Partnering With CDOs:

Are There Challenges ADA Might Help With?

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ADA® International

Oral Health is Entering a ‘Golden Era’ Internationally

United Nations A/RES/78/4

General Assembly

Distr.: General
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Seventy-eighth session
Agenda item 125
Global health and foreign policy

Resolution adopted by the General Assembly on 5 October 2023

[*without reference to a Main Committee (A/78/L.3)*]

78/4. Political declaration of the high-level meeting on universal

fdi World Dental Federation

VISION 2030

Delivering Optimal Oral Health for All

Michael Glick, David M. Williams, Ihsane Ben Yahya, Enzo Bondioni, William W.M. Cheung, Pam Clark, Charanjit K. Jagait, Stefan Listl, Manu Raj Mathur, Peter Mossey, Hiroshi Ogawa, Gerhard K. Seeberger, Michael Sereny, Tania Séverin

ORAL HEALTH FOR ALL

Global strategy and action plan on oral health 2023–2030

World Health Organization

In collaboration with the American Dental Association, Colgate-Palmolive Company and Henry Schein

WORLD ECONOMIC FORUM

The Economic Rationale for a Global Commitment to Invest in Oral Health

WHITE PAPER
MAY 2024

Tracking progress on the implementation of the Global oral health action plan 2023–2030

Baseline report

World Health Organization

Bangkok Declaration – No Health Without Oral Health

Towards Universal Health Coverage for Oral Health by 2030

We, the representatives of Member States present at the WHO Global Oral Health Meeting held in Bangkok, Thailand, from 26 to 29 November 2024, acknowledge with great concern that oral diseases affect 3.5 billion people globally. This situation poses significant public health challenges for all WHO Member States and highlights the critical need to address oral diseases and conditions as part of the broader burden of noncommunicable diseases (NCDs), especially in the context of the preparatory process leading to the 4th High-level Meeting of the UN General Assembly on the prevention and control of NCDs (4th UNHLM on NCDs) in 2025. We seize the opportunity of meeting in Bangkok to:

1. Express concern about the continued prevalence of unmet oral health needs and their social gradient, highlighting the urgent need to intensify efforts to mitigate the substantial health, social, economic, and environmental impacts of oral diseases on health systems and societies, as well as on the health and well-being of individuals, families, communities, and populations, with a disproportionate burden on those living in vulnerable, remote, refugee, emergency, and marginalized situations.

2. Recognize that, despite progress made since the 2021 World Health Assembly Resolution on Oral Health (WHA74.5) and the ongoing efforts by Member States, UN Agencies, non-State actors, and the WHO Secretariat, many populations continue to face challenges in preventing oral diseases and achieving equitable access to essential, safe, quality, effective and affordable oral healthcare services.

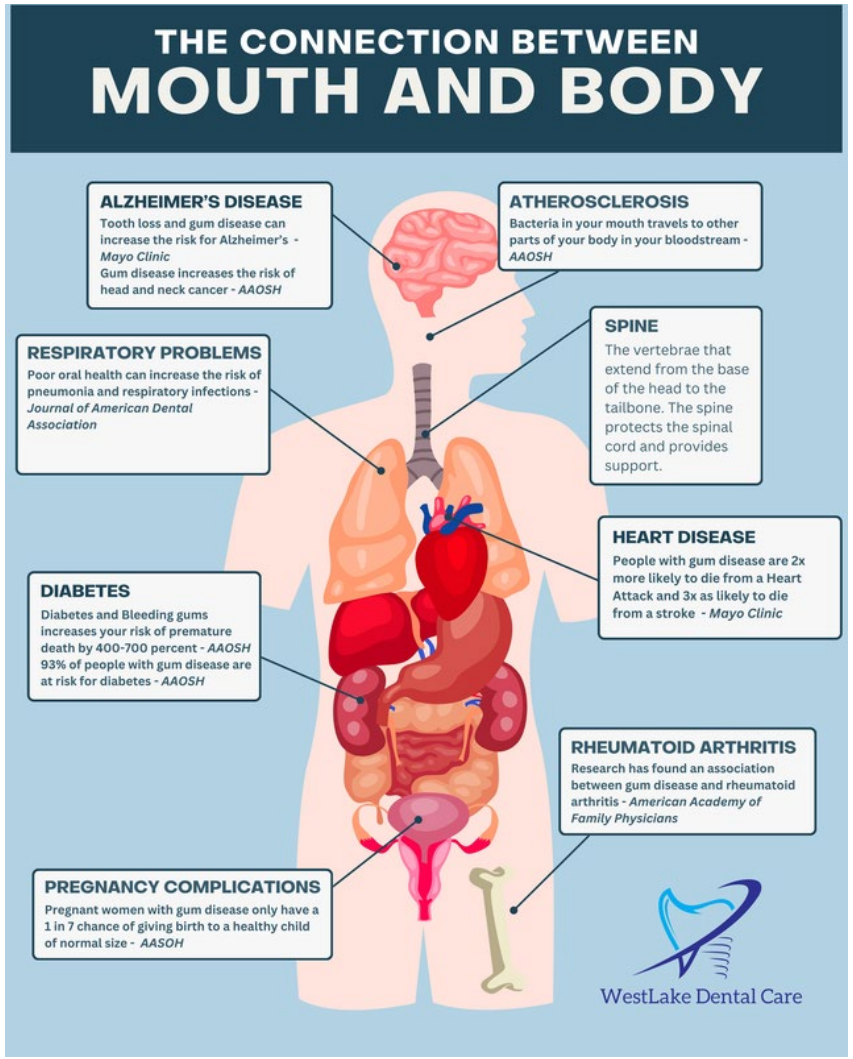
3. Align ourselves with key political declarations of UN bodies on NCDs and Universal Health Coverage (UHC), including but not limited to the following:

- Political declarations of the 1st, 2nd and 3rd UNHLM on the Prevention and Control of NCDs in 2011 (A/66/L.1), 2014 (A/68/L.53) and 2018 (A/73/L.2);
- Political Declaration of the 1st UNHLM on UHC “UHC: moving together to build a healthier world” (A/RES/74/2) in 2019; and the
- Political declaration of the 2nd UNHLM on UHC in 2023 (A/RES/78/4).

In addition, we align with key milestone events and technical recommendations that are part of the WHO-led “On the road to 2025: Preparatory process for the 4th UNHLM on NCDs”, including the International Strategic Dialogue on NCDs and the Sustainable Development Goals (2022), the Small Island Developing States (SIDS) Ministerial Conference on NCDs and mental health, and its resulting Bridgetown declaration (2023), the Global high-level technical meeting on NCDs in humanitarian settings (2024), and the International dialogue on sustainable financing for NCDs and mental health (2024).

4. Value and reaffirm the strategic guidance and consensus of Member States reflected in the 74th World Health Assembly Resolution on Oral Health (WHA74.5) in 2021, the Global Strategy on Oral Health in 2022 (WHA75 (11)) and the Global Oral Health Action Plan 2023-2030 (WHA76 (9)). These documents will serve as a foundation for strengthening oral health and public health policy and programmes, health systems and service delivery in the context of primary health care and UHC in the coming years.

Oral Health is Entering a ‘Golden Era’ Internationally



Oral health has long been neglected in the global health agenda. Our biggest challenge now is ensuring that all people, wherever they live and whatever their income, have the knowledge and tools needed to look after their teeth and mouths, and access prevention and care when they need it.[6]

Tedros Adhanom Ghebreyesus, Director-General, World Health Organization

ADA International Relations – Objectives

1. **Advance oral health globally**. ADA wants to support improvements in oral health not just in the U.S., but across the globe.

2. **Bring scientific advancement to dental teams worldwide**. ADA wants to help advance the practice of dentistry throughout the world.

3. **Support evidence-based policy**. ADA wants to support oral health policy outside the U.S., bringing expertise in health policy, data and analytics, and global best practices.

ADA International Relations – Areas of Focus

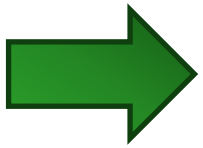
1	STANDARDS AND QUALITY	Promoting industry standards to improve quality of consumer and professional products globally
2	HEALTH POLICY SUPPORT	Influencing and shaping health policy at the global and country level to promote oral health
3	TOOLS FOR THE DENTAL TEAM	Providing products and services to clinicians to drive evidence-based care globally
4	ACADEMIC RESEARCH AND TEACHING	Enhancing capacity for clinical and policy research in academic settings globally
5	ASSOCIATION CAPACITY BUILDING	Supporting national dental associations to improve capacity for advocacy and membership

Supporting the Dental Team via NDA Partnerships

KDA
대한치과의사협회
KOREAN DENTAL ASSOCIATION

KUWAIT DENTAL ASSOCIATION
جمعية أطباء الأسنان الكويتية

COLEGIO DE CIRUJANOS DENTISTAS
COSTA RICA



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MEMBER 2025

ADA International Membership

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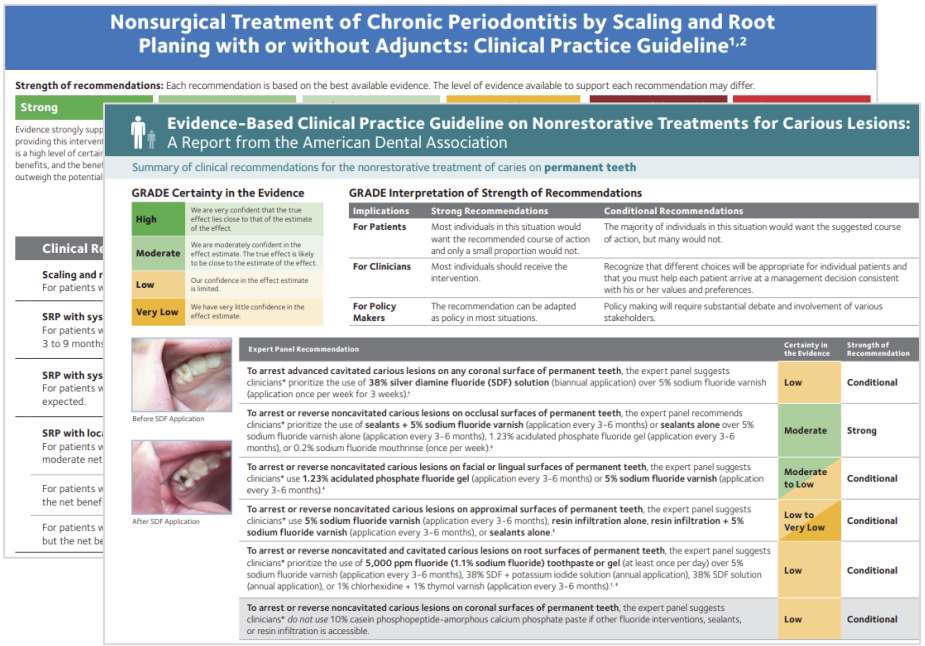

Nonsurgical Treatment of Chronic Periodontitis by Scaling and Root Planing with or without Adjuncts: Clinical Practice Guideline[1,2]

Strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.

Strong

Evidence-Based Clinical Practice Guideline on Nonrestorative Treatments for Carious Lesions:
A Report from the American Dental Association

Summary of clinical recommendations for the nonrestorative treatment of caries on **permanent teeth**

GRADE Certainty in the Evidence

High	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate	We are moderately confident in the effect estimate. The true effect is likely to be close to the estimate of the effect.
Low	Our confidence in the effect estimate is limited.
Very Low	We have very little confidence in the effect estimate.

GRADE Interpretation of Strength of Recommendations

Implications	Strong Recommendations	Conditional Recommendations
For Patients	Most individuals in this situation would want the recommended course of action and only a small proportion would not.	The majority of individuals in this situation would want the suggested course of action, but many would not.
For Clinicians	Most individuals should receive the intervention.	Recognize that different choices will be appropriate for individual patients and that you must help each patient arrive at a management decision consistent with his or her values and preferences.
For Policy Makers	The recommendation can be adapted as policy in most situations.	Policy making will require substantial debate and involvement of various stakeholders.

Before SDF Application

After SDF Application

Expert Panel Recommendation	Certainty in the Evidence	Strength of Recommendation
To arrest advanced cavitated carious lesions on any coronal surface of permanent teeth, the expert panel suggests clinicians* prioritize the use of **38% silver diamine fluoride (SDF) solution** (biannual application) over 5% sodium fluoride varnish (application once per week for 3 weeks).[3]	Low	Conditional
To arrest or reverse noncavitated carious lesions on occlusal surfaces of permanent teeth, the expert panel recommends clinicians* prioritize the use of **sealants + 5% sodium fluoride varnish** (application every 3–6 months) or **sealants alone** over 5% sodium fluoride varnish alone (application every 3–6 months), 1.23% acidulated phosphate fluoride gel (application every 3–6 months), or 0.2% sodium fluoride mouthrinse (once per week).[3]	Moderate	Strong
To arrest or reverse noncavitated carious lesions on facial or lingual surfaces of permanent teeth, the expert panel suggests clinicians* use **1.23% acidulated phosphate fluoride gel** (application every 3–6 months) or **5% sodium fluoride varnish** (application every 3–6 months).[3]	Moderate to Low	Conditional
To arrest or reverse noncavitated carious lesions on approximal surfaces of permanent teeth, the expert panel suggests clinicians* use **5% sodium fluoride varnish** (application every 3–6 months), **resin infiltration alone**, **resin infiltration + 5% sodium fluoride varnish** (application every 3–6 months), or **sealants alone**.[3]	Low to Very Low	Conditional
To arrest or reverse noncavitated and cavitated carious lesions on root surfaces of permanent teeth, the expert panel suggests clinicians* prioritize the use of **5,000 ppm fluoride (1.1% sodium fluoride) toothpaste or gel** (at least once per day) over 5% sodium fluoride varnish (application every 3–6 months), 38% SDF + potassium iodide solution (annual application), 38% SDF solution (annual application), or 1% chlorhexidine + 1% thymol varnish (application every 3–6 months).[3,4]	Low	Conditional
To arrest or reverse noncavitated carious lesions on coronal surfaces of permanent teeth, the expert panel suggests clinicians* *do not use* 10% casein phosphopeptide-amorphous calcium phosphate paste if other fluoride interventions, sealants, or resin infiltration is accessible.	Low	Conditional

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Supporting the Dental Team via MOH Partnerships

وزارة الصحة
Ministry of Health

HPI Health Policy Institute
ADA American Dental Association®

health bureau
Consultants for Global Health

- Support for developing a national oral health strategy.
- Support for designing and implementing a national oral health survey.
- Support for developing clinical treatment guidelines, patient referral protocols, and provider training materials.
- Support for developing “Project Zero” which aims to eliminate caries in children.
- Oral health is a priority in the MOH’s broader health sector transformation initiative.

Supporting the Dental Team via MOH Partnerships

Nonsurgical Treatment of Chronic Periodontitis by Scaling and Root Planing with or without Adjuncts: Clinical Practice Guideline[1,2]

Strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.

Strong	In Favor	Weak	Expert Opinion For	Expert Opinion Against	Against
Evidence strongly supports providing this intervention. There is a high level of certainty of benefits, and the benefits outweigh the potential harms.	Evidence favors providing this intervention. Either there is a high level of certainty of benefits, but the benefits are balanced with the potential harms OR there is a moderate level of certainty of benefits, and the benefits outweigh the potential for harms.	Evidence suggests implementing this intervention only after alternatives have been considered. There is a moderate level of certainty of benefits, and either the benefits are balanced with potential harms or there is uncertainty in the magnitude of the benefit.	Expert Opinion suggests this intervention can be implemented, but there is a low level of certainty of benefits and there is uncertainty in the benefit to harm balance.	Expert Opinion suggests this intervention NOT be implemented because there is a low level of certainty that there is no benefit or the potential harms outweigh benefits.	Evidence suggests not implementing this intervention or discontinuing ineffective procedures. There is moderate or high certainty that there are no benefits and/or the potential harms outweigh the benefits.

Clinical Recommen
Scaling and root planing (For patients with chronic pe
SRP with systemic sub-a For patients with moderate 3 to 9 months as an adjunc
SRP with systemic antimi For patients with moderate expected.
SRP with locally-delivere For patients with moderate moderate net benefit expe
For patients with moderate the net benefit is uncertain
For patients with moderate but the net benefit is uncer

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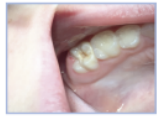
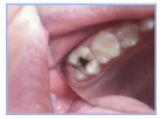


Before SDF Application



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Making Sure You Have Seen This

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Thank You!

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