Leading the world to optimal oral health

FDI World Dental Federation (FDI) brings together some 200 National Dental Associations (NDAs) and specialist groups in just under 130 countries. As such, it serves as the official representative body for over one million dentists worldwide. It supports and informs its members’ national oral health advocacy efforts and activities more broadly. Where appropriate, it carries out NDA training and capacity-building programmes.

FDI has an overall goal of ‘Leading the World to Optimal Oral Health’, which it pursues in four specific ways:

1) Advancing the ethics, art, science and practice of dentistry through programmes of continuing education and knowledge exchange.

2) Focusing activities on the prevention of oral disease and oral health literacy.

3) Implementing, alone or in partnership, prevention and literacy projects in the field serving local communities.

4) Carrying out advocacy at an international level on key issues related to oral health policy and practice.

FDI is a not-for-profit, non-governmental organization based in Geneva, Switzerland. It is governed by a General Assembly, policy is enacted by an elected Council and activities are implemented through five standing committees, comprising 60 volunteers from among its member NDAs. Every year, some 400 participants attend FDI’s World Dental Parliament to debate and define the global future of dentistry.
Message from the President

It is a genuine pleasure to review the contents of this report and see how quick and sustained the re-launch of FDI has been. Specifically, in pursuit of its goals in continuing education, membership growth, knowledge transfer, international campaigning, representation and advocacy, as well as effective project implementation.

The high point of the year was undoubtedly the adoption by the General Assembly of FDI’s definition of oral health developed by the Vision 2020 Think Tank, which has, to date, been published in our own International Dental Journal (IDJ) as well as four other scientific journals in the field of dentistry and dental research.

Advocacy has proved to be a real area of growth, now consolidated under the umbrella of Vision 2020 and its partners. This enables us to pro-actively ensure the oral health dimension on the global health agenda and reinforce our relations with intergovernmental partners such as the World Health Organization (WHO) and the United Nations Environment Programme.

FDI’s input has been notably present in the new oral health strategy for Africa, which, in line with the FDI approach, addresses oral disease within an overall strategy for noncommunicable diseases (NCDs). We have also focused attention on capacity-building within Africa-based national dental associations (NDAs). Our aims were to enable their leadership to better ensure long-term NDA viability through sound management practices and acquire the communication skills to become stronger oral health advocates regionally and within their home countries.

We have also contributed to the international debate in hot topics such as, within WHO, antimicrobial resistance and provided input to new radioprotection training material for dentists developed by the International Atomic Energy Agency. Our input and expertise has also been much appreciated in the context of current discussions on the Minamata Convention on Mercury and its specific provisions for the phase-down of dental amalgam.

In all these areas, we have also continued to ensure an ongoing exchange of views within FDI itself and ensured that NDAs have the tools needed for national advocacy in other important areas such as...
sugar, oral health and NCDs. At international level, we have reinforced our advocacy capacity through joining forces with strategic partners such as the NCD Alliance and have strengthened collaboration with other medical professions.

New capacity in communications has allowed us to consolidate the FDI brand, increase visibility and, as a result, widen and deepen our World Oral Health Day 2016 campaign. It is particularly gratifying to see the year-on-year increase in the enthusiastic support of our members and the sheer energy of the campaigning by dental students.

We can also look with satisfaction on the positive outcomes from FDI’s major project partnerships in areas such as prevention and oral health literacy, especially among children, oral health project innovation and sustainability as well as caries management and societal issues such as oral health and ageing populations. We also registered progress in our projected work on global periodontal health and peri-implant diseases and witnessed the successful launch of the roll-out of the Oral Health Observatory and its associated mobile App.

Our World Dental Congress was a well-attended, truly international event with a wide array of speakers, choice of lectures, and free communications on the latest developments in dental thinking and practice. A personal thank you to our friends and colleagues in Poland for their exceptional work in Poznań. Our regional congresses are also now becoming part of the annual calendar of FDI events and we can be well pleased with the success of this new congress option, developed only two years ago.

Meanwhile, our Continuing Education (CE) Programme grows apace largely through the efforts of our Regional CE Programme Directors and the timeliness and relevance of the courses they organize.

Finally, we can welcome the new focus of IDJ on becoming the reference for international oral health, oriented towards practice-related research, international public health and inter-professional education and practice. IDJ is also the key tool for disseminating FDI Policy Statements, which reflect the principal areas of work of FDI standing committees.

Dr Patrick Hescot
FDI President
Sharing science and continuing education

World Dental Congress

Described by participants as 'rewarding', 'inspiring', 'well-prepared', 'the best', 'high quality', the FDI World Dental Congress in Poznań, Poland, in September 2016 (FDI 2016 Poznań), welcomed nearly 11,730 attendees from 90 countries. It featured courses in all fields of dentistry and oral health delivered by 141 experts from 301 countries, many with simultaneous interpretation (English to Polish or vice-versa). The congress also featured hands-on and innovative 'Meet the Expert' sessions, 537 free communication and poster sessions and special-day courses in German and Ukrainian.

The exhibition held alongside the congress comprised 367 booths displaying an impressive array of the latest dental equipment, material and oral health products, spread over a surface area of 6,000 square metres. FDI profiled its own work through a nearly 100 square metre pavilion situated at the crossroads between the four sections of the exhibition.

The distinguished organizing committee, comprising the Polish Dental Society and the Supreme Medical Council of the Polish Chamber of Physicians and Dentists, under the honorary patronage of the Supreme Medical Chamber of Poland, helped make the 2016 World Dental Congress a resounding success.

Accreditation

The American Dental Association Continuing Education Recognition Program (ADA CERP) awarded FDI a further 4-year term of recognition.
First FDI Persian Regional Dental Congress

FDI regional congresses bridge the gap between continuing education targeting an international audience (i.e. WDC) and targeting a national audience (i.e. CE Programme) courses. They recognize that regions need a platform to highlight common goals and areas of concern in modern dentistry and, as an FDI event, feature world-class expert speakers.

The first FDI Persian Regional Dental Congress, which opened on 16 May in Tehran, Iran, with a welcome from the Minister of Health of Iran, brought together some 12,000 dentists from the region. It was held alongside the 56th International Dental Congress and Exhibition (56 EXCIDA), and featured sessions devoted to the art and science of dentistry, with time allotted to the status of oral health and the burden of oral disease in Iran based on a summary report of a national survey.

In his address to the opening, FDI President Dr Patrick Hescot stressed that dentists need to remind people that oral health is an important part of general health. The success of the congress was assured by the hard work of the Iranian Dental Association, the congress scientific committee and FDI’s Education Committee, which together developed an exceptional programme.

Collaboration with the International Association for Dental Research

FDI and International Association for Dental Research (IADR) form a natural alliance and have frequently worked together to achieve common goals, notably during the series of intergovernmental negotiations, 2009–2013, resulting in the Minamata Convention on Mercury. During a meeting a the 94th IADR General Session (Seoul, Rep. of Korea, 22–25 June) FDI, IADR and the World Health Organization investigated the possibility of jointly drafting an oral health strategy in the context of Agenda 2030 and the associated Sustainable Development Goals.

IADR-FDI cooperation is greatly enhanced by the continued institutional presence of an IADR delegate to the FDI Science Committee, currently John J. Clarkson (Republic of Ireland).
FDI Continuing Education Programme

There is an FDI CE Programme course taking place somewhere in the world once every 10 days in collaboration with member NDAs. They are developed by the CE Programme Regional Directors, generally held during national dental congresses and delivered by renowned experts known to FDI.

In total, 34 CE Programme events took place in 2016. Director for Africa, Prof. Charles Pilipili, developed a programme that included five courses. The programme devised by Dr William Cheung, Regional Director of the Asia-Pacific, featured 12, while eight courses developed by Regional Director Prof. Alex Mersel took place in Europe. Regional Director for the Middle-East, Prof. Mounir Doumit, made an outstanding contribution through a rich and varied CE Programme in a record 18 events in five countries.

Following the end-of-mandate of three CE Programme regional directors, the posts of Regional Director for Africa, Asia and Latin America were opened for applications.
Extending the reach in 2016

The World Oral Health Day (WOHD) 2016 campaign encouraged people across the world to recognize that good oral health is not just about having a nice smile but has an impact on their overall physical health and well-being. Through the campaign slogan ‘Healthy Mouth. Healthy Body’ , people were motivated to learn about their risk for oral disease and take the necessary preventive action. In doing so, they became part of a global movement of individuals making a commitment to prioritize their oral health.

The campaign was multi-faceted and delivered through a multi-channel programme of activities that were created to engage the general public and dental professionals, globally. These included:

- **Video**: available in English, French and Spanish, the message encouraged correct brushing habits and was disseminated widely over social media. It was also projected on the NASDAQ tower (New York City) in both English and Spanish.
‘Mad Mouths’ smartphone/tablet game: to harness the power of online gaming platforms, a bespoke game was created. It encouraged players to defend their mouth against bacterial attack from various foods and contained oral health tips at each of the nine levels of play. Available for free download for iOS and Android mobile devices through the App Store and Google Play, it is a tool that will continue to be promoted through future campaigns.

Poster customization App: this tool, initially developed for the 2015 campaign was also utilized in 2016. It allows people to create their own visuals by uploading images they felt embodied the spirit of WOHD in their country, to help drive further engagement with the campaign. App participants could share their customized posters through their social media accounts (Facebook, Twitter, Instagram etc.) as well as create posters to display in dental practices or clinics.

The campaign was supported through the provision of a comprehensive toolkit that outlined the strategic approach, key messages and how the different elements described above could be leveraged at a national level. Six posters, social memes, as well as media material including a template press release, fact sheet, social media calendar and infographic were also provided. At the global level a press release was disseminated and a lot of noise was made through social media platforms to extend the reach even further.
Engaging National Dental Associations

It was encouraging to see a continued trajectory of growth within the dental community and the amplification of our prevention messages thanks to the activities of FDI member dental associations at local, national and regional levels. It was equally encouraging to see that governments and public health authorities were demonstrating increasing support for WOHD, with ministers of health or other public health officials attending events.

Activities varied from country to country ranging from public events including, walks, runs, etc., as well as educational lectures, dental screenings, brushathons, concerts and much more, which combined helped to raise awareness of oral health globally.

In addition to FDI member associations celebrating WOHD, a whole host of non-member organizations (clinics, hospitals, individuals etc.) from the oral health community and beyond also marked the day, as did our WOHD Partners including, Henry Schein, Philips, Unilever and Wrigley.

Recognizing the work of students

Dental students have been instrumental in bringing energy and originality to WOHD activities and celebrations and spreading the word with their photographs and messages on social media.

In 2016, FDI once again recognized the work of student associations through the ‘WOHD student awards’. In collaboration with the International Association of Dental Students (IADS), there were four award categories. The winners, received free registration and travel to the World Dental Congress in Poznań where they were presented with their winners’ certificates by FDI President Dr Patrick Hescot.
The prize for most original activity went to Areej Tawfik Elhoreny of the Dental Students’ Scientific Association, Egypt; the prize for most educational activity was awarded to Anna Nowak of the Polish Dental Students Association. Two prizes were also awarded for WOHD photographs. The most spectacular picture was taken by Zerrin Kamaran, a member of the Kurdish Dental Health Association, Iraq, while the prize for best branded picture went to Agata Orylska, Polish Dental Students Association.

Key campaign results

- 143 countries engaged in WOHD (based on toolkit distribution, NLO reporting, social media activity and media activity)
- +12 million WOHD video views globally (85,000 on FDI YouTube and Facebook channels, 12,300,120 views on Nasdaq Tower)
- 561 Toolkits distributed worldwide (to NDAs, FDI members, other associations, dental clinics, universities, community groups, etc.)
- 67 million campaign social media impressions
- >135 million total campaign impressions
- 94 member national dental associations and 30 student associations organized activities
- 717 pieces of media coverage across the globe with an estimated reach of well over 140 million people worldwide
- 1,642 Mad Mouths game downloads
- 13,534 posters customized

World Oral Health Day 2017

FDI officially launched its WOHD 2017 Live Mouth Smart campaign during the World Dental Congress in Poznań with the aim of briefing and involving FDI members, as early as possible in the future campaign.
Partnerships and projects

The Brush Day & Night Partnership

The FDI–Unilever Brush Day & Night partnership culminated in 2016 and reached over 725,000 schoolchildren and some 2.5 million people through World Oral Health Day events. This third phase was launched in 2015 as a continued commitment to the broader partnership with Unilever, which began over 10 years ago and focuses on educating children about the importance of brushing twice daily with a fluoride toothpaste to maintain good oral health. Brush Day & Night also empowers children to become oral health advocates: by sharing their knowledge, they can engage their parents or guardians so they too become more aware of the importance of toothbrushing and fluoride.

Brush Day & Night programmes, implemented by FDI member associations and local branches of Unilever, targeted schoolchildren in Bangladesh, Chile, Greece, Indonesia, Morocco, Myanmar, Nigeria, Philippines, Turkey, Vietnam. Behavioural and clinical oral health data were collected to evaluate the programme’s efficiency and measure its impact on the oral health status and behaviour of the target population.

A final Brush Day & Night review and evaluation took place during a workshop held in Geneva in December 2016, which brought together school programme project leaders and partnership experts, Prof. Jo Frencken and Prof. Paulo Melo, Chair and Vice-Chair of the Public Health Committee.

In addition to the countries mentioned earlier, Cambodia, Côte d’Ivoire, Egypt, Ethiopia, Ghana, Italy, Jordan, Sri Lanka, South Africa, and Sudan developed activities to celebrate World Oral Health Day 2016.

The Caries Prevention Partnership

The FDI–Colgate Caries Prevention Partnership (CPP) enhances oral disease prevention through the provision of high-quality caries educational material and communications activities that target oral health professionals, policymakers and the public.

The year 2016, saw the launch of a White Paper on ‘Dental caries prevention and management’, at FDI World Dental Congress (WDC) in September. It responds to the dental profession’s ethical responsibility to use the best available evidence to deliver caries care. Furthermore, it details the knowledge and tools needed to adopt an evidence-based, contemporary approach to dental caries prevention and management. The press release that supported the launch of the White Paper generated 478 articles with a potential audience reach of 222.6 million.
In parallel to the White Paper, FDI launched a toolkit to support national dental associations in carrying out advocacy around caries prevention and management. It provides best practices on policy, interventions and dental practice engagement to leverage preventive dentistry to address caries-specific objectives.

FDI WDC was leveraged to implement a comprehensive plan to distribute both the White Paper and Toolkit as widely as possible to all stakeholders. Both outputs are being continually promoted through on- and off-line activities including distribution at key events and through other platforms.

A CPP webinar held in 2016, reached over 3,500 registered participants and offered one Continuing Medical Education (CME) credit. The webinar, presented by Dr Domenick T. Zero, was titled ‘Management of Caries as a Dynamic Disease Process’ and is available on the project microsite until 15 June 2019.

The FDI Smile Awards were also launched in 2016, with two prizes of US$4,000 presented to the winners at FDI WDC in Poznań. The Cambodian Dental Association (CDA), won in the sustainable category for SEAL Cambodia, an exciting project to save children’s teeth in a country where the levels of dental decay are among the highest in the world. The Palestinian Dental Association (PDA) won the prize in the innovative category for its ‘Oral health promotion and early disease prevention delivery programme’, implemented at Ministry of Health maternal and child health care centres in East Jerusalem and other parts of Palestine.

All resources are available on the project microsite [www.cavityprevention.org](http://www.cavityprevention.org).

### Oral Health for an Ageing Population

The FDI-GC Corporation Oral Health for an Ageing Population (OHAP) partnership delivered two important events. The first, a conference, held in Lucerne, Switzerland, 3-5 May, assembled an exceptionally distinguished group of over 20 experts from around the globe, among them officials from the World Health Organization (WHO).

The second OHAP event was a follow-up Symposium during the FDI WDC in Poznań with five speakers and attended by 110 participants, who rated it with an exceptional score of 4.21/5. The onsite press conference, held in advance, yielded total media outreach of 16 million through online news services and a 15-second news report on Poland TVP3 regional news television network.

Both OHAP events covered five subject areas: tooth loss and the importance of retaining teeth for vitality, quality of life and longevity; prevention of tooth loss and dental pain for reducing the global burden of oral diseases; the relation between oral health, general health and NCDs; health systems; and surveillance and monitoring. The resulting papers are under review for publication in a special supplement to the *International Dental Journal*. 

![Oral health for ageing population](image)

---

**CERTIFICATE OF ATTENDANCE & APPRECIATION**

This is to certify that [name] has attended the *Life-long Oral Health: A fundamental human right* conference held in Luzern, Switzerland during 3-5 May 2016.

Dr Patrick Hescot  
President, FDI

Mr Makoto Nakao  
Executive Director, GC

Dr Beat Wäckerle  
Switzerland

FDI PRESIDENT DR PATRICK HESCOT INTERVIEWED FOR POLISH TELEVISION.
FDI’s partnership with GC Corporation comes at a time when governments worldwide are under pressure to integrate new demographic trends into policymaking, especially in health. The OHAP partnership is based on the role that a healthy mouth plays in maintaining key functions such as ability to chew, nutrition, hence mobility and independence. It calls for an expert conference to take place once every two years.

**Oral Health Observatory**

Following the success of a pilot project completed in 2015 in Germany, the Netherlands and Mexico, FDI launched the roll-out of phase II of the Oral Health Observatory (OHO) during FDI WDC in September 2016. The project experts also initiated work on aligning the OHO questionnaires with the new oral health definition.

The ultimate objective is to have a tool to measure perception of oral health and well-being of patients in dental practices and to offer a new and meaningful way of measuring and reporting health outcomes. The project is set to be implemented in collaboration with NDAs in 10 countries in 2017. GSK will support this project throughout 2017.

**Smile Around the World**

Smile Around the World (SAW) projects were successfully implemented by the Indian Dental Association (IDA) and the Brazilian Association of Dental Surgeons (ABCD), reaching over 7,500 six-year old schoolchildren in 70 schools. Some 400 teachers and volunteers benefited from the SAW Teacher’s Training programme.

The aim of the project was to promote oral health and prevention among disadvantaged children living in rural and urban communities, through cultural and educational programmes that directly involved and entertained. SAW was conceived as a participatory project involving dental teams, schoolteachers and schoolchildren.

SAW projects positively engaged children in the educational process, helping them acquire and understand oral health messages through their own creative activities. In addition, the project included a teacher-training component to ensure long-term sustainability. ‘Smile Around the World’ was carried out with the support of Ivoclar-Vivadent.
Global Periodontal Health

The Global Periodontal Health Project (GPHP) moved forward in 2016 with a draft review paper, prepared by the FDI Science Committee, of existing initiatives, programmes and studies on the prevention of periodontal disease. In addition, the FDI Science Committee organized a symposium on ‘The global strategy and teamwork for periodontal health and overall health’ at FDI WDC.

The GPHP aims to achieve global periodontal health by reducing the burden of periodontal disease. The project is designed to be global, inclusive and integrative by targeting oral health professionals, policymakers, educators, patients and the general public. It involves raising awareness of the impact of gum disease on public health and socio-economic development, engaging stakeholders in promoting periodontal health and disease prevention. A further objective is to integrate oral/periodontal health into policies addressing general health and NCDs through a common risk factor approach.

GPHP was conceived as a multi-partner project and EMS Electro Medical Systems came on board as the first partner in December 2016. Further activities will be developed and rolled out once a second partner joins the project.

Peri-implant Disease

In December 2016, FDI partnered with the International Congress of Oral Implantologists (ICOI), a provider of continuing dental implant education, to organize an expert workshop to define state of the art knowledge on peri-implant diseases (PID).

This workshop followed an expert meeting convened in June 2016, which concluded that the first objective of this FDI project should be to increase the understanding of PID among general dental practitioners. The meeting’s deliberations were based on specific PID challenges identified as:

- Lack of awareness among oral health professionals, public, policymakers, educators and patients
- Lack of updated and adapted continuing education for oral health professionals
- Lack of a relevant and harmonized PID curriculum
- Need for the development of updated recommendations/guidelines on PID for oral health professionals

The PID project offers an opportunity to integrate specific activities to reduce the rate of implant-related complications and failures.
Advocacy

Vision 2020

In 2016, following recommendations by the Vision 2020 Task Team, national and global advocacy, previously carried out independently, were consolidated under the umbrella of Vision 2020. This is now FDI’s official advocacy strategy to raise the political profile of oral health among public health officials and other decision-makers.

The five objectives driving Vision 2020 are to:

1. Ensure the interests of the oral health community are included in the global health and development agenda
2. Mobilize FDI member associations by equipping them with the tools and resources to advocate at a national level
3. Unite the oral health community under FDI’s new definition of oral health and provide a measurement tool by which to monitor progress
4. Gain global visibility for oral disease and integrate into general health by leveraging the NCD Alliance partnership
5. Promote inter-professional collaborative practice (ICP) through working with international partners such as WHPA

In 2016, Planmeca and Wrigley joined other partners GC International AG, Henry Schein, Ivoclar-Vivident, Morita, Sunstar and Unilever in providing unrestricted support to Vision 2020.

Oral health and the global health agenda

World Health Organization’s Executive Board and World Health Assembly

As FDI is in official relations with the World Health Organization (WHO), it leveraged the opportunity to represent the interests of member national dental associations and the broader oral health community, with statements during the WHO’s Executive Board (EB) in January and the World Health Assembly (WHA) in May.

The EB and the WHA are an opportunity for FDI to provide input to draft documents and thus ensure an oral health component is integrated into WHO strategic objectives and their associated action plans.
Resolveds derived from the documents will eventually be adopted by the 193 United Nations (UN) Member States. It is therefore essential for FDI to be the voice of the oral health community at a global level and ensure any decisions support the work of its member associations at a national level.

In January, during a debate at the 138th EB session on the 'The draft global strategy and plan of action on ageing and health', FDI addressed the agenda item 'Multisectoral action for a life-course approach to healthy ageing' with comments derived from the FDI Policy Statement 'Oral Health for Healthy Ageing', adopted in 2015.

In May, FDI addressed the 69th WHA in three key policy areas: maternal, young child and infant nutrition, noncommunicable diseases (NCDs) and oral health and ageing populations. The FDI comment on the agenda item concerning maternal, young children and infant nutrition, drew inspiration from the recommendations contained in the FDI Policy Statement 'Dietary Free Sugars and Dental Caries', adopted in 2015.

The FDI statement on NCDs constituted a preliminary response to specific assignments in preparation for the third High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs to take place in 2018. Discussion of this issue were set to continue at the January 2017 EB. In its statement on oral health and ageing populations, FDI pointed out that, while oral health is integrated in the strategic objectives contained in the WHO 'Draft global strategy and plan of action on ageing', it is absent from the plan of action.

**WHO AFRO: regional oral health strategy 2016-2025 launch**

FDI welcomed WHO’s ‘Regional oral health strategy for Africa 2016–2025’, which, in line with the FDI approach, addresses oral disease within an overall strategy for NCDs. In addition to helping promote this key document, FDI mobilized its members in the AFRO region, specifically those previously involved with FDI’s Strategy for Africa and encouraged them to lobby their Chief Dental Officer (CDO) and/or Ministry of Health (MOH) to be part of their country’s official delegation at the WHO AFRO Regional Consultation, where the strategy was launched in August 2016. They were also encouraged to highlight the importance of their MOH attending the regional meeting and push for their participation, as well as equip their representatives with statements that included statistics on the oral disease burden in their country as well as outlining some of the challenges that still needed to be addressed.

Of the 17 member organizations contacted in the AFRO region, 59% followed up with their CDO and/or MOH, 24% had representation at the meeting and 29% input into the meeting documents through their CDO or MOH. FDI also gave a joint statement with its member, the Ethiopian Dental Professionals Association, which was read by its President Dr Mulualem Tegegnework.
Supporting WHO in dental antimicrobial stewardship

WHO Director General Dr Margaret Chan has called antimicrobial resistance “a slow-motion disaster” and the subject is now a permanent agenda item at the WHA. In February 2016, FDI was involved in a WHO Consultation of Member States and relevant partners on options for establishing a global development and stewardship framework to ensure the voice of dentistry was represented. The aim was to support the development, control, distribution and appropriate use of new antimicrobial medicines, and promoting affordable access to existing and new antimicrobial medicines and diagnostic tools, taking into account the needs of all countries, and in line with the global action plan on antimicrobial resistance.

With dentists prescribers of antibiotics in prophylaxis and treatment, FDI organized a hot topic session during FDI’s WDC titled ‘Overuse of antibiotics: risks for dentistry too?’. The session discussed national and international programmes to help prevent bacterial resistance and the role of the dental practitioner in professional and political actions to improve antibiotic stewardship. FDI also collaborated with WHO to develop a series of five messages on antibiotic resistance targeting dentists. The messages were used in a dedicated flyer developed for the World Antibiotic Awareness Week 2016 campaign, 14–20 November.

Work on antimicrobial resistance will continue in 2017, and it will, constitute, inter alia, the subject matter for the FDI Science Committee Forum during the WDC in Madrid.

Minamata Convention on Mercury

In March 2016, FDI participated in the 7th session of the Intergovernmental Negotiating Committee on Mercury (INC7) as well as a pre-session side-event titled ‘Implementing successful amalgam phase down strategies in developed and developing countries’. The latter event was organized by UNEP Global Mercury Partnership, of which FDI is a member, the World Alliance for Mercury Free Dentistry and Zero Mercury Working Group (ZMWG).

In a statement to INC7, and backed by the results of a survey among members on the use of dental amalgam and access to alternative restorative materials, FDI called for more financial support to fund the phase-down of amalgam in least developed countries. It recommended promoting:

1. disease prevention and alternatives to amalgam;
2. research and development of cost-effective alternatives; and
3. education of dental professionals and the raising of public awareness.
The Minamata Convention on Mercury, opened for signature in 2013, enters into force (in ratifying countries) 90 days after ratification by 50 countries. At the end of 2016, there were over 130 signatory countries, 35 of which had already ratified. This means that, with full ratification imminent, there is a need for information among members of the world’s dental community.

With this in mind, FDI held a well-attended World Oral Health Forum (WOHF) during FDI’s WDC titled ‘Are you ready for amalgam phase-down? How the Minamata Convention impacts your dental practice’. It focused on the need to commit to the phase-down, translational research, alternative and new restorative materials post-Minamata and the implications of the Minamata Convention for the oral health community in a resource-constrained setting, notably Africa. A webcast of the WOHF is available on the FDI website.

**Radiation**

In February 2016, FDI was represented at the Consultancy Meeting on Radiation Protection in Dental Uses of Ionizing Radiation, held at the headquarters of the International Atomic Energy Agency (IAEA) in Vienna, Austria. The aim was to review a series of IAEA training lectures for personnel in the field, review and amend information published on the ‘Radiation protection of patients (RPOP)’ page of the IAEA website and prepare a plan of action.

The meeting reflected concerns that a significant increase in the use of dental Cone Beam Computed Tomography (CBCT) may result in a considerable rise of dose per dental patient. In this respect, the 10 main actions of the 2012 ‘Bonn call for action’ ([http://www.who.int/ionizing_radiation/medical_exposure/Bonn_call_action.pdf](http://www.who.int/ionizing_radiation/medical_exposure/Bonn_call_action.pdf)) were deemed to be of particular interest to the global dental community. The aim of the work being carried out with IAEA is to produce a Safety Report on Radiation Protection in Dental Radiology, which should be released in 2017.

**Providing tools for national-level advocacy**

FDI launched ‘Sugars and Dental Caries – A practical guide to reduce sugars consumption and curb the epidemic of dental caries’, at the end of 2016. The aim is to support the advocacy work of FDI member associations in establishing and implementing goals for policy change.

The practical guide provides an overview on the issue and addresses the global challenge of reducing sugar consumption. It helps member associations set short- and long-term objectives to achieve sustainable policies to reduce intake of free sugars. Suggested measures include the implementation of education campaigns, taxation of sugar sweetened beverages, restricting advertising, for example.

The practical guide, which will be translated into French, German and Spanish in 2017, fully supports the recommendations made in the ‘Guideline: Sugars intake for adults and children’ published by WHO. These state that sugar intake should make up less than 10% of total energy intake per day – and less than 5% (roughly 25 grams or 6 teaspoons) for additional health benefits.

The WHO guideline was also the subject of debate during the WOHF 2015 ‘New WHO Guideline on sugars intake for adults and children’ the ‘Proceedings’ were released in conjunction with the FDI practical guide.
Uniting the oral health community under FDI’s new oral health definition

The Vision 2020 Think Tank, led by the Co-Chairs Profs. Michael Glick and David Williams, presented the new oral health definition to the FDI General Assembly. It was approved by a majority vote of 92%, thereby heralding a new era for the world dentistry:

“Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.”

Further attributes related to the definition state that oral health:

- is a fundamental component of health and physical and mental well-being. It exists along a continuum influenced by the values and attitudes of individuals and communities;
- reflects the physiological, social and psychological attributes that are essential to the quality of life;
- is influenced by the individual’s changing experiences, perceptions, expectations and ability to adapt to circumstances.

A press release to spread the news on the new definition resulted in 453 articles generated in major healthcare and media news sites with a potential audience of 223.8 million.

To date, the definition has been published as full editorials, commentaries or perspectives in the following journals: International Dental Journal; Journal of the American Dental Association; American Journal of Orthodontics & Dentofacial Orthopedics; British Dental Journal and the Journal of Dental Research. Further articles are anticipated in 2017.

The definition and its companion framework is available in seven languages: Arabic, Chinese, English, French, German Russian and Spanish. PowerPoint presentations were prepared for each language and
presented on a new web page specifically created to generate visibility and encourage downloads. A further translation into Japanese was provided by the Japan Dental Association.

The next phase of work is now underway to develop standardized assessment and measurement tools for consistent data collection at a global level to help provide support to FDI’s oral health advocacy. This will be presented for formal approval at FDI’s WDC 2017 in Madrid.

Integrating oral health into general health

In its efforts to integrate oral health into general health, FDI became a member of an advocacy alliance on noncommunicable diseases (NCDs) called the NCD Alliance (NCDA) Supporters Consultation Group (SCG) in April 2016. The Alliance was founded in 2009, by four organizations representing the major NCDs, which include cardiovascular disease, cancer, diabetes and chronic respiratory disease. Today, NCDA brings together more than 2,000 organizations, covering all disease areas, from over 170 countries and works on a global, regional and national level to bring a united voice to the global campaign on NCDs.

FDI is the only organization representing oral health within the SCG, which comprises 14 organizations from NGOs, foundations and private sector. Joining the alliance is a key step in helping FDI integrate oral health into chronic disease prevention programmes to reduce their human, economic and social burden. By working with the NCDA, FDI can adopt a common risk factor approach (CRFA) and integrate oral health into policies addressing NCDs.

Membership of NCDA SCG consolidates the process begun in 2011, when FDI achieved its aim of having a specific reference to oral diseases in the United Nations Political Declaration on the Prevention and Control of Noncommunicable Diseases.

In 2016, FDI leveraged its NCDA partnership by ensuring that NCDA statements and briefing papers for the August 2016 WHO AFRO Regional Consultation – where AFRO launched its regional oral health strategy 2016–2025 – contained oral health messages, as well as at other major events where NCDA was present.

NCDA also supported the attendance of the FDI member Botswana Dental Association at a joint consultation with WHO AFRO in October 2016 in Balaclava, Mauritius. The subject was the roles and responsibilities of WHO and Civil Society Organizations in the prevention and control of NCDs in the African region. The consultation resulted in the creation of an AFRO regional NCD civil society organizations network. This network will allow for increased information exchange among members and help build capacity, as well as a stronger NCD advocacy response in the region, with oral health addressed as part of the discussions.
Inter-professional collaboration

FDI collaborates closely with the world’s physicians, nurses, pharmacists and physical therapists through its membership of the World Health Professions Alliance (WHPA). It participates in joint WHPA statements to the WHO EB and WHA, and leads or participates in WHPA campaigns in fields such as the prevention and control of NCDs and the fight against fake medicines.

WHPA IS AN ALLIANCE OF THE GLOBAL ORGANIZATIONS representing the world’s dentists, nurses, pharmacists, physical therapists and physicians. It speaks for more than 26 million healthcare professionals in more than 130 countries.

WHPA members are: FDI, the World Medical Association (WMA), the International Pharmaceutical Federation (FIP), the International Council of Nurses (ICN), and the World Confederation for Physical Therapy (WCPT).

Statements at WHO events

FDI contributed to four WHPA statements to the WHO EB and a further five statements to the WHA addressing: Multisectoral action for a life course approach to healthy ageing; draft global strategy and plan of action on ageing and health; Operational plan to take forward the Global Strategy on Women’s, Children’s and Adolescent’s Health; Substandard/spurious/falsely-labelled/falsified/counterfeit medical products; Health workforce and services; and the Framework of engagement with non-State actors.

Health professions regulation

The May 2016 World Health Professions Regulation Conference, organized jointly by WHPA and FDI, assembled some 200 delegates to listen, learn and reflect on optimal regulation to achieve desired goals. The conference was held under the theme ‘Health professional regulation - facing challenges to acting in the public interest’. It featured two speaker sessions, one expert panel, and a special keynote with two renowned guests.

Participants included government representatives, health regulators and professional medical associations. The main areas of debate were globalization, regulatory balance, risk assessment and inter-professional collaboration. The first keynote session, by Jim Campbell, Director of the WHO Health Workforce Department and Executive Director of the Global Health Workforce Alliance (GHWA) discussed

The second keynote address was delivered by WMA President Professor Sir Michael G. Marmot, Director of the Institute of Health Equity at the Department of Epidemiology & Public Health, University College, London. The subject was ‘Sustainable development goals: What is the impact on Human Resources for Health?

FDI Councillor Prof. Nermin Yamalik addressed a special panel ‘Focus on patient, patient outcomes and quality of care: The impact of shared competencies and scopes of practice on regulation and quality of care’. Her contribution was titled ‘Quality of care, patient safety & shared competencies: A dental perspective’.

**The fight against fake medicines**

WHPA launched a new interactive video in September titled ‘Counter the counterfeits’ to help educate the public, healthcare professionals and policymakers on the dangers of fake (counterfeit) medicines. It is latest contribution to the WHPA Counterfeit Medical Products Campaign, launched in 2006.
Capacity building

Strategy for Africa

In February 2016, FDI successfully concluded a four-day Leadership Training Workshop for 20 Africa-based NDAs in the context of the Strategy for Africa. With a focus on communication, advocacy and fundraising, it was the second in a series aimed at helping build capacity and ensuring participants acquired key skills to make them stronger oral health advocates in their home countries.

The Workshop assembled participants from Benin, Botswana, Burkina Faso, Côte d’Ivoire, Egypt, Ethiopia, Ghana, Kenya, Mali, Mauritius, Morocco, Niger, Nigeria, Senegal, South Africa, Tanzania, Togo, Tunisia, Uganda and Zimbabwe. The training sessions were in English with simultaneous translation into French.

Dr Benoit Varenne (Regional Adviser, Oral Health, Non-Communicable Diseases Cluster, WHO Regional Office for Africa), was also present and outlined WHO commitments to oral health in the ARFO region. He highlighted how NDAs could get involved with WHO activities and encouraged them to engage with their local MOH and CDOs to ensure their voice is heard when local policies are being formulated.

The Workshop concluded with participants signing a pledge where they committed to take action around the Minamata Convention on Mercury, specifically to:

- Communicate benefits about the Convention;
- Brainstorm within their NDA to provide a legal or policy framework to address the challenge of phasing-down dental amalgam;
- Undertake continuing professional development on best practices and management of amalgam.

It was a productive and much appreciated workshop and the work of FDI Councillor Prof. Ihsane Ben Yahya, who leads FDI’s Strategy for Africa should be commended. The programme will continue during the first African Regional Dental Congress, in April 2017 in Marrakesh. The Strategy for Africa reflects FDI’s commitment to empowering Africa-based NDAs to further the cause of oral health on the African continent. The workshop was carried out with the support of Unilever.
The new *International Dental Journal* (IDJ) App was launched in 2016 to make the publication more accessible to ‘dentists-on-the-go’. It is available for Apple mobile devices on the App Store and aims to extend the journal’s readership and impact.

IDJ is FDI’s main scientific publication, featuring peer-reviewed, scientific articles relevant to international oral health and focusing on three areas: practice-related research, international public health and inter-professional education and practice. It also publishes concise reviews that synthesize the state of the science on topics of importance to oral healthcare providers.

Six official editions (print and online) were published in 2016 and a new Commentary section – a scholarly, explanatory essay that addresses an important topic in dentistry/dental medicine – was also launched. Commentaries are invited by the Editor or Associate Editors, but can also be submitted for consideration by other authors. The Commentary articles offer a perspective that adds to the current discussion on a timely subject.

In addition, a special edition containing all the abstracts was made available online in advance of the 2016 World Dental Congress.

FDI Policy Statements adopted at the 2015 World Dental Congress were published in the February 2016 edition (Volume 66, Issue 1, Pages 1–57).

### Publishing statistics

#### Readership

- There were 74,173 individual article downloads (i.e. nearly 6,200 per month), with a peak of 7,707 downloads in October 2016.
- The most popular section was Practice Related Research (3,843 downloads), followed by International Public Health (2,955), Concise Review (1,562), International Education and Practice (405) and Interprofessional Education and Practice (392).
- The IDJ app was downloaded 214 times in the period up to 31 December 2016, yielding 1,467 page views.

#### Subscriptions

- The number of subscriptions that IDJ received through collections in 2016 was 4,334. Added to this were 235 individual institutional subscriptions, bringing the total to 4,569.

The 2016 impact factor (based on citations from 2014-2015) will be available in June 2017.
Governance

Mid-Year meetings
The mid-year meetings, held in Nice, France, in April, demonstrated the commitment of Council and the Standing Committees to work together to reach FDI goals and communicate their activities. The meetings featured a plenary session, with details from the Executive Committee on FDI’s current work and priorities, a report on the preliminary results of World Oral Health Day 2016 and a brief outline of FDI’s financial performance.

The session also featured a presentation by co-Chairs of the Vision 2020 Think Tank about the new definition of oral health for debate and input from participants, followed by reports on the current and future activities from the Chairs of the five Standing Committees.

General Assembly
During the 2016 meeting of the General Assembly at FDI’s WDC, it was resolved that:

- The new definition of oral health as presented at this meeting, be approved and adopted as the FDI Definition of Oral Health (for full definition, see page 19).
- The revised FDI Policy Statement ‘Dental Unit Water Systems and Microbial Contamination’ be approved.
- The revised FDI Policy Statement ‘Minimal Intervention Dentistry (MID) for Managing Dental Caries’ be approved.
- The revised FDI Policy Statement ‘Partnering for Better Health – The Dentist-Patient-Relationship’ be approved.
- The revised FDI Policy Statement ‘Preventing Oral Diseases’ be approved.
- The FDI Policy Statement ‘Evidence-based Dentistry (EBD)’ be approved.
- The FDI Policy Statement ‘Grey Market and Non-Compliant Dental Products’ be approved.
- The FDI Policy Statement ‘Oral Health and Dental Care of People with Disabilities’ be approved.
- The FDI Policy Statement ‘Sports Dentistry’ be approved.

Governance Review
Following the 2015 Governance review, the General Assembly approved additional recommendations related to membership: certification, definition of a “significant representative of dentistry” in the country, term “country” and the definition of the “principal dental association”.

The General Assembly also confirmed the criteria for the position of FDI President-elect, with one change and approved the change of name from ‘FDI Annual World Dental Congress’ to ‘FDI World Dental Congress’.

There were no further changes to key elements of governance and guiding principles.
Council

FDI congratulated Prof. Ihsane Ben Yahya and Dr Kathy Roth for their re-election to the FDI Council and welcomed Assist. Prof. Nikolai Sharkov as FDI Councillor.

FDI would like to thank Prof. Nermin Yamalik for her vital contributions to FDI Committees, Working Groups and the Council, after her second term on the Council came to an end in Poznań.

President
▶ Dr Patrick Hescot FRA

President-Elect
▶ Dr Kathy Kell USA

Treasurer
▶ Dr Jack Cottrell CAN

Speaker
▶ Dr Gerhard Seeberger ITA

Ex-Officio Member
▶ Enzo Bondioni CHE

Members
▶ Prof. Ihsane Ben Yahya MAR
▶ Dr Edoardo Cavallè ITA
▶ Dr Ashok Dhoble IND
▶ Dr Jaime Edelson MEX
▶ Dr Kim Chuan How MYS
▶ Prof. Takashi Inoue JPN
▶ Prof. Li-Jian Jin HKG
▶ Dr Alvaro Roda URY
▶ Dr Kathy Roth USA
▶ Assist. Prof. Nikolai Sharkov BLG (from 10 Sept. 2016)
▶ Prof. Nermin Yamalik TUR

List of Honour

Prof. Ana Pereira, Prof. Derek Jones and Dr Stephen Hancocks were recognized as distinguished contributors to FDI and awarded its highest accolade, by being included in the List of Honour.

Full details of current FDI Council, Standing Committee and Task Team members are available online respectively at fdiworlddental.org/council and fdiworlddental.org/standing-committees.
Membership

FDI members are the backbone of the organization and their support at a national level is critical to the success of our activities at a global level. It is therefore essential for us to maintain a continuous dialogue and ensure their constant engagement with FDI and its work. In that way, we can work together to address the global burden of oral disease and promote oral health worldwide.

It was extremely encouraging to see that FDI membership grew in 2016, welcoming six new members. Four are ‘Regular’ members, that is national dental associations (NDAs) recognized by FDI as principal associations and significant representatives of the legal and certified dental profession in their own countries:

- Dental Chamber of Kosova
- Emirates Dental Society - Emirates Medical Association
- Macedonian Dental Chamber
- United Kazakhstan Association of Dentists

One member changed its status from ‘Supporting’ to ‘Affiliate’ member, that is a not-for-profit international dental association representing dental organizations whose missions are in line with those of FDI:

- Academy of Osseointegration

Two of the new members are ‘Supporting’ members, defined as a not-for-profit organization with an international role and objectives in or related to the field of dentistry:

- Fundación Salud Oral
- International College of Cranial-mandibular Orthopedics

FDI membership in 2016 comprised 189 NDAs and specialist groups in 130 countries.

Membership Liaison and Support Committee (MLSC)

During the mid-year meetings, the MLSC gave details of the ‘Member supports member’ project, which seeks to encourage members to support other members when the need arises, e.g. Canadian National Dental Association for Cambodia and Afghanistan; Bulgarian Dental Association for the Association Médicale Scientifique Républicaine de Stomatologie.
Regular Members

- Afghanistan Dentists’ Association AFG
- Albanian Dental Association ALB
- Collegi d’Odontòlogues d’Andorra AND
- Angolan National Association of Stomatologists Technicians A.N.T.E.A. ASG
- Confederación Odontológica de la República Argentina ARG
- Armenian Dental Association ARM
- Australian Dental Association Inc AUS
- Österreichische Zahnärztekammer (Austrian Chamber of Dentistry) AUT
- Azerbaijan Stomatological Association AZE
- Bahamas Dental Association BHS
- Bangladesh Dental Society BDG
- Barbados Dental Association BBR
- Belorussian Dental Association BLR
- Chambres Syndicales Dentaires BEL
- Société de Médecine Dentaire BEL
- Verband der Vlaamse Tandartsen BEL
- ‘Association des Chirurgiens-Dentistes du Bénin BEN
- Colegio de Odontólogos de Bolivia BOL
- Dental Association of Bosnia & Herzegovina BIV
- Botswana Dental Association BWA
- Brazilian Association of Dental Surgeons - ABCD BRA
- Association Médicale Scientifique Républicaine de la Stomatologie BRF
- Bulgarian Dental Association BGR
- Association des Chirurgiens-Dentistes du Burkina BRI
- Myanmar Dental Association MMR
- Cambodian Dental Association KHM
- Association Nationale des Odontologists du Cameroun (ANOC) CMR
- Canadian Dental Association CAD
- Colegio de Cirujanos Dentistas de Chile CHL
- Chinese Dental Association CHN
- Chinese Taipei Dental Association CNA
- Federación Odontológica Colombiana COL
- Association Nationale des Chirurgiens-Dentistes CON
- Colegio de Cirujanos Dentistas de Costa Rica CRC
- Association des Odonto-Stomatologues de Côte d’Ivoire CIV
- Croatian Dental Chamber HRV
- Croatian Dental Society HRV
- Società Cubana de Estomatologia CUB
- Cyprus Dental Association CYP
- Czech Dental Chamber CZE
- Association of Public Health Dentists DNK
- Dentodontologierna DNK
- Dental Chamber of Kosovo MKD
- Federación Odontológica Ecuatoriana ECU
- Egyptian Dental Association EGY
- Egyptian Dental Syndicate EGY
- Emirates Dental Society - Emirates Medical Association UAE

Affiliate Members

- Academy of Osseointegration USA
- Groupement des Associations Dentaires Francaisophones (GADEP) FRA
- International Society of Computerized Dentistry DEU
- Iranian-German Implant Association - IGI DEU
- International Association for Disability and Oral Health NLD
- Associação Dentária de Lusofona (ADL) PRT
- International Association of Dento-Maxillofacial Radiology ZAF
- International Association of Dental Students CHE
- International Association of Paediatric Dentistry CHE
- The Commonwealth Dental Association GBR
- International Association for Dental Research USA
- International College of Dentists USA
- Sociedad Odontológica de Chile CHL
- Freier Verband Deutscher Zahnärzte DEU
- Japant Dental Trade Association JPN
- Young Dental Care Worldwide Pol
- Mundo a Sorris – Associação de Medicos Dentistas Solidários Portugueses PRT
- Association of Dental Dealers in Europe (ADDE) CHE
- No Noma Foundation - Fédération Internationale No Noma CHE
- Toothfriendly Foundation CHE
- Gobio Dental Alliance UAE
- The British Dental Industry Association GBR
- KNMT (Dutch Dental Association) NLD
- New Zealand Dental Association NZL
- Association des Chirurgiens-Dentistes du Niger NER
- Nigerian Dental Association NGR
- Norwegian Dental Association NOR
- Pakistan Dental Association PAK
- Palestine Dental Association PSE
- Association Odontologiaca Panama PAN
- Federación Odontológica del Paraguay PYR
- Philippines Dental Association PHL
- Polish Chamber of Physicians and Dentists PCX
- Polish Dental Society POL
- CMD - Ordem dos Médicos Dentistas PRT
- SPFMED - Sociedade portuguesa de Estomatologia e Medicina Dentária PRT
- Romanian Dental Association of Private Practitioners (ROAPP) ROU
- Russian Society of Stomatologists RUS
- Association Rwandaise des Chirurgiens-Dentistes RWI
- The Saudi Dental Society SAU
- Association Nationale des Chirurgiens-Dentistes Sénégalais (A.N.C.D.S) SEN
- Serbian Dental Association SRB
- Dental Association of Seychelles SYC
- Singapore Dental Association SGP
- Slovak Chamber of Dentists SVK
- Slovenian Dental Association SVN
- South African Dental Association SAF
- Consejo General de Colegios Odontólogos y Estomatólogos de España ESP
- Sri Lanka Dental Association LKA
- Sudanese Dental Union SDN
- Swiss Dental Association (SSO) CHE
- Syrian Dental Association SYR
- Tanzania Dental Association TZA
- Dental Association of Thailand THA
- Associação Dentaria de Timor-Leste (ADTL) TLS
- Association des Chirurgiens-Dentistes du Togo TGO
- Dental Association of Uganda UGU
- Ukrainian Dental Association UKR
- United Kazakhstan Association of Dentists KAZ
- Dubai Dental Centre – UAE UAE
- British Dental Association GBR
- American Dental Association USA
- Association Odontológica Uruguaya URY
- Vanuatu Dental Association VUT
- Vietnam Odonto-Stomatological Association VOSA
- Zimbabwe Dental Association ZWE
- Dentists Section of the Hungarian Medical Chamber HUN
- Circulo de Odontólogos del Paraguay PYR

Associate Members

- Associação Odontológica Argentina ARG
- Dental Chamber of Federation of Bosnia and Herzegovina BIV
- Vietnamese Dental Association VNM
- Moldovan Association of Stomatologists (MAS) MD
- Romanian Dental Association of Private Practitioners (ROAPP) ROU
- Academic of Dental Education Association ADE
- International Congress of Dental Educators and Associations (IFDEA) USA
- The International Congress of Oral Implantologists USA
- International Academy of Periodontology (IAP) USA
- Pierre Fauchard Academy USA
- Alpha Omega International Dental Fraternity USA
- Academy of Dentistry International USA
- Dental Section of the Hungarian Medical Chamber HUN

Supporting Members

- Australian Dental Industry Association AUS
- Brazilian Dental Industry Associations BRD
- Georgian Implantological Association GEO
- Federation of the European Dental Industry (FIDE) DEU
- International College of Cranial-mandibular Orthopedics USA
- International Dental Manufacturers DEU
- Balkan Stomatological Alliance GRC
- European Dental Student Association (EDSA) NIL
- Fundación Salud Oral GTM
- Japanese Dental Association JPN
- Young Dental Care Worldwide Pol
- Mundo a Sorris – Associação de Medicos Dentistas Solidários Portugueses PRT
- Association of Dental Dealers in Europe (ADDE) CHE
- No Noma Foundation - Fédération Internationale No Noma CHE
- Toothfriendly Foundation CHE
- Gobio Dental Alliance UAE
- The British Dental Industry Association GBR
- British Dental Health Foundation and International Dental Health Foundation GBR
- Academy of General Dentistry USA
- American Association of Orthodontists USA
- Dental Trade Alliance USA
- Americans Toothfairy Foundation USA
- Organization for Safety & Asepsis Prevention USA
- American Dental Education Association USA
Letter from the auditor

Report of the auditor to the Council of FDI Fédération Dentaire Internationale (FDI World Dental Federation)

Meyrin

Report of the auditor on the abstract of financial statements

The accompanying summary financial statements, which comprise the (statement of assets, liabilities and reserve funds and statement of receipts and operating expenditure) as at 31 December 2016 for the year then ended are derived from the audited financial statements of FDI Fédération Dentaire Internationale (FDI World Dental Federation) for the year ended 31 December 2016. We expressed an unmodified audit opinion on those financial statements in our report dated 28 February 2017. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Swiss GAAP FER, the Swiss law and the association's articles of incorporation. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of FDI Fédération Dentaire Internationale (FDI World Dental Federation).

Council's responsibility

The Council is responsible for the preparation of the summary financial statements in accordance with the requirements of Swiss GAAP FER, the Swiss law and the association’s articles of incorporation.

Auditor’s responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Swiss Auditing Standard (SAS) 810, 'Engagements to Report on Summary Financial Statements'.

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of FDI Fédération Dentaire Internationale (FDI World Dental Federation) for the year ended 31 December 2016 are consistent, in all material respects, with those financial statements, prepared in accordance with Swiss GAAP FER, the Swiss law and the association’s articles of incorporation.

PricewaterhouseCoopers SA

Marc Secretan
Audit expert
Geneva, 28 February 2017

Enclosure: Summary financial statements (statement of assets, liabilities and reserve funds and statement of receipts and operating expenditure)
NOTE The financial statements will be officially adopted by the FDI General Assembly in August 2017.

History of income, operating expenditure and result of the year

Income

Operating expenditure

NOTE The financial statements will be officially adopted by the FDI General Assembly in August 2017.
## Statement of assets, liabilities and reserve funds
(in CHF at 31 December 2016)

### Assets

#### Current assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>3,265,649</td>
<td>3,201,902</td>
</tr>
<tr>
<td>Accounts receivable, net</td>
<td>1,554,418</td>
<td>399,204</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>1,560,916</td>
<td>399,724</td>
</tr>
<tr>
<td>Provision for bad and doubtful debts</td>
<td>-6,498</td>
<td>-520</td>
</tr>
<tr>
<td>Prepayments, deferred costs and other current assets</td>
<td>160,413</td>
<td>167,998</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>4,980,480</strong></td>
<td><strong>3,769,104</strong></td>
</tr>
</tbody>
</table>

#### Non-current assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible fixed assets</td>
<td>210,602</td>
<td>159,208</td>
</tr>
<tr>
<td>Financial fixed assets</td>
<td>917,586</td>
<td>1,883,992</td>
</tr>
<tr>
<td>Guarantee deposits</td>
<td>63,995</td>
<td>64,012</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td><strong>1,192,183</strong></td>
<td><strong>2,107,212</strong></td>
</tr>
</tbody>
</table>

**Total assets**

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,172,663</td>
<td>5,876,316</td>
</tr>
</tbody>
</table>

### Liabilities and reserve funds

#### Current liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>229,121</td>
<td>71,680</td>
</tr>
<tr>
<td>Other payables</td>
<td>95,482</td>
<td>31,034</td>
</tr>
<tr>
<td>Accrued liabilities</td>
<td>84,619</td>
<td>138,954</td>
</tr>
<tr>
<td>Deferred income</td>
<td>1,775,241</td>
<td>1,234,080</td>
</tr>
<tr>
<td>Provisions</td>
<td>42,461</td>
<td>58,075</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>2,226,924</strong></td>
<td><strong>1,533,823</strong></td>
</tr>
</tbody>
</table>

**Total liabilities**

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,226,924</td>
<td>1,533,823</td>
</tr>
</tbody>
</table>

#### Reserve funds

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted funds</td>
<td>515,948</td>
<td>330,749</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>3,429,791</td>
<td>4,011,744</td>
</tr>
<tr>
<td>General reserve brought forward</td>
<td>2,796,754</td>
<td>3,354,791</td>
</tr>
<tr>
<td>Net income / (loss) for the year</td>
<td>633,037</td>
<td>656,953</td>
</tr>
<tr>
<td><strong>Total reserve funds</strong></td>
<td><strong>3,945,739</strong></td>
<td><strong>4,342,493</strong></td>
</tr>
</tbody>
</table>

**Total liabilities and reserve funds**

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,172,663</td>
<td>5,876,316</td>
</tr>
</tbody>
</table>

---

2016 Annual Report
FDI World Dental Federation
# Statement of receipts and operating expenditure
*(in CHF at 31 December 2016)*

## Income

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership</td>
<td>1 563 596</td>
<td>1 563 054</td>
</tr>
<tr>
<td>Congress</td>
<td>994 661</td>
<td>926 735</td>
</tr>
<tr>
<td><em>World Dental Congress</em></td>
<td>894 661</td>
<td>841 735</td>
</tr>
<tr>
<td><em>Regional Congress</em></td>
<td>100 000</td>
<td>85 000</td>
</tr>
<tr>
<td>Corporate partnerships</td>
<td>2 433 976</td>
<td>2 331 170</td>
</tr>
<tr>
<td><em>Unrestricted</em></td>
<td>1 443 839</td>
<td>1 812 359</td>
</tr>
<tr>
<td><em>Restricted</em></td>
<td>990 137</td>
<td>518 811</td>
</tr>
<tr>
<td>Other income</td>
<td>219 033</td>
<td>156 769</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>5 211 266</strong></td>
<td><strong>4 977 728</strong></td>
</tr>
</tbody>
</table>

## Operating expenditure

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel costs</td>
<td>2 085 492</td>
<td>2 247 079</td>
</tr>
<tr>
<td>Office</td>
<td>358 701</td>
<td>377 489</td>
</tr>
<tr>
<td>Travel &amp; subsistence</td>
<td>492 485</td>
<td>556 559</td>
</tr>
<tr>
<td>Operational</td>
<td>1 132 458</td>
<td>1 094 498</td>
</tr>
<tr>
<td>Congress-specific</td>
<td>86 188</td>
<td>103 872</td>
</tr>
<tr>
<td>Print/Communication/Web</td>
<td>234 261</td>
<td>100 588</td>
</tr>
<tr>
<td>Non-project</td>
<td>53 287</td>
<td>70 663</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>4 442 872</strong></td>
<td><strong>4 550 748</strong></td>
</tr>
</tbody>
</table>

## Operational result

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial result</td>
<td>-295 136</td>
<td>-30 226</td>
</tr>
<tr>
<td><strong>Net-operational result</strong></td>
<td><strong>473 258</strong></td>
<td><strong>396 754</strong></td>
</tr>
<tr>
<td>Restricted income allocated to restricted funds</td>
<td>-990 137</td>
<td>-518 811</td>
</tr>
<tr>
<td>Restricted income withdrawn from restricted funds</td>
<td>1 149 915</td>
<td>779 010</td>
</tr>
<tr>
<td><strong>Result of the year</strong></td>
<td><strong>633 037</strong></td>
<td><strong>656 953</strong></td>
</tr>
</tbody>
</table>

## Unrestricted funds at the end of the year

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unrestricted funds at the end of the year</strong></td>
<td><strong>3 429 791</strong></td>
<td><strong>4 011 744</strong></td>
</tr>
</tbody>
</table>
Staff

EXECUTIVE DIRECTOR
Enzo Bondioni

EDUCATION AND PUBLIC HEALTH MANAGER
Isabelle Bourzeix

BUSINESS DEVELOPMENT AND CORPORATE RELATIONS DIRECTOR
Emmanuel Chevron

ORAL HEALTH ATLAS PROJECT MANAGER
Naryttza Diaz-Fortier

CONGRESS MANAGER
Steeve Girod

EDUCATION AND PUBLIC HEALTH DIRECTOR
Virginie Horn-Borter

GOVERNANCE AND MEMBERSHIP DIRECTOR
Djerdana (Gina) Ivosevic

COMMUNICATIONS AND ADVOCACY DIRECTOR
Charanjit (Chaz) Jagait

ORAL HEALTH PROJECT MANAGER
Tina Hong Kaiser

MEMBERSHIP MANAGER
Maria Kramarenko

MULTIMEDIA AND GRAPHIC DESIGN MANAGER
Gilberto Lontro

COMMUNICATIONS MANAGER
Claudia Marquina

FINANCE AND ADMINISTRATION DIRECTOR
Céline Ormancey

FINANCE COORDINATOR
Cindy Romand

COMMUNICATIONS MANAGER
Christopher Simpson

EDUCATION AND PUBLIC HEALTH COORDINATOR
Sean Taylor
Partnering for optimal oral health

FDI believes in partnerships with like-minded organizations to advance oral health worldwide. FDI is grateful to all of its programme supporters and partners of 2016:
Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.

FDI ORAL HEALTH DEFINITION