 2nd semester.

**Strategy – Focus area:** Knowledge exchange/membership

Chf	Amount
<b>INCOME</b>	
Total Income	
<b>EXPENSES</b>	
FDI Contribution to CE Programme	20 000
<b>Total Expenses</b>	<b>20 000</b>
<b>Total Net</b>	<b>-20 000</b>

### Education Committee Webinars

**Responsible/Committee/Task Team:**

Education Committee  
Education & Congress Department

**Rationale, Background and Need:**

The Vision 2030 report addresses the importance of Education that will create a profession with the knowledge, skills and attributes to contribute appropriately to the effective prevention and management of oral diseases. Development through Continuing Education (CE) is essential and enables dentists to maintain up-to-date clinical and theoretical knowledge of the art and science of dentistry. This budget form and these webinars are complementing the CE Programme implemented by the regional CE Directors and are organized by the Education Committee.

**Objectives:**

Develop 2 webinars in areas where a guidance for best practice is needed.

To avoid overlap with congress programme, topics will be selected once the WDC2026 Scientific programme is finalized. The Education Committee will aim at developing innovative webinar formats such as inter-professional discussions or case discussions.

**Action Plan:**

- Select speakers based on their expertise and their potential to attract a large audience as well as their region. EDC will select speakers from different continents and backgrounds.
- Deliver one webinar every 6 months in 2026 on the FDI Oral Health Campus.

**Outcome:** 2 webinars

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Production costs	6 000
<b>Total Expenses</b>	<b>6 000</b>
<b>Total Net</b>	<b>-6 000</b>

### World Dental Development Fund (WDDF)

**Responsible/Committee/Task Team:**

Public Health Committee  
Education and Public Health (EPH) Department

**Rationale, Background and Need:**

The World Dental Development Fund (WDDF) was established in 1999 under the supervision of PHC. The aim of the WDDF is to improve oral health globally, primarily through the establishment of innovative prevention and access programmes in disadvantaged populations. Since the beginning, the fund has been supporting projects that promote and highlight oral health in different settings. All WDDF projects reflect the core values and principles of FDI. Projects must relate to local, regional, or national strategic health aims within the country and should be developed in consultation with local authorities and stakeholders. Priority will be given to projects that demonstrate sustainability

**Objectives:**

- Encourage NDAs and non-member organizations in low- and middle-income countries to develop relevant projects.
- Provide financial support for the implementation of projects that have a positive impact on the oral health of disadvantaged populations worldwide.
- Ensure all WDDF funding criteria are respected.

**Action Plan:**

Grant the WDDF to five NDAs or non-member organization to implement projects that promote oral health in low- and middle-income countries and /or disadvantaged populations in 2026.

**Outcome:**

Completion of five FDI funded projects that promote the oral health situation of disadvantaged groups in low- or middle-income countries.

**Timeline:**

September 2025 (selection of winners) – December 2026 (completion of 2026 projects)

**Strategy – Focus area:** Knowledge exchange / advocacy

Chf	Amount
<b>INCOME</b>	
Partner funding	20 000
WDDF fund	30 000
<b>Total Income</b>	<b>50 000</b>
<b>EXPENSES</b>	
2x Partner funded projects	20 000
3x FDI funded projects	30 000
<b>Total Expenses</b>	<b>50 000</b>
<b>Total Net</b>	<b>0</b>

### Policy Statements - Public Health Committee

**Responsible/Committee/Task Team:**

Public Health Committee  
EPH Department

**Rationale, Background and Need:**

Topics are chosen in areas of fundamental importance to the dental profession.

**Objectives:**

Revise two existing policy statements (PS) in line with current evidence:

- The Minimal Intervention Dentistry (MID) for Managing Dental Caries (2016)
- Lifelong Oral Health (2017)

**Action Plan:**

Determined by PS timeline.

**Outcome:**

Evidence-based policy statement to guide professional best practice.

**Strategy – Focus area:** Advocacy

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Translation of new/revised statements (French/German/Spanish)	2 000
<b>Total Expenses</b>	<b>2 000</b>
<b>Total Net</b>	<b>- 2 000</b>



## Refugee Oral Health Prevention and Promotion

### **Responsible/Committee/Task Team:**

Public Health Committee  
EPH department

### **Rationale, Background and Need:**

Advancing oral health among vulnerable populations remains a central component of FDI's Vision 2030, and this project plays a vital role in fulfilling that commitment. In 2026, the initiative will build on insights and resources developed through previous work in Pakistan and Bangladesh, expanding its scope to include dentistry in conflict settings. Additionally, it will broaden the implementation of oral hygiene protocols developed in collaboration with UNHCR, further enhancing access to essential oral care in humanitarian contexts.

### **Objectives:**

- Continue advocating for better access to oral health among refugees at a global level.
- Expand global knowledge about refugees' oral health.
- Raise awareness about the importance of oral health in refugee settings.

### **Action Plan:**

- Build on the outputs of the work commenced in 2025, specifically the findings of a survey of FDI members to understand if countries have policies in place to support refugees' access to oral health.
- Develop a strategy and workplan that respond to the needs identified through the survey.
- Share the materials and protocols broadly.

### **Outcome:**

Delivered a significant positive impact on advocacy efforts and global understanding of refugees' oral health, contributing to improved access to dental care, heightened awareness, and stronger support for targeted oral health initiatives.

**Strategy – Focus area:** Advocacy / Knowledge exchange

	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Deliverables	10 000
<b>Total Expenses</b>	<b>10 000</b>
<b>Total Net</b>	<b>-10 000</b>

## Oral Health and Tobacco Cessation

### **Responsible/Committee/Task Team:**

Public Health Committee  
EPH department

### **Rationale, Background and Need:**

FDI is supporting oral health care teams to help tobacco users quit the habit as part of their role and to formally recognize that tobacco cessation is part of the practice of dentistry.

Building on the wealth of resources that have been developed, FDI plans to provide funding to selected NDAs to deliver “train the trainer” workshops for their members. FDI will provide materials and financial support to seven NDAs. The support and resources will facilitate the roll-out of this training so that oral health professionals will be equipped to support their patients in tobacco cessation.

### **Objectives:**

- Increase awareness of the role of dentists and dental teams in tobacco cessation.
- Increase knowledge and skills of oral health professionals to provide tobacco cessation interventions in dental settings and to advocate for tobacco cessation on a national level.

### **Action Plan:**

Building on the wealth of resources that have been developed, funding will be provided to selected NDAs to deliver “train the trainer” workshops for their members using FDI materials.

### **Outcome:**

- Seven NDA tobacco cessation workshops globally.
- Tobacco Cessation session during FDI's World Dental Congress 2026

### **Budget:**

This project will only go ahead if corporate partner funding for the full amount can be secured.

**Strategy – Focus area:** Advocacy / Knowledge exchange

Chf	Amount
<b>INCOME</b>	
Partner funding	11 500
<b>Total Income</b>	<b>11 500</b>
<b>EXPENSES</b>	
Project management	1 000
WDC Tobacco Cessation session (Travel 1x Speaker)	2 500
NDA workshops	7 000
<b>Total Expenses</b>	<b>10 500</b>
<b>Total Net</b>	<b>1 000</b>

## Educational Module for Other Healthcare Professionals

### **Responsible/Committee/Task Team:**

Public Health Committee  
EPH department

### **Rationale, Background and Need:**

Oral healthcare should not be limited to dentists and other dental team members. Other healthcare professionals need to be involved in promoting better oral health in communities and take a more active role in oral health promotion and oral disease prevention. Oral health teams need support from other healthcare providers to deliver the correct messages about oral health. Basic knowledge of oral health and simple skills of screening, assessment, and referral will expand access to oral healthcare and improve the health and the well-being of communities.

A total of 16 fact sheets aimed at other healthcare professionals are currently under development. These fact sheets are designed to provide basic oral health knowledge and essential practical skills to support non-dental professionals in promoting oral health. Five factsheets were released in 2024, with an additional seven published in early 2025. The remaining factsheets will be released thereafter. To enhance accessibility and usage of the factsheets, they will be translated into French, Spanish and German in 2025. In addition, supporting videos for three of the fact sheets were developed in cooperation with the International Pharmaceutical Federation (FIP) in 2024 with a further two for release in 2025. FDI experts from PHC as well as external experts collaborated to draft the factsheets. The fact sheets are supported by eight international organizations representing other healthcare professionals that will help with the dissemination of the resources.

### **Objectives:**

Enhance the global accessibility of the 16 factsheets for other healthcare professionals.

### **Action Plan:**

- Develop a widespread communications campaign including through leveraging digital media platforms.
- Engage the eight supporting international organizations in dissemination activities.
- Produce further videos across professions to support dissemination efforts using FIP as a best-case example.

### **Outcome:**

- Improved interprofessional collaboration and oral health knowledge across professions.
- Increase in factsheet and video views.
- Improved access to oral disease prevention, education, and timely referrals.

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
Partner funding	68 000
<b>Total Income</b>	<b>68 000</b>
<b>EXPENSES</b>	
Project Management	15 000
Deliverables	49 000
<b>Total Expenses</b>	<b>64 000</b>
<b>Total Net</b>	<b>4 000</b>

### Policy Statements – Science Committee

**Responsible/Committee/Task Team:**

Science Committee  
Comms & Advocacy Department

**Rationale, Background and Need:**

Topics are chosen in areas of fundamental importance to the dental profession.

**Objectives:**

Revise three existing Science Committee Policy Statements.

**Action Plan/Timeline:**

Three policy statements will be prepared for submission and adoption during the General Assembly (GA) at the World

Dental Congress (WDC) 2026.

- September–December 2025: Prepare draft policy statements for presentation to GA, WDC 2026.
- September 2026: Present draft policy statements to the GA at the FDI WDC in 2026 for adoption.
- Sept–Dec 2026: Policy statements posted on FDI's website.
- Feb 2027 (tentative): Policy statements published in the International Dental Journal (IDJ).

**Outcome:**

Produce three policy statements in 2026 that will be published on FDI's website and in the IDJ and distributed through FDI's member networks and news channels.

**Strategy – Focus area:** Advocacy

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Translation	3 000
<b>Total Expenses</b>	<b>3 000</b>
<b>Total Net</b>	<b>-3 000</b>



### IADR General Session & Exhibition Attendance

**Responsible/Committee/Task Team:**

Science Committee  
Comms & Advocacy Department

**Rationale, Background and Need:**

In 2026, the International Association for Dental Research (IADR) will hold its 104<sup>th</sup> General Session & Exhibition of the IADR in San Diego, California, from 25–28 March.

**Objectives:**

FDI's Executive Director attends the IADR meeting every year. In addition, the Science Committee proposes that the Chair of the Committee also be present during this meeting, as the topics discussed are in line with the Committee's interests and work.

**Action plan:**

Attend the meeting and report back on any research and topics of interests that are relevant to the work of the committee.

**Outcome:**

Report back on any research and topics of interests that are relevant to the work of the committee.

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Travel and accommodation	3 200
<b>Total Expenses</b>	<b>3 200</b>
<b>Total Net</b>	<b>-3 200</b>

### Science Committee Forum

**Responsible/Committee/Task Team:**

Science Committee  
Comms & Advocacy Department

**Rationale, Background and Need:**

Each year the Science Committee holds a forum at FDI's World Dental Congress (WDC) to present the latest evidence on a particular topic in dentistry. In 2026, the committee would like to propose a session on the role of science in dentistry.

Working title: Does truth still matter? The role of science in dentistry.

Lead: Prof. Falk Schwendicke

**Objectives:**

To convene a panel of experts to emphasize the critical role of scientific evidence in dentistry and to explore the broader impact of science on the field.

**Action Plan/Timeline:**

April 2025: Identification of forum topic and complete session form.

June–October 2025: Identification of potential speakers.

June–November 2025: Contact / informally invite speakers.

December 2025: Approval of speakers.

Feb–Sept 2026: Promote session via FDI communication platforms.

June 2026: Collect draft PowerPoints from session speakers.

September 2026: Session takes place at the FDI's WDC.

**Outcome:**

Session takes place at the FDI World Dental Congress in September 2026.

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Travel and Subsistence	3 500
Registration	500
<b>Total Expenses</b>	<b>4 000</b>
<b>Total Net</b>	<b>-4 000</b>

## Preventing AntiMicrobial Resistance (AMR) and Infections

### **Responsible/Committee/Task Team:**

Preventing AMR and Infections Task Team and Science Committee

### **Rationale, Background, and Need:**

Antimicrobial resistance (AMR) is one of the most serious threats to global health, projected to cause 10 million deaths annually by 2050. This growing crisis is a key priority for FDI, particularly because dentists are responsible for up to 10% of all antibiotic prescriptions. To address this challenge, FDI launched the AMR Action Statement and Pledge, providing National Dental Associations (NDAs) with a platform to commit to actions aligned with the WHO Global Action Plan and the recommendations outlined in the FDI White Paper on AMR.

It is essential that FDI continues to play an active role in shaping policy responses and remains engaged in relevant AMR discussions to ensure the dental profession contributes meaningfully to global efforts to combat antimicrobial resistance.

### **Objectives:**

- Promote responsible antibiotic use in dentistry.
- Increase awareness of AMR and antimicrobial stewardship (AMS).
- Advocate for the inclusion of oral health perspectives in global AMR policy frameworks.
- Promote the prevention of oral infections as a means of promoting optimal use of antibiotics in dentistry.
- Promote research on AMR and AMS in dentistry, facilitating collaboration and exchange.

### **Action Plan:**

- Develop and disseminate awareness tools.
- Strengthen education and training.
- Amplify advocacy and policy engagement.
- Support GARD network activities.

### **Outcome:**

- Assets and resources will be developed to support NDAs' work on AMR.
- Influence on relevant policy frameworks.

**Strategy – Focus area:** Advocacy / Knowledge exchange

	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Deliverables	10 000
<b>Total Expenses</b>	<b>10 000</b>
<b>Total Net</b>	<b>-10 000</b>

### Promotion of IDJ paper on e-cigarettes and vaping - NEW

**Responsible/Committee/Task Team:**

Science Committee

**Rationale, Background, and Need:**

Vaping has rapidly become a major public health concern, particularly among adolescents, due to its addictive potential and poorly understood health risks. While marketed as safer than traditional tobacco, evidence shows that vaping can significantly impact oral health, an area often overlooked in public health discourse. This paper, first drafted in 2019 by Prof. Mahesh Verma is being revised under the leadership of Dr Wendy Thompson with expert input from Dr Purnima Kumar and aims to highlight the oral health implications of vaping. It will be submitted to the International Dental Journal for publication at the end of 2025. Further to its publication a widespread communications and dissemination plan will need to be implemented to ensure the key messages are delivered across audiences.

**Objectives:**

To raise awareness and educate about the oral health implications of vaping.

**Action Plan:**

Distill the scientific paper into clear, engaging, and easily digestible communication materials.

**Outcome:**

Communications campaign including through leveraging digital media platforms.

**Strategy – Focus area:** Advocacy / Knowledge exchange

	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Development of communications material and campaign (including digital media assets)	3 000
<b>Total Expenses</b>	<b>3 000</b>
<b>Total Net</b>	<b>-3 000</b>



### White paper on the OsteoNecrosis of the Jaw (ONJ) - NEW

**Responsible/Committee/Task Team:**

Science Committee

**Rationale, Background, and Need:**

Osteonecrosis of the jaw (ONJ), particularly when related to medications, is an under-recognized complication of certain cancer treatments. Despite the clinical importance, no FDI Policy Statements currently address this issue. A significant gap exists in interprofessional communication, especially between oncologists and dental professionals, leading to missed opportunities for prevention and early intervention. This white paper aims to address this gap and provide the foundation for a future Policy Statement.

**Objectives:**

To highlight the need for improved interprofessional collaboration in preventing and managing medication-related ONJ, and to provide the basis for a future FDI Policy Statement.

**Action Plan:**

- Draft the content and ensure necessary reviews and approvals.
- Develop clear recommendations for improving interprofessional communication and care pathways, focusing on early detection and coordinated patient management.
- Propose the development of a future FDI Policy Statement based on the content.

**Outcome:**

White Paper on ONJ published and disseminated

**Strategy – Focus area:** Knowledge exchange

	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Translations (French and Spanish)	3 200
Design + design translations	3 700
Social cards	300
<b>Total Expenses</b>	<b>7 200</b>
<b>Total Net</b>	<b>-7 200</b>

### Policy statements – Dental Practice Committee

**Responsible/Committee/Task Team:**

Dental Practice Committee  
EPH Department

**Rationale, Background and Need:**

Topics are chosen in areas of fundamental importance to the dental profession

**Objectives:**

Revise two existing policy statements (PS) in line with current evidence:

- Basic Dental Education (2015)
- Radiation Safety (2014).

**Action Plan:**

Determined by PS pathway and timeline.

**Outcome:**

Evidence-based Policy Statements to guide professional best practice.

**Strategy – Focus area:** Advocacy

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Translation	2 000
<b>Total Expenses</b>	<b>2 000</b>
<b>Total Net</b>	<b>-2 000</b>

### One-pager for patients to understand the hazards of Do-It-Yourself (DIY) dentistry - NEW

#### **Responsible/Committee/Task Team:**

Dental practice committee

#### **Rationale, Background and Need:**

Do It Yourself dentistry — including at-home tooth extractions, aligner use, fillings, and whitening treatments — is a growing trend fuelled by social media, high dental costs, and misinformation. Patients may attempt to treat dental problems themselves due to limited access, fear, or embarrassment, often unaware of the serious risks involved. This one-page guide aims to educate patients about the dangers of DIY dental procedures and promote safe, professional dental care.

#### **Objectives:**

- Raise awareness about the health risks and complications associated with DIY dental treatments.
- Encourage patients to seek timely professional dental care instead of self-treatment.
- Build trust between patients and oral healthcare professionals by addressing fears, stigma, and barriers to care.

#### **Action Plan:**

##### **Content development**

- Create simple, evidence-based messaging with input from dental professionals.
- Use real-life examples and visual warnings to engage attention.

##### **Design and layout**

- Format the guide for both print and digital use.
- Use approachable, non-judgmental language to reduce stigma.

##### **Distribution**

- Share through dental clinics, pharmacies, community centers, and online platforms, leveraging the WHPA.
- Target areas with limited access to dental care or high DIY dentistry activity.

#### **Outcome :**

Patients will understand the serious risks of attempting dental procedures at home and will be more likely to seek qualified dental care. This can help prevent avoidable pain, infection, and long-term damage, ultimately supporting better oral health outcomes.

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Design and translation	500
Communication	500
<b>Total Expenses</b>	<b>1 000</b>
<b>Total Net</b>	<b>-1 000</b>

## One-pager for patients to understand oral health and sexually transmitted diseases - NEW

### **Responsible/Committee/Task Team:**

Dental Practice Committee  
EPH Department

### **Rationale, Background and Need:**

Sexually transmitted diseases (STDs) are commonly associated with genital infections, but many can also affect the oral cavity. Despite this, public awareness of the connection between oral health and STDs remains low. Common STDs such as herpes, human papillomavirus (HPV), gonorrhoea, syphilis, and chlamydia can present with oral signs and symptoms, and some can be transmitted through oral sex. Patients often do not associate oral symptoms with sexual transmission and may delay seeking appropriate care, leading to misdiagnosis, untreated infections, or continued transmission.

Dental professionals are in a unique position to detect signs of STDs in the mouth and provide timely referrals, but this opportunity is frequently missed due to stigma, lack of patient knowledge, or discomfort discussing sexual health. This evidence-based, and stigma-free one-page guide will help to fill a critical gap in public and oral health education, support early detection and prevention, and empower patients with the information they need to engage in an open dialogue with their healthcare providers.

### **Objectives:**

- Increase awareness of the link between oral health and STDs, including how STDs can present in the mouth and be transmitted through oral sex.
- Promote early recognition of oral signs and symptoms associated with common STDs to encourage timely medical or dental consultation.
- Empower patients to engage in informed, stigma-free conversations with their healthcare providers about sexual health and oral hygiene.

### **Action Plan:**

#### **Content development**

- Collaborate with dental and sexual health professionals to create accurate, accessible content.
- Include content that helps people: Recognize the oral signs of common STDs; Understand how oral sex can contribute to the transmission of infections; Know when to seek medical or dental advice; Reduce stigma through normalizing these conversations in oral health settings; Include visuals and plain-language explanations to support health literacy.

#### **Design and layout**

- Develop a visually appealing, printable and digital one-page format.
- Ensure inclusive, stigma-free language and diverse representation in imagery.

#### **Distribution and outreach**

- Share through dental clinics, sexual health services, and community health organizations.
- Promote on social media and partner websites to reach wider audiences.

### **Outcome :**

Patients will have increased awareness and understanding of the connection between oral health and STDs, leading to earlier recognition of symptoms, improved communication with healthcare providers, and reduced stigma around discussing sexual health in dental settings. This, in turn, supports better prevention, timely treatment, and overall oral and sexual health outcomes.

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Design	500
Communications	500
<b>Total Expenses</b>	<b>1 000</b>
<b>Total Net</b>	<b>-1 000</b>



### One-pager for patients to identify illegal dental practice - NEW

#### **Responsible/Committee/Task Team:**

Dental Practice Committee

#### **Rationale, Background and Need:**

Illegal and unethical practices in healthcare can cause significant harm to patients, including substandard treatment, financial exploitation, and risk to health and well-being. Despite existing regulatory frameworks, many patients remain unaware of their rights or how to recognize and report such misconduct. Vulnerable individuals, including those with limited health literacy, are particularly at risk.

A clear, accessible, and visually engaging one-page guide is needed to empower patients with the knowledge to identify warning signs of illegal or unethical practice. This includes unlicensed practitioners, misleading advertising, or unsafe clinical environments. The guide will outline simple steps for reporting concerns to the appropriate authorities, ensuring patients are not left feeling confused or helpless when encountering malpractice.

This initiative supports public safety, accountability in healthcare, and increased trust in the system by promoting informed and proactive patients.

#### **Objectives:**

- **Raise awareness:** increase patient awareness of common signs of illegal or unethical healthcare practices, such as unlicensed providers, false claims, or unsafe treatment conditions.
- **Empower action:** provide clear, step-by-step instructions to help patients report suspected illegal practices to the relevant regulatory bodies or authorities.
- **Promote safety and accountability:** support patient safety and reinforce professional accountability by encouraging community vigilance and appropriate reporting.

#### **Action Plan:**

- Develop content: draft simple, patient-friendly text explaining illegal practice signs and how to report.
- Design guide : create a visually clear, one-page format suitable for print and digital use.

#### **Outcome:**

Patients are better informed, more confident in identifying illegal practice, and know how to report concerns, leading to improved patient safety and professional accountability.

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Design and translation	500
Communications	500
<b>Total Expenses</b>	<b>1 000</b>
<b>Total Net</b>	<b>-1 000</b>

## Violence in the Dental Practice - NEW

### **Responsible/Committee/Task Team:**

Dental Practice Committee

### **Rationale, Background and Need:**

Violence in dental settings is an often-overlooked issue that can manifest in multiple ways—between patients and clinicians, from clinicians toward patients, and as a silent indicator of abuse occurring beyond the clinic walls. Dental professionals are not immune to the growing trend of verbal abuse, intimidation, and physical threats from patients, particularly in high-stress environments. Conversely, instances of inappropriate conduct or coercion by clinicians toward vulnerable patients also raise ethical and legal concerns. Beyond these direct interactions, the dental team plays a vital role in recognizing signs of domestic violence. The oral cavity frequently bears the visible signs of abuse, and dental professionals may be among the first to detect injuries or behavioural cues indicative of domestic violence. This places the dental team in a critical position to identify, support, and refer individuals experiencing abuse—making awareness and appropriate training essential components of professional practice.

### **Objectives:**

- To raise awareness among dental professionals about the different forms of violence that can occur in clinical settings, including patient-on-clinician, clinician-on-patient, and signs of domestic abuse.
- To equip the dental team with the knowledge and tools to recognize, document, and appropriately respond to suspected cases of domestic violence, including safeguarding protocols and referral pathways.
- To promote a culture of safety and respect within dental practices by encouraging clear policies, ongoing staff training, and open communication around issues of violence and abuse.

### **Action plan:**

- NDA survey to understand the extent of violence in the dental practice.
- Develop and disseminate educational materials (digital and print) outlining forms of violence that may occur in clinical dental environments.
- Develop and disseminate educational materials on trauma-informed care, safeguarding, and referral pathways for domestic abuse cases.
- Create template protocols and policies for reporting and responding to violence or abuse.

### **Outcome:**

By the end of the project, dental teams will be better equipped to recognize, respond to, and report incidents of violence and domestic abuse. Improved staff confidence in handling disclosures, clear referral protocols, and a stronger culture of safety for both patients and clinicians. The project will contribute to early identification of domestic violence cases and support dental professionals in creating safe, supportive clinical environments.

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	<b>0</b>
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Design and translations	5 000
Communications	1 000
<b>Total Expenses</b>	<b>6 000</b>
<b>Total Net</b>	<b>-6 000</b>

### Travel Grant

**Responsible/Committee/Task Team:**

Membership Liaison and Support Committee (MLSC)  
Governance Department

**Rationale, Background and Need:**

For Grant recipients:

- To enable Members from Low and Low-Middle Income Countries to have access to the General Assembly and other FDI business meetings.
- To give Individuals the opportunity to attend the scientific programme and the exhibition, which will enable participants to take new scientific developments back to their dental associations and countries.
- To learn more about FDI.

For FDI World Dental Congress (WDC) participants:

- To allow congress participants to learn more about least developed and low-income countries with poor dental infrastructure.
- To assess and better understand the needs of Associations facing challenges attending WDC

**Objectives:**

Obtain detailed post-attendance report from Travel Grant recipients for evaluation by MLSC.

**Action Plan:**

- Procedure launch in March 2026, which includes sending application forms to all qualifying countries
- Response from the NDAs by Mid-year 2026
- Assessment of candidates by MLSC during Mid-year 2026
- Informing the candidates of the Committee's decision by end of May
- Participation of the successful candidates in FDI WDC 2026
- Submission of the Travel Grant reports and reimbursement claims by the Travel Grant recipients by early November 2026
- Evaluation of the reports by MLSC and reimbursement of the travel expenses to the Travel Grant recipients by end of November 2026

**Outcome:**

Representatives of the Associations participate in the General Assembly and other business meetings, attend part of the scientific programme and the trade exhibition, which enables them to take part in the decision-making process, learn more about FDI and take new scientific developments back to their dental associations and countries.

**Strategy – Focus area:** Knowledge Exchange / Advocacy/ Innovation

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
<b>Total Expenses</b>	<b>25 000</b>
<b>Total Net</b>	<b>-25 000</b>

### Member Supports Member

#### **Responsible/Committee/Task Team:**

Membership Liaison and Support Committee (MLSC)  
Governance Department

#### **Rationale, Background and Need:**

FDI Member Association supporting another FDI Member Association is already taking place. This initiative allows members who are facing difficulties to remain in FDI membership, to participate in activities and meetings.

#### **Objectives:**

To provide a platform for FDI Members and their representatives to support other FDI members in their own country or in another country. The support can include:

- Payment of annual membership fee for a period of a minimum of one calendar year.
- Support for the attendance of WDC: travel cost and/or accommodation and/or scientific course and/or registration to attend WDC.
- Combinations of all mentioned above.
- The aim of this project is to support FDI members facing difficulties. The Head Office will give all necessary information to all NDA's willing to participate to this programme.
- Target Groups: Regular and Associate members and members of a member (individual support will be anonymous).

#### **Action Plan:**

- In early 2026, FDI will issue a call for support to all members, sharing the names of unsuccessful Travel Grant applicants as well as NDAs facing challenges in covering travel expenses for the FDI Congress. Additionally, the list will include members who are struggling to pay their membership fees. This information will be provided to NDAs who wish to help upon their request.
- By end June 2026, informs members receiving support.

#### **Outcome :**

- For representatives of the associations: FDI members facing financial challenges are allowed to participate in the General Assembly and other business meetings. They can also attend portions of the scientific program and the trade exhibition, providing them with the opportunity to engage in the decision-making process, enhance their understanding of FDI, and bring new scientific advancements back to their respective dental associations and countries.
- For associations: FDI members who are encountering financial difficulties in paying their membership fees will have their fees covered, allowing them to retain their membership in FDI.

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	<b>0</b>
<b>Total Expenses</b>	<b>0</b>
<b>Total Net</b>	<b>0</b>



### International Dental Journal (IDJ)

#### **Responsible/Committee/Task Team:**

IDJ Editor in Chief / Comms & Advocacy Department

#### **Rationale, Background and Need:**

IDJ became a gold open access publication in 2021, with no subscription charges. The journal's revenue is now primarily generated through article processing charges (APCs) paid by authors, as well as the number of Supplements commissioned and published. The EiC continually implements new strategies to broaden the journal's reach and encourage both article submissions and readership. These efforts include expanding the journal's scope and diversifying the types of articles accepted. As a result, the IDJ's impact factor increased from 2.607 in 2021 to 3.2 in 2024, which is a 23 per cent rise. This improvement elevated IDJ's ranking in the Dentistry Impact Factor category to #20 out of 157 journals, up from #30 out of 91 in 2022. This progress places IDJ in the top quartile (Q1) of journals in the fields of Dentistry, Oral Surgery, and Medicine, marking a historic milestone in our 75-year legacy

#### **Objectives:**

- Strengthen editorial capacity
- Maintain regular publication frequency
- Procure supplements
- Enhance visibility and impact
- Maintain the scientific quality and integrity of the journal
- Ensure financial sustainability

#### **Action Plan:**

- Increase the capacity of the editorial board by appointing two additional Associate Editors to help review articles and maintain the publishing schedule.
- Regular strategy calls with the Editor-in-Chief (EiC) and Elsevier team to identify opportunities and ensure efficient and timely production of each issue.
- Work with FDI leadership and committees to identify publication and promotional opportunities.
- Identify opportunities to produce supplements through FDI's projects.
- Ensure a financially sustainable publication model for the journal by encouraging article submissions and procuring supplements.
- Maintain editorial standards to ensure the journal's scientific integrity.
- Develop a comprehensive promotional plan to increase the journal's visibility and readership, contributing to a higher impact factor.
- Hold a session during FDI's World Dental Congress (WDC).
- Hold regular meetings between the EiC and Associate Editors to resolve issues and improve the scientific quality of published articles

#### **Outcome:**

- Six issues of IDJ published (February, April, June, August, October, December).
- Increased number of articles submitted and published.
- Increased readership and referencing of IDJ.
- Improved engagement of the editorial board and more proactive reviewing.
- Improved impact factor.
- IDJ session held during WDC.
- Financially viable journal.

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
Article Publishing Charges (APC)/Content Royalties	120 000
Editorial incentive	30 000
1 Supplement	35 000
<b>Total Income</b>	<b>185 000</b>
<b>EXPENSES</b>	
Editor in Chief	66 000
Associate editors	22 000
IDJ Admin costs	12 000
Editorial work for FDI supplements	2 000
Article Publishing Charges FDI supplement	10 000
Meetings and Travel	4 000
<b>Total Expenses</b>	<b>116 000</b>
<b>Total Net</b>	<b>69 000</b>

## Public Relations and Multimedia

### **Responsible/Committee/Task Team:**

Head Office  
Comms & Advocacy Department

### **Rationale, Background and Need:**

To promote FDI to all stakeholders and increase the impact of both our external and internal communications, in line with FDI's Strategic Plan, we need to invest in promotional activities. This will help raise FDI's profile and its standing as one of the leading organizations in oral health.

### **Objectives:**

- 1) Protect and maintain FDI's brand integrity.
- 2) Raise the profile of FDI and become the global "go to" experts in oral health.
- 3) Optimize communications with all internal and external stakeholders so they are kept informed and engaged with FDI activities.
- 4) Leverage opportunities to promote FDI and its activities.
- 5) Optimize FDI media opportunities.
- 6) Implement new tools to extend FDI's reach.

### **Action Plan:**

- Develop FDI promotional material and giveaways and disseminate throughout the year at key meetings & events.
- Grow the reach of resources.
- Subscribe to media distribution services and monitoring tools.
- Engage influencers.
- Develop tools and resources to increase visibility of FDI brand, on a need's basis.
- Develop and implement a digital communications strategy that encompasses all FDI's activities.
- Measure the impact of communications activities through utilization of implemented measurement tools and tailor efforts as necessary.

### **Outcome:**

- Increased visibility for FDI and its activities.
- Increased awareness of oral health.
- Increased reach and media presence.
- Tailored strategies according to those that are the most impactful by tracking results.
- 10% annual increase in social media followers across platform.
- Influencers engaged and helping to disseminate FDI messages.

**Strategy – Focus area:** Knowledge exchange / Advocacy / Innovation

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Promotional material/giveaways	10 000
Annual report: writing and design	15 000
FDI Booth at WDC*	12 500
Digital and media strategy development & implementation	10 000
Subscription services (Meltwater, Hootsuite, Buzzsprout, Spotify, QR code generator)	6 000
Image purchasing	3 500
Social media boosting	3 500
Trademarks	1 500
Photography/filming at meetings	3 000
<b>Total Expenses</b>	<b>65 000</b>
<b>Total Net</b>	<b>-65 000</b>

\*Shared with Projects

### Website and database

#### **Responsible/Committee/Task Team:**

Head Office  
Comms & Advocacy Department

#### **Rationale, Background and Need:**

The website is often the first interaction people will have with FDI, so the experience must be a positive one, with users finding the information they need as quickly and easily as possible. This will motivate them to become loyal visitors and hopefully recommend the site to others. FDI will ensure ongoing website and other online developments to optimize the user experience and ensure that we stay on top of any technological advances.

The database of contacts also needs to be comprehensive and accurate so that we can communicate as broadly as possible to help to build FDI's credibility and reach.

#### **Objectives:**

- 1) Increase website traffic and engagement.
- 2) Provide timely and engaging material and information
- 3) Increase FDI's online presence.
- 4) Accurate and comprehensive contact database.
- 5) Increased number of engaged contacts in the database.
- 6) More targeted communications.

#### **Action Plan:**

- **Website (CMS):** ongoing developments in line with industry standards and technological advances.
- **Online tools:** develop online tools as relevant to optimize user experience.
- **Statistics and monitoring tools:** continuous implementation of website statistical analysis/tracking tools to monitor reach and adapt strategies, as relevant, to increase impact.
- **Domain names:** manage domain name registrations.
- **Database (CRM):** troubleshoot & implement any necessary updates/changes as well as roll-out strategies to boost numbers such as targeted emails to non-subscribers who read FDI communications.

#### **Outcome:**

- Optimized user website experience.
- Implemented new digital media tool and strategies to drive traffic.
- 10% annual increase in website traffic.
- Effective database management.
- Smooth running of all online platforms.

**Strategy – Focus area:** Knowledge exchange / Advocacy / Innovation

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
<b>FDI Website</b>	
Support bundle	20 000
Maintenance	4 000
Security updates	5 000
Domain names and other subscriptions	10 000
Server hosting	5 000
<b>Database</b>	
Maintenance and support	12 000
<b>Tools</b>	
Podio subscription	1 000
New tools development and implementation	3 000
<b>Total Expenses</b>	<b>60 000</b>
<b>Total Net</b>	<b>-60 000</b>

## World Oral Health Day (WOHD)

### **Responsible/Committee/Task Team:**

WOHD Task Team  
Comms & Advocacy Department

### **Rationale, Background and Need:**

The need for WOHD was first identified in a Policy Statement adopted by the General Assembly in 2007, updated in 2012, it was agreed that “FDI World Dental Federation will encourage, and support activities and initiatives aimed at increasing awareness for oral health as well as the impact of oral diseases on general health, well-being and economy.” It was also declared that in support of such activities WOHD would be celebrated on 20 March annually. FDI encourages all stakeholders to use WOHD to develop community, national, regional, and global activities related to improving oral health. WOHD is now one of the largest global awareness campaigns on oral health and a great platform through which to convey the organization’s advocacy messages as well as help deliver on the objectives outlined in FDI’s Strategic Plan.

### **Objectives:**

- Develop and implement the 2026 campaign strategy, integrating key learnings from the previous year’s campaign with increased investment in digital media.
- Develop and implement a campaign that will resonate, globally.
- Improve oral health literacy.
- Expand WOHD engagement and brand awareness, to increase campaign reach and impact.
- Establish targeted communications for key stakeholders to optimize campaign uptake.
- Deliver a campaign that attracts partners and supporters to make it financially sustainable.

### **Action Plan:**

May 2025: campaign strategy development

May 2025–March 2026: development and release of campaign resources and implementation of strategy.

September 2025: campaign launch.

March 20, 2026: World Oral Health Day.

April–June 2026: WOHD evaluation and selection of WOHD Award winners.

### **Outcome:**

- Increased campaign reach.
- Increased member engagement.
- Increased awareness on oral health.
- Increased engagement across all stakeholders.
- Increased digital media impact and influencers engagement.
- Defined WOHD 2026 campaign strategy and creative.

**Strategy – Focus area:** Advocacy

Chf	Amount
<b>INCOME</b>	
Partner funding	550 000
<b>Total Income</b>	<b>550 000</b>
<b>EXPENSES</b>	
<b>Campaign management (consultant)</b>	
WOHD 2027-2029 Campaign Strategy Development	20 000
Campaign material and resources development (creative direction, copywriting, and proofing)	45 000
<b>Campaign development and implementation</b>	
WOHD Website developments	15 000
Design and layout of campaign toolkit	35 000
Translations	10 000
Videos : Main campaign video with social media cuts and gifs (now includes 3D animation of Toothie)	40 000
Digital strategy development and implementation for Meta (Facebook/Instagram)	25 000
Digital strategy development and implementation for Google (Search/YouTube) and website	10 000
Paid ads implementation (consultant)	8 000
Influencers	9 000
Media strategy	10 000
WOHD podcast/webinar	3 000
WOHD Awards (x6)	20 000
Production and printing (including roll ups etc.)	6 000
Giveaways	5 000
WOHD Launch	10 000
WOHD Evaluation	13 000
Trademark	1 500
Staff costs	145 000
<b>Total Expenses</b>	<b>430 500</b>
<b>Total Net</b>	<b>119 500</b>



## Advocacy

### **Responsible/Committee/Task Team:**

Advocacy Working Group and Vision 2030 Implementation and Monitoring Expert Group (V2030 IMEG)  
Comms & Advocacy Department

### **Rationale, Background and Need:**

Advocacy is a strategic pillar of FDI's Strategic Plan (2024–2027), reflecting the organization's commitment to engaging with a dynamic and rapidly evolving global policy environment. In 2025, FDI will develop a new three-year advocacy strategy aimed at linking emerging policy developments relevant to oral health with the core pillars of Vision 2030. This strategy will emphasize opportunities to drive tangible progress and will define clear, measurable goals for the 2025–2027 period. It will be closely aligned with the WHO Global Oral Health Action Plan and strategy, ensuring coherence with broader global health objectives.

A central component informing this advocacy strategy is the mid-term evaluation of Vision 2030. This evaluation will draw on insights from FDI's committees, members, and partners to identify both challenges and opportunities in implementation. It will be guided by 11 key indicators selected from the broader set of 43 indicators in the Vision 2030 monitoring framework chosen to effectively track progress while avoiding duplication of existing monitoring efforts by other stakeholders. The evaluation findings will also influence FDI's ongoing and future initiatives, including the implementation of its strategy to tackle sugar consumption as a major risk factor for dental caries, building on the adoption of the Position on Free Sugars in September 2023. Recognizing that achieving universal health coverage for oral health by 2030 requires collective and coordinated action, FDI continues to champion the importance of public-private partnerships and the engagement of all relevant stakeholders. In collaboration with industry partners, FDI highlights and promotes best practices, while maintaining an active role in shaping the global oral health agenda and reinforcing the impact of its work to date. It is essential that FDI remains engaged in all relevant processes and actively supports the roll-out of its strategy in 2026.

### **Objectives:**

Help deliver on the overarching advocacy goal of FDI's strategic plan "Mobilize advocacy efforts to increase oral health literacy and achieve political commitment and action on oral health for all".

### **Action Plan:**

- Use Vision 2030 as the main driver of FDI's advocacy strategy.
- Work with FDI leadership to implement strategies and action plan.
- Leverage key opportunities to profile oral health.
- Engage FDI's Vision 2030 Industry Action Group (IAG) in the implementation of the advocacy strategy.
- Ensure presence and influence during Conference of the Parties to the Minamata Convention on Mercury.
- Implement FDI's sugar strategy.
- Ensure FDI members are informed and engaged with advocacy efforts.

### **Outcome:**

- Advocacy strategy 2025–2027 (driven by Vision 2030) implemented.
- Oral health profile raised on the global health and development agenda.
- Members supported in their advocacy efforts.
- FDI key partner and influencer at UNEP, WHO, NCDA and WHPA level.
- The role of private sector in helping to achieve UHC for oral health recognized.

**Strategy – Focus area:** Advocacy

Chf	Amount
<b>INCOME</b>	
Partner funding	360 000
<b>Total Income</b>	<b>360 000</b>
<b>EXPENSES</b>	
Membership with advocacy platforms (WHPA/NCDA)	41 000
Consultant	20 000
<b>Meetings and events</b>	
Advocacy – International Organizations (Includes IADR session and UN related activities)	15 000
Meetings end events (includes WOHF)	25 000
Sugar advocacy	15 000
One face-to-face meeting of the IMWG	10 000
<b>Material and resources</b>	
Production, design, translation, and layout of material	10 000
Promotion and dissemination (including the <i>Role and Value of Industry</i> )	5 000
<b>Total Expenses</b>	<b>141 000</b>
<b>Total Net</b>	<b>219 000</b>

## Oral Health within General Health

### **Responsible/Committee/Task Team:**

Dental Practice Committee

EPH Department

### **Rationale, Background and Need:**

Health literacy is the ability to understand and take action on health information and make decisions about personal well-being. Health literacy enables people to become autonomous in their health management and engage in informed health choices with their healthcare provider. Limited oral health literacy disproportionality affects people in certain groups, contributing to challenges with health equity, in turn leading to poorer health outcomes overall and an increased risk of dental caries and periodontal disease.

### **Objectives:**

- Build oral health and general health literacy of the general public.
- Provide tools for NDAs to advocate for improved oral health through a common risk factor and informed priority setting approach at a national level.

### **Action Plan:**

- Long term planning for the oral health within general health project
- Grants for NDAs to utilize the co-design resources to gather data on health literacy in their countries
- Support for capacity building in data analysis in the participating countries
- Communications activities

### **Outcome:**

Improved oral health literacy of the public and professionals through the use of the WMH and WBH platforms

**Strategy – Focus area:** Knowledge exchange / Advocacy

	Amount
<b>INCOME</b>	
Partner funding	140 000
<b>Total Income</b>	<b>140 000</b>
<b>EXPENSES</b>	
Deliverables	75 000
Project management	40 000
Smile Grant	10 000
<b>Total Expenses</b>	<b>125 000</b>
<b>Total Net</b>	<b>-15 000</b>

## Oral Health Observatory (OHO)

### **Responsible/Committee/Task Team:**

OHO Task Team and Dental Practice Committee  
EPH Department

### **Rationale, Background and Need:**

OHO study collects standardized data on oral health in several countries using a mobile application. Analysis of the collected data provides a basis for developing oral health policies and advocacy activities together with NDAs at a national level. Dentists and their patients submit data on oral health, quality of life, health behaviours, and other factors by completing questionnaires on a mobile application. An additional online questionnaire collects data on participating dental clinics.

As the project enters a new phase in 2026, the focus will be on finalizing data collection and analysis in selected countries and supporting policy development and advocacy efforts. FDI will continue to collaborate with countries that have already completed earlier phases, helping to translate findings into national oral health strategies. In view of the project's evolution, FDI will develop a long-term strategic plan for 2026 and beyond. This strategy will define key priorities, implementation details, and timelines, and how its global impact can be sustained.

### **Objectives:**

- Conduct data collection in new countries to broaden the global dataset with information on oral health services and patients' oral health, related quality of life and other information.
- Engage with NDAs in participating countries to develop oral health policies and advocacy activities.
- Develop a long-term strategy for the OHO project and implementation details for 2026 and beyond.

### **Action Plan:**

- Establish a long-term strategic plan for the OHO project to ensure sustainability and impact.
- Roll-out the project in new countries further to the establishment of a new project strategy.
- Complete data collection and analysis in selected countries.
- Organize in-person or virtual workshops as necessary to provide guidance on data analysis and developing advocacy activities.
- Continue to support policy development and advocacy efforts in countries that have already finished data collection and analysis.
- Promote globally any policy and advocacy developments achieved in participating countries.

### **Outcome:**

- Use of data to inform oral health status and advocacy campaigns at the national and global level to improve oral health services.
- Continued expansion and increased visibility of OHO as a key driver of national and global oral health advocacy.

**Strategy – Focus area:** Knowledge exchange / Advocacy

Chf	Amount
<b>INCOME</b>	
Partner funding	107 000
<b>Total Income</b>	<b>107 000</b>
<b>EXPENSES</b>	
Project management	40 000
Deliverables	52 000
Communications	5 000
<b>Total Expenses</b>	<b>97 000</b>
<b>Total Net</b>	<b>10 000</b>

### Oral Health for an Ageing Population (OHAP)

#### **Responsible/Committee/Task Team:**

OHAP Task Team

EPH Department

#### **Rationale, Background and Need:**

The OHAP project was launched in 2015 to strengthen the role of the oral health community in promoting healthy longevity, particularly in light of the growing elderly population. The project advocates for integrating oral health into broader disease policies that addresses the needs of ageing populations. Over the past 10 years, FDI has developed a range of resources to support both clinicians and communities to advance oral health for older adults. In 2026, the project will continue to focus on community-based oral health and improved access to care.

#### **Objectives:**

- Strengthen community-based oral health programmes for older adults, with a focus on health promotion and improved access to care.
- Implement screening methods such as the digital application for assessing oral health in older people, both in community and care institutions. Facilitate the establishment of a multidisciplinary system to identify individuals at risk and connect them with appropriate dental services.
- Support an increase in the number of countries and regions using the resources developed in previous phases, to continue building global momentum for the promotion of oral health in older people
- 

#### **Action Plan:**

- Produce and disseminate a publication covering oral healthcare systems and the needs of older people, medical insurance and long-term care insurance systems in selected countries, and case studies of community programmes improving older people's access to oral health services.
- Promote and increase visibility of the Frailty App, empowering older adults to self-assess their oral health and identify care needs.
- Organize a dedicated session at the 2026 FDI World Dental Congress to share progress, resources, and global best practices.

#### **Outcome:**

- Improved oral health outcomes for the global ageing population.
- Increased awareness and improved multidisciplinary collaboration in elderly oral healthcare.
- Facilitated knowledge exchange and global collaboration.

**Strategy – Focus area:** Knowledge exchange/Advocacy

	Amount
<b>INCOME</b>	
Partner funding	97 000
<b>Total Income</b>	<b>97 000</b>
<b>EXPENSES</b>	
Project management	40 000
Deliverables	45 000
Communications	3 000
<b>Total Expenses</b>	<b>88 000</b>
<b>Total Net</b>	<b>9 000</b>



### Electronic Health Records (EHRs)

#### **Responsible/Committee/Task Team:**

EHR Task Team and Dental Practice Committee

EPH Department

#### **Rationale, Background and Need:**

The first phase of this project involved developing a Consensus Statement on a standardized set of oral health indicators to be included routinely in electronic health records (EHRs). The next steps involve promoting the practical implementation of these indicators, including technical specifications, training needs and timelines, but also advancing broader policy efforts.

#### **Objectives:**

- Promote policy development and advocacy around integrated EHRs, and build further awareness of the oral health indicators.
- Improve understanding of the benefits of integrated EHRs among National Dental Associations (NDAs), policymakers, Chief Dental Officers, and other stakeholders.
- Support practical implementation of the oral health indicators into EHRs through effective stakeholder engagement, and through events

#### **Action Plan:**

- Promote and further disseminate the Consensus Statement to NDAs and other key stakeholders.
- Organize a roundtable event focused on NDAs and high-level stakeholders (e.g. NDAs, legislators, Chief Dental Officers, Chief Medical Officers, etc.) to discuss practicalities and strategies for implementation.
- Host a webinar to promote project findings and stimulate dialogue on EHR integration.
- Organize a webinar and a dedicated session at the 2026 FDI World Dental Congress to present key outcomes and promote integrated EHRs among the wider FDI membership.
- Publish a supplement in the International Dental Journal to disseminate project results and best practices to the broader scientific community.

#### **Outcome:**

- Improved awareness of the importance of integrating oral health indicators into EHRs.
- Oral health indicators integrated into EHRs at a national level.
- Improved multidisciplinary collaboration in oral healthcare.
- Facilitated knowledge exchange and global collaboration.
- 

**Strategy – Focus area:** Knowledge exchange / Advocacy / Innovation

Chf	Amount
<b>INCOME</b>	
Partner funding	105 000
<b>Total Income</b>	<b>105 000</b>
<b>EXPENSES</b>	
Project management	20 000
Deliverables	61 000
Communications	15 000
<b>Total Expenses</b>	<b>96 000</b>
<b>Total Net</b>	<b>9 000</b>

## Sustainability in Dentistry

### **Responsible/Committee/Task Team:**

Dental Practice Committee / Sustainability in Dentistry Task Team  
EPH Department

### **Rationale, Background and Need:**

Dentistry is resource intensive. It has a significant environmental impact, thus, can play a crucial role in the preservation of natural resources and care of the environment. Despite the range of policy and practice across the world in tackling climate change, the need to reduce the use of resources and carbon emissions remains a critical issue for us all.

Environmental sustainability in dentistry is multifaceted and involves numerous stakeholders. CO2 emissions, plastics use, waste generation and other environmental impacts are major challenges at all levels of the dental resource supply chain and care delivery, reducing their impact will require action and collaboration from many different actors. FDI as the main organization representing dentists worldwide, should take a leading role in the development of principles and initiatives to make dentistry more sustainable.

### **Objectives:**

- Establish a long-term plan for the Sustainability in Dentistry project.
- Promote the suite of tools and resources for national dental associations, dental practices and patients to be more environmentally sustainable.

### **Action Plan:**

- Develop a year-long communications campaign to promote all of the existing resources.
- Deliver a Sustainability in Dentistry summit.
- Provide grants for NDAs to deliver education using the educational resources.
- Deliver 4 webinars.
- Deliver online workshops with the Task Team.

### **Outcome:**

An oral health workforce that is well educated in sustainability.

**Strategy – Focus area:** Advocacy/Knowledge exchange

Chf	Amount
<b>INCOME</b>	
Corporate Partner	150 000
<b>Total Income</b>	<b>150 000</b>
<b>EXPENSES</b>	
Deliverables	70 000
Communication	20 000
Project Management	45 000
<b>Total Expenses</b>	<b>135 000</b>
<b>Total Net</b>	<b>15 000</b>

### Human Papillomavirus (HPV): advocacy and awareness raising - NEW

#### **Responsible/Committee/Task Team:**

Task Team to be appointed  
Science committee

#### **Rationale, Background, and Need:**

The first phase of this project was launched in 2025 and involves running an advocacy project for oral health professionals (OHPs) and policymakers on HPV (Human Papillomavirus) to raise their awareness and enhance their understanding of the virus and its implications. And aims to provide the knowledge and tools to engage with their own policymakers on this important subject.

#### **Objectives:**

- Drive advocacy to strengthen the role of oral health professionals in HPV prevention.
- Develop policy recommendations integrating HPV prevention into oral health services.

#### **Action Plan:**

- Build on the outputs of the work commenced in 2025, specifically the findings of a survey of FDI members to establish baseline data on their HPV policies.
- Develop advocacy resources to drive policy implementation.
- Develop a comprehensive communications campaign.

#### **Outcome:**

- Gained a deeper understanding of the HPV policy landscape.
- Integrated targeted HPV messaging and calls to action into FDI's advocacy initiatives.
- Facilitated knowledge exchange and educational activities.

**Strategy – Focus area:** Knowledge exchange / Advocacy

	Amount
<b>INCOME</b>	
Partner funding	45 000
<b>Total Income</b>	<b>45 000</b>
<b>EXPENSES</b>	
Project management	20 000
Deliverables	15 000
Communication	5 000
<b>Total Expenses</b>	<b>40 000</b>
<b>Total Net</b>	<b>5 000</b>

## Ethics in Dentistry

### **Responsible/Committee/Task Team:**

Ethics in Dentistry Task Team and Dental Practice Committee  
EPH Department.

### **Rationale, Background and Need:**

Behaving ethically is an integral part of every health profession. Even if dentists rarely deal with popular bioethical topics like trade in organs or assisted suicide, they face ethical challenges and must make ethical decisions in their everyday practice. Many of these challenges are resolved by experience. However, sometimes experience is not enough, and the dentist may need practical tools to assist with ethical decision-making.

With advances in online technology, FDI would also like to take this opportunity to refresh the format and the functionality of an online Ethics Manual which will be easy to read, easy to navigate and become a more user-friendly online document.

### **Objectives:**

Update the Ethics Manual II to reflect contemporary ethical issues in dental practice

### **Action Plan:**

- Assemble experts in dental and biomedical ethics.
- Conduct a review of the current Ethics Manual and identify areas for update and gaps.
- Transfer the content to an engaging and interactive webpage
- Host a webinar to promote the new resources.

### **Outcome:**

An ethical and informed dental team.

**Strategy – Focus area:** Knowledge exchange /Advocacy

	Amount
<b>INCOME</b>	
Partner funding	70 000
<b>Total Income</b>	<b>70 000</b>
<b>EXPENSES</b>	
Project management	20 000
Deliverables	38 000
Communications	5 000
<b>Total Expenses</b>	<b>63 000</b>
<b>Total Net</b>	<b>7 000</b>



### Web Application and Platform Maintenance

**Responsible/Committee/Task Team:**

Head Office  
EPH Department

**Rationale, Background and Need:**

FDI developed and is currently developing a range of web applications and platforms that are available on the FDI website for NDAs and other end-users. To ensure that these online tools are in good working order, the tools require ongoing upkeep after project completion by the external agencies that developed the tools. The updates necessary include core updates, plugin updates, security updates, bug fixing and QA testing.

**Objectives:**

Ensure that web applications and platforms developed by FDI remain in good working order and can continue to be used by NDAs and other end-users via the FDI website. Including:

- FDI Disease Profile Tool (GPHP)
- PDP Interactive Platform/ Needs and Preferences Questionnaire (Partially Dentate Patients Project)
- ONCOLlab Mobile App (Oral Health and Cancer project)
- Digital Cleft Care – Digital Workflows

**Action Plan:**

- Purchase maintenance packages with external agencies.
- Cover ad-hoc costs for tool maintenance with external agencies.

**Outcome:**

Web applications and platforms on the FDI website are maintained by external agencies to ensure their functionality.

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Maintenance packages and ad-hoc costs for web application and platform maintenance	16 000
<b>Total Expenses</b>	<b>16 000</b>
<b>Total Net</b>	<b>-16 000</b>

### Recognition Programme

**Responsible/Committee/Task Team:**

Council

**Rationale, Background and Need:**

Leveraging the value of FDI's name and brand by allowing partners-controlled use of the FDI logo in association with their products. A three-year contract is secured for Sri Lanka with the objective to expand to a wider Asia.

**Objectives:**

To increase FDI's unrestricted income.

**Action Plan:**

- Offer companies the use of FDI's name and logo under strict conditions.
- Work with Science Committee to ensure the efficacy of the product or service including an analysis of the product contents including an assessment of any scientific studies.
- Science Committee approves any supporting statement used to accompany the FDI logo.

**Outcome:**

Increased funding for FDI

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>400 000</b>
<b>EXPENSES</b>	
<b>Total Expenses</b>	<b>0</b>
<b>Total Net</b>	<b>400 000</b>

### FDI Oral Health Campus

**Responsible:**

Head Office  
Education & Congress Department

**Rationale, Background and Need:**

An FDI Oral Health Campus has been set up, which is a customized e-learning platform and an opportunity for FDI to communicate more broadly about its activities and projects as well as reach a broader audience base. The platform has been set up through Dental Tribune International (DTI) and provides an unparalleled opportunity for currently more than 250,000 dentists worldwide to meet other dentists and their team members online in order to learn.

The e-learning courses can be ADA CERP accredited and the platform will feature live and archived webinars as well as discussion forums.

**Objectives:**

Leverage the FDI Oral Health Campus to provide credited e-learning opportunities that extend the reach of FDI's projects and activities.

This budget form is for the maintenance of the oral health campus. All the webinars and sessions will be outlined in their respective budget forms

**Action Plan:**

All webinars will be outlined in different budget forms

**Outcome:**

The oral health campus is up and running

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Maintenance fee	10 000
<b>Total Expenses</b>	<b>10 000</b>
<b>Total Net</b>	<b>-10 000</b>

## Young Dentists Forum

### **Responsible/Committee/Task Team:**

Education Committee  
Education & Congress Department

### **Rationale, Background and Need:**

The first editions of the Young Dentist Forum took place in Sydney in 2023 and in Istanbul in 2024 during the World Dental Congress and were great successes. Building on that, the 2024 edition is currently being planned to offer young professionals an annual opportunity to engage in continuing education and to expand their network. The forum presents a unique opportunity for young professionals to engage on topics of interest for their generation. The programme will include an internationally recognized speaker and give a chance to two emerging speakers, selected via an NDA contest, to present in this unique international setting. This project has been funded till 2023, and the partnership should be extended for 2 additional years.

### **Objectives:**

- Encourage young dentists (graduates of less than 10 years) to attend the World Dental Congress
- Organize lectures and presentations of interest to them
- Invite young speakers to give them opportunities to lecture in front of large audience
- Invite good young lecturers to be future Congress speakers
- Showcase opportunities for young professionals to become active in the FDI
- Offer Young Dentist the opportunity to create and nurture their social and professional network
- Nurture future leaders of our profession

### **Action Plan:**

- Organize at minimum a special 2.5-hour session within the scientific program of the World Dental Congress called Young Dentists Forum
- Invite at least one international speaker and two emerging speaker for the session:
- Invite speakers, FDI and industry representatives to participate in a panel discussion
- Focus on topics that may interest young dentists such as technology and practice management related
- Selection of speakers via an NDA contest.
- Offer networking activities
- Build awareness on the forum via a dedicated promotion plan
- Broadcast the forum on the FDI Oral Health Campus

### **Outcome:**

- Attract more attendees to the World Dental Congress especially among the younger generation of dentists
- Nurture the future leaders of our profession
- Nurture future congress speakers

**Timeline:** Forum is scheduled to be held once a year during FDI World Dental Congress and will therefore take place between 7 and 9 September 2026 in Prague

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
Partner funding	25 000
<b>Total Income</b>	<b>25 000</b>
<b>EXPENSES</b>	
Speaker logistics	10 000
Networking & Promotion	7 000
Broadcasting	3 000
Staff	5 000
<b>Total Expenses</b>	<b>25 000</b>
<b>Total Net</b>	<b>0</b>



## Regional Congress

### **Responsible/Committee/Task Team:**

Head office and Education Committee  
Education & Congress Department

### **Rationale, Background and Need:**

In the past, FDI has organized a few regional congresses, but the business model did not fit our membership. The model has now been revised and will be piloted in two countries (Kingdom of Saudi Arabia and Costa Rica) in 2025.

### **Objectives:**

Re-establish the regional congresses in the FDI continuing education calendar and develop a set of piloting tools to facilitate local implementations.

### **Action Plan:**

- Develop bidding guidelines and procedures
- Implement digital tools to facilitate registration reporting, web and digital promotion
- Support the scientific programme development
- Create a regional promotion plan
- Deliver one successful edition in 2026 and assign destinations for 2027 and 2028

### **Outcome:**

- Offer additional continuing education opportunities at regional level
- Offer NDAs an additional and more affordable opportunity to collaborate within FDI congress programme
- Raise awareness on FDI knowledge exchange mission
- Offer additional networking opportunities for dentists at regional level
- Collect data, test digital management systems and nurture the regional congress collaboration framework

### **Timeline:**

Regional congress manual and bidding guidelines development: June 2025

Future Destinations selection: July – September 2025

2026 Organisation: from August 2026

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
Organization flat fee	25 000
Registration variable fee	5 000
Software access	5 000
ADA-CERP accreditation package	2 000
<b>Total Income</b>	<b>37 000</b>
<b>EXPENSES</b>	
Promotion	3 000
Organization & Software	13 000
FDI Booth branding	1 000
Staff	10 000
<b>Total Expenses</b>	<b>27 000</b>
<b>Total Net</b>	<b>10 000</b>

## FDI World Dental Congress 2026 Prague

### **Responsible/Committee/Task Team:**

Education Committee  
Education and Congress Department

### **Rationale, Background and Need:**

The FDI is organizing the WDC in conjunction with the Czech Dental Chamber (CSK). The organization is based on a franchise model in which CSK is responsible of all logistical aspects. The Scientific Programme is jointly organized by FDI and CSK.

The budget includes a franchise fee of 500 KCHF and an additional amount of 425 KCHF to be used according to FDI's needs to cover promotion, organization and FDI officials' travel costs.

### **Objectives:**

Promote the congress internationally and attract international participants. Organize the FDI business parliament meetings and support the LOC with organizational aspects including the Scientific Programme

### **Action Plan:**

FDI HO will design and share with NDAs all relevant material, such as congress flyers and preliminary programme. Jointly with CSK, FDI HO will also produce a sponsorship & exhibition guide. Direct promotion will be done by congress staff at international tradeshowes and on all FDI channels.

### **Outcome:**

- Provide Knowledge exchange to all participants of the congress
- Provide networking opportunities to all members
- Deliver a state-of-the-art scientific programme, including ADA CERP Credit
- Provide industry with a platform to interact with FDI members
- Increased awareness of FDI projects

### **Timeline:**

Promotion June 2025 to September 2026

Organisation April 2025 to October 2026

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
CSK Franchise Fee	500 000
CSK Promotion, Travel & Organization support	425 000
Sponsorship social programme	70 000
<b>Total Income</b>	<b>995 000</b>
<b>EXPENSES</b>	
<b>Promotion</b>	
Printed Material & goodies	10 000
Digital Promotion & special flash sales	20 000
Tradeshow participation	95 000
<b>Travel Expenses FDI officials</b>	
Transportation	100 000
Accommodation	28 000
Per diem	38 000
Visas	5 000
<b>Organisation</b>	
Freight & Congress material	10 000
Speaker platform – adjustment to local host system	2 000
ADA CERP	5 000
IDJ Abstract supplement	4 000
Site visits	8 000
Local host (full trip) & congress director (+2nights & per diem) participation to MYM	3'000
CE Directors travel to MYM for scientific programme kick-off with local host	15 000
FDI booth	6 000
<b>Social Events</b>	
Gala dinner officials	6 000
General Assembly lunch	30 000
VIP Reception	25 000
NLO Lunch	15 000
<b>Other expenses</b>	
Congress bids, legal fees, R&D	7 000
Staff costs	338 000
<b>Total Expenses</b>	<b>767 000</b>
<b>Total Net</b>	<b>228 000</b>

## Master Continuing Education Programme

### **Responsible/Committee/Task Team:**

Regional Continuing Education Task Team  
Education & Congress Department

### **Rationale, Background and Need:**

The regional continuing education strategy reassessment conducted in 2022 has showcased a need for a CE course standardized offer, applicable to all regions. The pilot courses are taking place from June 2024 in Middle East and Asia and the intention is to build on the success of the pilots in the other regions in 2025 and during the first semester 2026.

### **Objectives:**

Create and implement a first curriculum in 2024 in Middle East and Asia and further implement it in 2025 and 2026 in Europe, Americas and Africa. Fundraise for all FDI regions in order ensure an optimal coverage in all regions on a regular basis. Income for this project should come from registration and fundraising. When available, the regional CE restricted reserves could be used as well.

### **Action Plan:**

- Identify a topic applicable to all regions, attractive to a general practitioner audience and in line with FDI's vision.
- Develop a scientific proposal and create a curriculum package (mix of hands-on and theoretical courses multiple speakers)
- Identify possible partners in each region to deliver the curriculum at multiple key national and regional events
- Create a promotion plan and identify global partners to support and deliver the programme.

### **Outcome:**

- Offer additional continuing education opportunities at regional level
- Offer NDAs a turnkey continuing-education alternative on top the regional tailor-made CE courses
- Raise awareness on FDI knowledge exchange mission
- Offer ADA-CERP courses, acknowledged by FDI in the regions
- Offer additional networking opportunities for dentists at regional level

### **Timeline:**

NDA selection and partnership: for each course – 3-6 months prior course date.  
Promotion: for each course – 2 months prior course date

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
Partner funding	30 000
<b>Total Income</b>	<b>30 000</b>
<b>EXPENSES</b>	
Logistics	8 000
Programme Development	14 000
Staff	5 000
Task Team meeting	3 000
<b>Total Expenses</b>	<b>30 000</b>
<b>Total Net</b>	<b>0</b>

### CE Accreditation Task Team - NEW

#### **Responsible/Committee/Task Team:**

Task Team to be created  
Education & Congress Department

#### **Rationale, Background and Need:**

Various entities are currently offering CE /CPD points for healthcare profession training at global and regional level. However, none of the existing system offers a clearly established global dental training certification system, that can be implemented for global training courses but also used as reference for national use.

With its scope of work, FDI can have the credibility and authority to lead and establish education standards. FDI members' activities can be a catalyst at national level and FDI educational activities could also benefit from this additional asset.

#### **Objectives:**

- Evaluate the needs and opportunities offered by an in-house accreditation system
- Assess implementation feasibility

#### **Action Plan:**

- Evaluate the needs and market opportunities for FDI to have its own CE accreditation system
- Assess interest and define the value proposition for FDI members
- Define the corresponding business model, including the resources and level of investment needed
- Propose an implementation timeline

#### **Outcome:**

Present a possible CE Accreditation strategic report by September 2026.

#### **Timeline:**

2025: Task Team creation  
2026: Assessment work

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	
<b>EXPENSES</b>	
Task Team meeting	10 000
Staff	5 000
<b>Total Expenses</b>	<b>15 000</b>
<b>Total Net</b>	<b>-15 000</b>



### Speakers Platform

**Responsible/Committee/Task Team:**

Education Committee  
Education & Congress Department

**Rationale, Background and Need:**

The speaker platform has initially been developed to support the world dental congress speakers' recruitment and management. With the planned expansion of the regional CE Programme the platform use should be extended to all continuing education activities.

**Objectives:**

Develop and maintain a speaker database for all continuing education activities.

**Action Plan:**

Identify local processes with the WDC local host during congress kick-off and plan needed updates accordingly.

**Outcome:**

- Access potential speakers' profile information online at anytime
- Facilitate the speaker selection and management
- Offer the speaker a personalized dashboard with centralized information on his collaboration with FDI
- Support members in their speakers' research

**Timeline:**

Development April – December 2025  
Implementation completed: 2026

**Strategy – Focus area:** Knowledge exchange

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Security maintenance	8 000
Module updates	4 000
<b>Total Expenses</b>	<b>12 000</b>
<b>Total Net</b>	<b>-12 000</b>

## Development

### **Responsible/Committee/Task Team:**

Head Office  
Partnerships & Corporate Relations Department

### **Rationale, Background and Need:**

The Development Department supports the organization in securing funding through partnerships, mainly with industry but the aim is to diversify income sources. In 2026, we will continue to manage existing partnerships and seek new ones.

### **Objectives:**

The objective will be to maintain and, when possible, grow revenue from partners and find new partners to fund FDI activities. The income should come from a portfolio of corporates, foundations and/or governmental organizations.

### **Action Plan:**

1. Retain and grow current partners: 19 in 2025.
2. Expand & diversify the FDI partner base: focus will be set on the following sectors
  - Dental Industry: remains the core target and natural partner of FDI
  - Industry at large (insurances, bank, etc.)
  - Foundations

Meet with partners and prospects of the Dental Industry by attending several major dental events. Start prospecting with different industry sectors.

Ensure that all existing FDI accounts are nurtured and up to speed.

Travel will be expected to meet with partners and prospects.

### **Outcome:**

Increase funding for FDI

**Timeline:** all year

**Strategy – Focus area:** All

Chf	Amount
<b>INCOME</b>	
<b>Total Income</b>	<b>0</b>
<b>EXPENSES</b>	
Travel & Others	25 000
Staff	175 000
<b>Total Expenses</b>	<b>200 000</b>
<b>Total Net</b>	<b>-200 000</b>