Report of the WHO global oral health meeting, Bangkok, Thailand, 26–29 November 2024

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Summary

> “Oral disease remains one of the most widespread global health challenges, particularly affecting disadvantaged, poor, and vulnerable groups.”
>
> **Dr Amporn Benjaponpitak, Director General, Department of Health, Thailand**

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The World Health Organization (WHO) Global Oral Health Meeting, the first-ever of its kind, was convened in Bangkok, Thailand, from 26–29 November 2024. Hosted by the Government of Thailand, it brought together approximately 350 stakeholders, including representatives from over 100 Member States (including 12 health ministers and senior ministry of health executives), 35 United Nations (UN) agencies, and non-state actors.

The meeting was designed as a dynamic and interactive forum, featuring keynote speeches, plenary sessions, panel discussions, regional workshops, side-events, and a high-level segment. Prior to the meeting, regional consultations were held to prepare Member State delegates. The plenary sessions were structured around seven key thematic areas aligned with the Global oral health action plan 2023–2030 (GOHAP).

Given that approximately 3.7 billion people worldwide suffer from untreated oral diseases, the key focus of the meeting was on reaffirming the political commitment made by Member States in the 2021 Resolution on oral health (WHA 74.5) and accelerating national efforts towards universal health coverage (UHC) for all by 2030, with a focus on preventing and controlling noncommunicable diseases (NCDs), including oral diseases. Discussions spanned various key aspects:

- strengthening governance, leadership and financing for oral health;
- promoting oral health and preventing oral diseases through targeted action on shared risk factors and commercial determinants;
- innovating health workforce models through task-sharing and integration into primary health care (PHC) and UHC;
- enhancing evidence-informed decisions through robust oral health information systems and surveillance;
- supporting oral health research agendas focused on public health interventions;
- recognizing the connection between oral health care and the environment through climate-resilient and sustainable practices.

Regional workshops provided a platform for Member States to share experiences and kickstart the development of national oral health roadmaps. The high-level segment brought together health ministers and senior representatives to discuss leveraging multi-sector collaboration and to elevate oral health on national and global agendas, particularly in the context of the upcoming 4th UN High-Level Meeting (UNHLM) on NCDs in 2025.

The WHO Global Oral Health Meeting yielded several significant outcomes. Firstly, Member State delegations developed drafts of national oral health roadmaps aligned with the GOHAP and tailored to their country context. These roadmaps are intended to guide strategic planning and implementation at the national level. Secondly, the meeting culminated in the adoption of the Bangkok Declaration – No Health Without Oral Health (Annex 1), a crucial affirmation of political commitment from Member States to elevate oral diseases as a global public health priority and to integrate oral health within the NCD, UHC and planetary health agendas. The declaration also calls for the inclusion of specific GOHAP targets in the Political Declaration of the 4th UNHLM on NCDs. Thirdly, the meeting laid the foundations for the Global Coalition on Oral Health, a WHO-convened forum designed to accelerate the implementation of the GOHAP through knowledge sharing, coordination, collaboration, and advocacy among Member States, UN agencies, and non-state actors. These outcomes are significant as they provide guiding frameworks for future action, serve as a basis for accountability, and aim to accelerate action on the prevention and management of oral diseases as part of the global health agenda towards achieving UHC for oral health by 2030.

Meeting participants during the opening ceremony © WHO / Ministry of Public Health, Thailand

Introduction

> “Oral diseases like dental caries, gum disease, tooth loss, and oral cancers are among the most common noncommunicable diseases globally, affecting nearly half of the world’s population. And yet, oral health continues to face challenges and inequalities in access to care, particularly for vulnerable and disadvantaged groups of the population.”
>
> **Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization**

Oral health is a vital part of overall health and well-being, enabling people to eat, breathe, speak and thrive in their daily lives. Despite its importance, about 3.7 billion people worldwide live with untreated oral diseases making it one of the most prevalent noncommunicable diseases (NCDs) *(1)*. These conditions not only cause pain and suffering but also result in lost working days and increased school absenteeism, disproportionately affecting marginalized populations. The burden of oral diseases is not evenly distributed. The majority of people with untreated oral diseases live in low- and middle-income countries, where access to essential oral health care remains limited *(1)*. There is an urgent need for integrated, equitable and sustainable approaches to prevention and management of oral diseases within health systems.

Strengthening the primary health care (PHC) approach and embedding oral health services within universal health coverage (UHC) are critical steps in ensuring equitable access to essential oral health care while targeting common risk factors shared with other NCDs.

> “ Primary health care is the cornerstone of delivering accessible and affordable oral health services. By integrating oral health into existing primary health care systems, we are reaching underserved populations to prevent and treat oral diseases.”
>
> **Dr Nalinda Jayatissa, Minister of Health and Mass Media, Democratic Socialist Republic of Sri Lanka**

> This first ever global oral health meeting is a unique opportunity to scale up progress on NCDs with a focus on oral diseases."
>
> **Ms Saima Wazed, Regional Director, WHO Regional Office for South East Asia**

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The first World Health Organization (WHO) Global Oral Health Meeting *(2)*, hosted by the Government of Thailand, and held in Bangkok, Thailand in November 2024, served as a pivotal milestone in global oral health advocacy. The meeting brought together 350 stakeholders, including representatives from over 100 Member States, including 12 health ministers, and participants from 35 United Nations (UN) agencies and non-state actors (Annex 2), to discuss strategies, align efforts, and reassert their commitment to advancing oral health for all. The meeting aimed to reaffirm the political commitment made by Member States in 2021 through the Resolution on oral health (WHA 74.5) *(3)* and to accelerate and scale up national efforts to prevent and control NCDs with a focus on oral diseases and achievement of UHC for all by 2030. The meeting also laid important groundwork for the forthcoming 4th UN High-Level Meeting on NCDs (4th UNHLM on NCDs), scheduled for September 2025, ensuring that oral disease prevention and control is recognized as, and remains, a public health and a global health priority.

Box 1. Global oral health action plan 2023–2030

The Global oral health action plan 2023–2030 (GOHAP) *(3)* translates the mandate from the World Health Assembly resolution on oral health (WHA74.5) adopted in 2021 *(3)*, and the ambition from the Global strategy on oral health (WHA75(11)) adopted in 2022 *(3)*, into action-oriented guidance on interventions for stronger coordinated action on oral health. It is the main practical tool for adaptation of the global oral health policy agenda to national contexts. It is structured according to 11 global targets, 6 strategic objectives and 100 actions for Member States, WHO secretariat, international partners, civil society organizations and the private sector. The proposed actions can be adapted and prioritized according to individual country contexts, taking into consideration available resources, population needs and social, economic and political factors.

The GOHAP sets ambitious global targets, including ensuring that 80% of the global population has access to essential oral health services, and reducing the global prevalence of major oral diseases by 10%.

By strengthening the PHC approach and embedding oral health within national UHC benefit packages, countries have an opportunity to ensure accessible, equitable, and sustainable oral health services for all. Key outcomes of the meeting, including the Bangkok Declaration and the development of national oral health roadmaps, will serve as guiding frameworks for future action. The Global Coalition on Oral Health will serve as a forum for key actors to come together, translating commitments into concrete progress.

This report captures the key insights, commitments and perspectives that emerged from the WHO Global Oral Health Meeting. The report is primarily structured according to the key thematic areas that informed the programme agenda of the meeting (see Annex 3), in alignment with six strategic objectives of GOHAP (Box 1).

Key elements include:

- Meeting format – this section provides an outline of the approach taken in developing the meeting programme, with a summary of their rationale and content.
- Meeting outcomes – this section summarizes they key outputs and consequences of the meeting.
- Key thematic areas – this section provides a description of the discussion that took place during the meeting plenary sessions and the key messages that emerged from these discussions.
- Regional workshops – this section provides an overview of the key points from the discussion among countries in the regional workshop sessions.
- High-level segment – this section summarizes the session comprising panel discussions among health ministers and senior representatives of UN agencies and non-state actors.

Participants at the Thai dinner reception © WHO / Ministry of Public Health, Thailand

Meeting format

The meeting was designed as a dynamic and interactive forum, combining keynote speeches, plenary sessions, panel discussions, regional workshops, side-events and a high-level segment.

Pre-meeting regional consultations in the six WHO regions

In preparation for the meeting, regional consultations were conducted to equip nominated Member State delegates including both oral health and UHC leads with essential information and preparatory guidance. These consultations followed a structured approach to ensure effective participation in the WHO Global Oral Health Meeting. Key objectives included:

- Providing an overview of global oral health policies and the preparatory process for the 4th UNHLM on NCDs.
- Reviewing progress in implementing the GOHAP to contextualize regional advancements.
- Introducing the WHO Oral Health Country Workbook: pathway towards a national roadmap (Annex 4), and outlining the preparatory tasks requested for delegates to complete before the meeting (see Box 2).

Through these consultations, delegates were briefed on the global context, logistical guidance and tools to engage effectively in the meeting.

Box 2. The WHO Oral Health Country Workbook: pathway towards a national roadmap

This is a practical tool designed to support Member States in developing national oral health roadmaps aligned with the GOHAP. It supports evidence-informed and participatory processes at the country level by identifying specific national oral health priorities and contexts. It is structured around three key tools:

- **Rapid oral health situation assessment:** This tool analyses the current state of national oral health systems and context.
- **National oral health score card-priority tool:** This tool identifies critical challenges and prioritizes areas of intervention. Countries can use this tool to 'score' the status of their national oral health systems.
- **National oral health roadmap:** This tool outlines a practical plan to achieve rapid progress through clear, realistic actions. It can be used by countries to develop draft 'roadmaps' for improving oral health.

The overall objective of the country workbook is to strengthen national oral health systems and accelerate the implementation of GOHAP according to national needs and contexts.

The Workbook is available as Annex 4.

Plenary and panel discussions

The plenary sessions on each day of the meeting were structured to establish a shared understanding of key thematic areas aligned with the GOHAP, with each session including a panel discussion with country representatives.

The plenary sessions followed a structured progression, beginning with the global context and data on the current status of the relevant global oral health indicators to 'set the scene'. Then, following presentations from technical experts, panel discussions with country representatives facilitated deeper engagement on each topic. These moderated discussions showcased case studies and practical experiences.

Key thematic areas

The meeting highlighted seven key thematic areas corresponding with the GOHAP. These themes provide the framework for this report:

1 Oral health governance, leadership and finance.

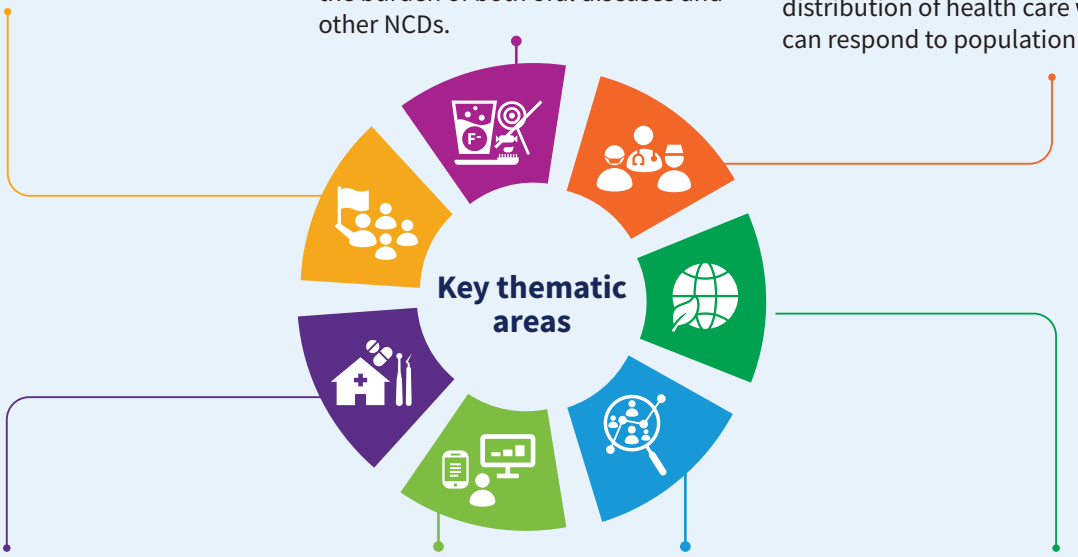
Strengthening political commitment, leadership structures and resource allocation to elevate oral diseases as a priority in national health policies. Discussions included establishing empowered oral health units within health ministries to drive systemic change.

2 Promoting oral health and preventing oral disease.

Targeting shared risk factors – such as tobacco use, alcohol consumption and sugar intake – through policy interventions and public health campaigns. The meeting emphasized how these efforts create a ripple effect through effective interventions and policies that simultaneously alleviate the burden of both oral diseases and other NCDs.

3 Innovating health workforce models.

Reimagining workforce models by integrating task-sharing, skill-mix strategies, and competency-based education to expand the reach of oral health care. Empowering mid-level oral health care providers and other primary health care workers was highlighted as critical to improving the distribution of health care workers that can respond to population need.



4 Integrating oral health care services: PHC and UHC.

Ensuring equitable access to tailored and affordable oral health care packages integrated within PHC. The focus on promoting minimally invasive and sustainable dental practices underscores the sector's alignment with broader global development goals.

5 Evidence-informed decisions: health information systems, surveillance.

robust data collection frameworks and integrating oral health indicators into national health systems to drive evidence-based policy-making, enhance accountability, and monitor progress toward GOHAP targets.

6 Supporting oral health research.

Strengthening public health research focused on population-based interventions. The meeting underscored the importance of translating oral health research findings into actionable strategies, fostering partnerships and strengthening health system levers.

7 Oral health and the environment.

Promoting safe, climate resilient and environmentally sustainable approaches to oral health care, including implementing the Minamata Convention on Mercury (*4,5*) to phase down the use of dental amalgam. Discussions also highlighted environmentally friendly innovations to support a healthier planet and a sustainable future.

Regional workshops

A key objective of the meeting was to support Member State delegates to develop national oral health roadmaps aligned with the GOHAP. The regional workshops were structured sessions to support development and finalization of advanced drafts of such roadmaps. A national oral health roadmap is a tool for strategic planning that guides countries in translating their identified priorities into actionable steps. As mentioned, prior to the meeting country delegates were supported by WHO to complete the WHO Oral Health Country Workbook: pathway towards a national roadmap (see Annex 3). The workbook includes a series of tools for a rapid national oral health situation assessment and prioritization exercise, that all contribute to preparatory work that informed the development of national oral health roadmaps (see Box 2).

During the regional workshops, Member State delegates met in groups according to the six WHO regions. These workshops provided a dynamic platform for sharing experiences, discussing region-specific challenges, and kickstarting the roadmap drafting process. By the end of the meeting, most Member State delegates in attendance had developed an advanced draft of a national oral health roadmap that they could take back to their countries for further consideration, development and implementation.

High-level segment

For the final day of the meeting, a high-level segment brought together health ministers, senior Member State representatives, and senior leaders from non-state actors and UN agencies to discuss how to leverage multi-sector collaboration to accelerate the implementation of the GOHAP and move towards achievement of UHC for oral health. The high-level segment adopted a strategic view on how to elevate oral health at national level and global level through the meeting outcomes that had been achieved as a result of the meeting – the Bangkok Declaration, national oral health roadmaps and the Global Coalition on Oral Health (see Meeting outcomes for further information).

Side-events

Side-events took place during the first three days of the meeting (26–28 November 2024). In advance of the meeting, there was an open call for proposals for side-events to complement the core agenda. Selected side-events met clear criteria and were approved by the meeting Scientific Committee. The side-events provided additional spaces and opportunities for all participants to collaborate and share ideas on how to accelerate implementation of the GOHAP. They were a platform to discuss critical issues, share best practices and foster international cooperation. Further information on the side-events can be found in Annex 5.

Meeting outcomes

1. National oral health roadmaps

As part of the meeting preparations and during the regional workshops, countries developed draft oral health roadmaps, providing a foundation for further refinement at the national level. These roadmaps serve as practical strategies to take action on health system barriers and drive sustainable improvements in oral health. Designed around the GOHAP objectives, they are customized to align with each country's unique context, capacities and needs.

2. Bangkok Declaration- No Health Without Oral Health

The Bangkok Declaration (Annex 1) marks a united political commitment from Member States, advocating to elevate oral diseases as a global public health priority. Despite varying challenges and capacities in oral health, the Member States attending the meeting – in consultation with UN agencies and non-state actors – came together to reaffirm their collective commitment to advancing the global oral health agenda. The Bangkok Declaration reiterates Member States' commitment to the landmark 2021 Resolution on oral health (WHA74.5), which advances the prevention and control of oral diseases as part of the NCD, UHC and environmental agendas. It emphasizes the need to strengthen health systems through PHC approaches, ensuring that environmental sustainability and climate resilience are central components.

Additionally, the Bangkok Declaration called for oral diseases to be reflected in the Political Declaration of the 4th UNHLM on NCDs, proposing the integration of the following targets from the GOHAP:

1. By 2030, 80% of the global population is entitled to essential oral healthcare services as part of UHC (Overarching Global Target A)
2. By 2030, the combined global prevalence of the main oral diseases and conditions over the life course shows a relevant reduction of 10% (Overarching Global Target B)
3. By 2030, 50% of countries implement measures aiming to reduce free sugars intake (Global Target 2.1)

3. Global Coalition on Oral Health

The meeting also laid the foundations for the Global Coalition on Oral Health, a WHO-convened forum focused on accelerating implementation of the GOHAP that seeks to extend the momentum and discussion beyond the Bangkok meeting. The coalition will begin with a platform of commitments from Member States, showcasing their strategies to implement the GOHAP in countries. Further discussion on the mechanism to incorporate UN agencies and non-state actors into the coalition activities is ongoing. The coalition rests on four pillars:

- Knowledge sharing: Exchange of ideas, information and views between members. This helps in monitoring progress, identifying gaps and informing stakeholders around a shared global oral health agenda.

- Coordination: Coordinate efforts to avoid duplication and ensure that initiatives are complementary. This involves aligning strategies and actions across different sectors and organizations to maximize impact and efficiency.
- Collaboration: Strengthen partnerships among diverse stakeholders' and members of the coalition to mobilize resources, expertise and best practices. This collaborative approach can enhance the effectiveness of oral health initiatives and ensure a unified effort towards the vision of the GOHAP.
- Advocacy: Advocate for prioritization and better integration of oral health into broader health agendas (e.g. NCDs and UHC) at national and international levels. This includes raising awareness about the importance of oral health and rallying key stakeholders to join the Global Coalition on Oral Health.

Participants celebrating adoption of the Bangkok Declaration © WHO / Ministry of Public Health, Thailand


Key thematic areas

1. Oral health governance, leadership and finance

GOHAP 2030 target: 80% of countries have an operational national oral health policy, strategy or action plan and dedicated staff.

Where do we stand?

Globally, only 28% of countries worldwide meet this target, indicating an integral gap in coordinated policy efforts at a national level. While regional variations exist, achieving the ambitious 80% target by 2030 requires substantial and accelerated progress *(1)*.

The meeting highlighted the pivotal role of governance, leadership and financing in achieving UHC for oral health by 2030. Discussions focused on strengthening policy integration, securing resource commitments and fostering effective leadership to drive sustainable progress. Case studies from Malta and St. Lucia illustrated policy and political leadership in action, while representatives from Vanuatu, Kenya, Malaysia and Morocco shared insights on governance and financing opportunities.

Effective governance is the backbone of strong health systems, driving leadership, policy integration, and resource mobilization. The GOHAP highlights governance as a critical driver of political and financial commitment, advocating for the integration of oral health within broader NCD and UHC agendas.

> "It is time to secure stronger political and social commitment, grounded in good governance."
>
> **Dr Suwit Wibulpolprasert, Advisor on Global health, Ministry of Public Health of Thailand**

Throughout the meeting, countries showcased what is possible when governments make oral health a priority. Malaysia highlighted its success in embedding oral health within primary health care, while Ireland demonstrated the impact of establishing a dedicated oral health unit within its Department of Health. These examples illustrate how robust governance structures can foster cross-sector collaboration, ensuring oral health remains aligned with national health priorities.

Building on these insights, discussions reinforced the critical role of effective governance in strengthening oral health systems. Strong leadership, integrated policy frameworks, and strategic resource mobilization were identified as key drivers of success. Ensuring oral health is not sidelined requires embedding it within broader NCD and UHC agendas, securing its place in both national and global health priorities.

> “Leadership is key to change, but you need a vision. And you need to create partnerships. No person is an island – we must work together.”
>
> **Dr Paula Vassallo, Director, Health Promotion and Disease Prevention Directorate, Ministry of Health and Active Aging, Malta**

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An example, presented by Dr Mirja Liza Oro, Senior Ministerial Advisor and Chief Dental Officer of Finland, highlighted how oral health experts play an active role in shaping key national guidelines, such as nutrition and dietary policies for daycare centres, schools and elderly care homes. This integrated leadership approach ensures that oral disease prevention is woven into broader public health strategies across multiple sectors, reinforcing oral health as a fundamental pillar of well-being.

Meeting participants emphasized practical governance strategies, advocating for visionary leadership, cross-sector collaboration and integrated health approaches as essential components of sustainable progress. They also stressed the need for strong leadership in national and global policy frameworks, and the importance of public accountability and stakeholder engagement. Involving non-state actors and people living with NCDs in decision-making was highlighted as a key strategy for ensuring long-term impact.

The meeting highlighted the urgent need for functional national oral health policies, with just over a quarter of countries meeting the criteria for such policies and staff. To fill this gap, some countries are developing oral health action plans as part of their NCDs and well-being promotion policy frameworks. This reflects the broader need for integrated, well-structured policies that position oral health as a national priority with other comprehensive national health policies.

> “ Governance is the most important element of UHC – it sets the framework for everything else. Leadership and finance can change, but strong governance provides consistency and direction.”
>
> **Dr Rhoda Bule Abbie, Acting National Oral Health Coordinator, Ministry of Health, Vanuatu**

Embedding oral health in national priorities

Ensuring oral health is recognized as an essential component of overall health and well-being requires strategic policy and resource allocation. This includes:

- Developing and implementing comprehensive national oral health policies, strategies or action plans aligned with the GOHAP and national NCD and UHC policies. These policies should prioritize public health equity and universal access to essential oral health care services.
- Integrating oral health into policies beyond the health sector, engaging with education, environment, finance, social protection and development sectors to support action on the broader social and commercial determinants of health.

> “ If we want to see progress, we must think differently about financing and prioritize cost-effective interventions.”
>
> **Dr Joanna Laurson-Doube, Policy and Advocacy Manager, NCD Alliance, Switzerland**

Boosting funding for oral health initiatives

The meeting acknowledged the persistent underfunding of oral health programmes globally. To improve resource commitment and financial sustainability, countries need to:

- Leverage UHC as a means of improving oral health, ensuring safe, affordable and essential oral health care is included in national UHC benefit packages.
- Explore innovative financing mechanisms, such as earmarking revenue from health taxes on sugary products, to generate additional resources for oral health programmes.
- Secure adequate national budget allocations for oral health, prioritizing prevention and early intervention strategies to maximize impact and cost-effectiveness.

> “ I look at governance, leadership and finance like a moving car: Leadership is the driver, governance is the engine, and financing is the fuel. You can’t move forward if any one of these is missing.”
>
> **Dr Penny Muange, Acting Head, Division of Oral Health, Eye Health and Hearing Care, Ministry of Health, Kenya**

Empowering leaders to drive oral health progress

> “Now we have people who are not dental specialists, but people who have taken ownership of the campaigns, public awareness, promotion of the program and that’s how the thing has evolved, and you really do have to stick with it. You must be persevering with this and we really need to boost the effort and encourage each other.”
>
> **Dr Najat Halabi, Focal Point and Head of Oral Health Service, Ministry of Health and Social Protection, Morocco**

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Effective leadership is essential for advancing oral health and ensuring its integration into national and global health priorities. Participants emphasized the need to:

- Establish and strengthen dedicated national oral health units within ministries of health or equivalent governmental health agencies. These units should be well-staffed, adequately resourced, and empowered to oversee policy development, implementation, monitoring and advocacy. Aligning them with national NCD departments fosters greater coordination and efficiency.
- Invest in leadership development and capacity-building programmes for oral health professionals, equipping them with public health expertise, policy advocacy skills and programme management capabilities.
- Elevate oral health on national, regional and global platforms by actively participating in high-level policy discussions, advocacy efforts and cross-sector collaborations. Engaging in these platforms helps position oral health as a critical component of broader public health agendas.

Building lasting alliances for oral health

> “There is a need to build partnerships – especially at the local level.”
>
> **Dr Alisha Eugene-Ford, Director of Universal Health Coverage, Ministry of Health, Wellness and Elderly Affairs, Saint Lucia**

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Collaborative action and leadership are essential to tackle the multifaceted challenges in oral health. A collective effort – across governments, communities and other sectors – is crucial to achieving sustainable and equitable solutions. Countries are encouraged to:

- Forge strategic partnerships within and beyond the health sector to mobilize resources, leverage expertise and implement impactful interventions.
- Engage communities, civil society organizations, patient support groups and the private sector throughout policy development, implementation and monitoring.
- Prioritize collaborations that promote equity and mitigate the negative impact of the social and commercial determinants of health.

Key messages and actions from the discussions

- **Policy integration**: Reinforce integration of oral health into national NCDs and UHC agendas to ensure coherence in policy-making and resource allocation.
- **Cross-sectoral collaboration**: Operationalize the inclusion of oral health in all relevant national policies, strategies and programmes.
- **Boost funding**: Advocate for UHC to improve oral health, include essential oral health care in national UHC benefit packages, explore innovative financing mechanisms and ensure adequate resource allocation.
- **Empower leaders**: Establish or reinforce dedicated national oral health units – and resources – within ministries of health, invest in leadership development, and elevate the oral health agenda at all levels.
- **Build alliances**: Forge strategic partnerships within and outside the health sector to mobilize resources, leverage expertise, and implement impactful interventions.

Panel discussion during the meeting © WHO / Ministry of Public Health, Thailand

2. Promoting oral health and preventing oral disease

GOHAP 2030 targets:

- **50% of countries implement policy measures aiming to reduce free sugars intake.**
- **50% of countries have national guidance on optimal fluoride delivery.**

Where do we stand?

- Globally, 21% of Member States have implemented mandatory policy measures to reduce intake of free sugars, fully achieving the target on policy measures for reducing free sugars intake. While no WHO region has fully achieved the target through implementation of mandatory policy measures, many countries have partially achieved the criteria through implementation of voluntary policy measures *(1)*.
- Globally, only 29% of Member States have national guidance on optimal fluoride delivery, although some WHO regions are close to achieving the target – Regions for the Western Pacific, Eastern Mediterranean and the Americas *(1)*.

The meeting emphasized the urgent need to transition from a predominantly curative approach to a preventive and promotive model of care, recognizing the shared risk factors between oral diseases and other NCDs. Discussions explored strategies for tackling commercial drivers of NCDs, leveraging upstream interventions and integrating oral health into broader health promotion efforts. Case studies from Thailand, the Philippines and Canada showcased successful fiscal measures, school-based interventions, and fluoride delivery improvements. Insights from Jamaica, Finland and Saudi Arabia further highlighted challenges and opportunities in advancing integrated prevention and promotion strategies.

Oral diseases share common risk factors with other NCDs – all forms of tobacco use, alcohol consumption and unhealthy diets – making their prevention a critical public health priority. Delegates highlighted the social and commercial determinants of health, noting the disproportionate burden on marginalized populations, including low-income groups, rural communities and indigenous populations.

These populations often face limited access to oral health care services, insufficient health education, and greater exposure to risk factors such as high sugar consumption. Creating environments that encourage healthy behaviours are key to improving oral health outcomes. A strong example of this is Thailand's sugar-sweetened beverage tax.

> Upstream essentially refers to population-wide approaches. It involves examining regulation, legislation, and fiscal policies that can be implemented to create healthier, more sustainable environments – with a strong pro-equity focus to protect and reduce health inequalities in affected populations.
>
> **Dr Richard Watt, Professor in Dental Public Health, Department of Epidemiology and Public Health, University College London, United Kingdom**

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Common risk factor approach in NCD prevention

Delegates stressed that integrating oral health promotion and oral disease prevention into broader NCD prevention strategies is essential for creating a lasting impact. They highlighted the common risk factors of oral diseases and other NCDs present an entry point to leverage existing NCD prevention frameworks to amplify health promotion and disease prevention efforts targeting risk factors that also affect oral diseases.

Partnerships

Collaboration across multiple sectors is crucial for tackling broader determinants of oral health. Key partnerships include:

- **Education**: Integrating oral health into school curricula and promoting healthier food policies.
- **Sustainability**: Advocating for safe, climate-resilient and environmentally sustainable oral health care.
- **Finance**: Securing funding for oral health programmes and developing innovative financing solutions.

> "When you have limited financial and human resources, you can go a long way by integrating strategies and building competencies in other professions."
>
> **Dr Irving McKenzie, Chief Dental Officer, Ministry of health and Wellness, Jamaica**

Mitigating the negative impact of commercial determinants of health

A key focus of discussions was the impact of commercial industries – especially the marketing of sugary foods and beverages – on oral health. To counter these influences, delegates proposed:

- **Regulation**: Restricting advertising of sugary drinks to children.
- **Taxation**: Introducing sugar taxes to deter consumption and fund health programmes.
- **Clear labelling**: Mandating transparent nutrition labels for informed consumer choices.
- **Public procurement**: Ensuring institutions prioritize healthier food options.
- **Counter-marketing**: Launching public awareness campaigns on healthier alternatives.
- **Product reformulation**: Encouraging lower sugar content in consumer products.

Successful initiatives and approaches

The meeting showcased several inspiring examples of effective oral health initiatives:

- **Schools:** The 'Fit for School' programme in the Philippines was presented as an example of integrating toothbrushing with fluoride toothpaste into water, sanitation and hygiene (WASH) programmes in schools. These programmes ensure access to clean drinking water, promote regular handwashing and maintain proper sanitation facilities. This holistic approach not only improved student health but also fostered collaboration between the health and education sectors, demonstrating the power of integrated strategies to achieve lasting outcomes.
- **Community-based initiatives**: Delegates highlighted the importance of scaling up inclusive, community-based, and evidence-informed oral health promotion efforts. In Jamaica, for example, there are health promotion programmes involving the wider community and stakeholders, including teachers, health care providers, faith-based organizations, and social service clubs.
- **School-based dental sealants:** A programme in Quebec, Canada, provides sealant application and silver diamine fluoride treatment for primary and secondary school students using portable equipment. By ensuring access to preventive care regardless of socioeconomic background, the programme helps bridge disparities in oral health outcomes across Quebec.

Key messages and actions from the discussions

- **Mitigate the negative impacts of the social and commercial determinants of health**: Recognize and take action to manage their influence on well-being and health outcomes.
- **Prioritize prevention**: Shift from a traditional curative approach to a preventive and promotive model of care, prioritizing a common risk factor approach that targets risk factors of oral diseases that are shared with other NCDs.
- **Scale up community initiatives**: Implement and scale up inclusive, community-based and evidence-informed health promotion efforts.
- **Promote cross-sector collaboration**: Partnerships across health, education, finance and social sectors are essential.
- **Mitigate commercial influence**: Regulate marketing, taxation and labelling to reduce exposure to harmful products.

Delegates listen intently during plenary © WHO / Ministry of Public Health, Thailand

3. Innovating health workforce models

GOHAP 2030 target: 50% of countries having an operational national health workforce policy, plan or strategy

Where do we stand?

Global progress remains unclear due to a lack of baseline data. Despite the structured nature of the target, finding consistent, comparable data across countries remains a challenge *(1)*.

Traditional indicators, such as workforce density or shortages – measured by the number of dentists and oral health professionals – only tell part of the story. A more nuanced understanding is needed to assess how effectively national workforce policies respond to population oral health needs.

Participants explored innovative and adaptable workforce strategies to achieve UHC for oral health. Sessions highlighted the limitations of the traditional dentist-centric model, particularly in underserved areas. They also emphasized the importance of expanding the skill set of the health workforce to deliver essential oral health care, optimizing task shifting, and integrating a broader range of health professionals and community workers into planning processes designed to meet the needs of populations. Discussions focused on global workforce gaps, solutions and the role of primary health care in delivering essential oral health care. Country experiences from Malawi, Cook Islands, Zambia, Cuba and New Zealand, along with insights from professional organizations, underscored the shift toward a more collaborative and diversified approach to workforce models.

Expanding the oral health workforce

Delegates highlighted the importance of expanding the oral health workforce. They stressed the importance of training more oral health professionals and ensuring their equitable distribution. Participants noted the stark disparity in the density of the trained oral health professionals between high- and low-income countries. They agreed that training programmes must evolve to align with community needs, incorporating interprofessional education and essential skills in health promotion, community engagement and public health. Delegates emphasized the need to move beyond rigid, degree-based pathways and adopt competency-based models that prioritize practical skills and flexible qualifications.

> "A mobile and adaptable oral health workforce that not only serves communities but is often rooted within them"
>
> **Dr Riana Clarke, Clinical Chief Advisor Oral Health, Ministry of Health, New Zealand**

For instance, Fiji's flexible entry programme, which enables dental assistants to advance into roles such as oral health therapists, dental hygienists, or technicians. Similarly, Jamaica's integrated oral disease prevention model equips school teachers, nurses and other health care providers with oral health competencies, enabling them to promote oral health within their communities. Furthermore, delegates underscored the importance of mentorship programmes and continuous support in training, empowering and retaining skilled professionals.

Optimizing the skill mix within the oral health workforce was another key point of discussion. Participants emphasized the need to expand the roles of dental therapists, assistant, nurse and hygienists to enhance service delivery. Zambia serves as a strong example, where the government has recognized the importance of oral health by appointing both a National Oral Health Coordinator and a Chief Dental Therapist. This shift away from a dentist-centric approach ensures broader reach, with the Chief Dental Therapist leading school health programmes, training teachers to educate children on oral health, and equipping nurses and other non-oral health personnel with essential competencies.

Discussions supported task-shifting and sharing – delegating specific responsibilities to non-oral health professionals and community health workers – as a crucial strategy for broadening access to essential oral health services, particularly in resource-limited areas.

> "People who need care the most are the least likely to receive it – a stark reality of the dentist-centric model. Access, affordability and availability remain major barriers. We must rethink dental education, expand the primary care workforce, and embrace task-shifting to ensure oral health reaches those who need it most."
>
> **Dr Manu Mathur, Professor, Public Health Foundation of India & Queen Mary University of London, United Kingdom**

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Delegates highlighted innovative models demonstrating the benefits of role expansion, such as dental therapists in the Cook Islands being trained to repair dentures. Similarly, Kenya has trained 700 community health promoters to strengthen UHC by expanding access to essential primary and preventive health services, ensuring communities receive the care they need closer to home. Additionally, they agreed that community health workers can strengthen oral health services through expanded clinical roles, research coordination and leadership responsibilities. To overcome geographical barriers and enhance access to specialist services when needed, delegates emphasized the need to leverage digital technologies and telehealth platforms.

Participants underscored the urgent need to consider the uneven distribution of oral health professionals, and that integrating oral health services into primary care and residential care settings is crucial for expanding access, particularly for underserved communities.

Beyond workforce distribution, participants highlighted the importance of innovative approaches to strengthen oral health services. They emphasized that an effective workforce must embrace collaboration with other health professionals, including nurses and community health workers, to provide more integrated care.

> "An innovative workforce means we have to think above and beyond oral health and embrace other health professionals like nurses, and community health workers."
>
> **Dr Christopher Kepeshi, National Oral Health Coordinator, Ministry of Health, Zambia**

Transforming training and education models was also seen as essential, with blended learning, continuous professional development programmes, and competency-based training identified as key strategies to ensure a highly skilled and adaptable workforce.

Recognizing the long-term impact of these efforts, delegates stressed the importance of acting now.

Key messages and actions from the discussions

- **Expand the workforce**: Continue investments in training oral health care professionals and consider workforce models to support equitable distribution in alignment with population oral health needs.
- **Optimize skill mix**: Enable different health care workers to take on appropriate tasks to deliver essential oral health care and improve efficiency and access.
- **Adapt training programmes**: Incorporate interprofessional education, public health principles and competency-based education into workforce development.
- **Advance task-shifting and sharing**: Continue adopting task-shifting approaches to maximize workforce capacity and service delivery.

Panel discussion during the meeting © WHO / Ministry of Public Health, Thailand

4. Integrating oral health care services: PHC and UHC

GOHAP 2030 targets:

- **80% of the global population is entitled to essential oral health care services.**
- **80% of countries having oral health care services generally available in primary health care facilities.**
- **50% of countries include dental preparation listed in the** WHO Model Lists of Essential Medicines **in their national essential medicine list.**

Where do we stand?

- Less than a quarter (23%) of the global population are entitled to essential oral health care services, as part of health benefit packages of the largest government health financing scheme in their country *(1).*
- Services being 'generally available' refers to reaching 50% or more of patients in need. Globally, 81% of Member States have fully achieved this target. However, it is important to note that the definition for fully achieving this target does not specify whether oral health care services are generally available through public or private primary care facilities. When considering only public primary care facilities, excluding for-profit and not-for-profit providers, the percentage of countries fully achieving the criteria for this target drops to 66% *(1)*.
- Globally, only one Member State met the criteria to fully achieve the target for including dental medicines and preparations listed in the WHO Model Lists for Essential Medicines *(6)*. However, these dental preparations were first listed in the WHO Model Lists of Essential Medicines in 2021, and it is expected that it will take time for countries to update their national essential medicines list, or equivalent, to respond to the update *(1)*.

The meeting dedicated significant attention to the development and implementation of essential oral health care packages that are accessible within PHC-oriented health systems. Discussions centred around what could be included as a core set of services and the importance of reliable access to necessary supplies. The meeting also explored the potential of digital health technologies in enhancing service delivery. Panellists from Brazil, Indonesia and Tanzania shared their experience with integrating oral health care services into UHC benefit packages. A recurring theme throughout these discussions was the urgency of responding to the alarming global oral health situation through a unified, collaborative approach by all stakeholders.

Defining the essential oral health care package

The meeting strongly advocated for the establishment of an essential package of oral health care services, designed to respond to the diverse needs of populations and integrated within PHC-oriented health systems.

This package should encompass emergency care, preventive and treatment services for common oral diseases, and essential rehabilitation. Delegates emphasized that prevention, particularly for dental caries, should be a priority, achieved through minimally invasive interventions such as topical fluoride application, sealants and placement of glass ionomer cement restorations using hand instruments, all of which help preserve natural tooth structure. The integration of oral health services within PHC was highlighted as the most viable pathway to achieving UHC for oral health.

Improving access to essential supplies

The meeting acknowledged that improving access to essential supplies for oral health care is a key factor in effective service delivery. It was emphasized that there should be a consistent and reliable supply of essential medicines, equipment and materials for oral health care. This involves advocating for their inclusion in national essential medicines lists and exploring innovative procurement and distribution strategies to reach underserved populations. These strategies aim to reduce logistical barriers and ensure that all providers have the tools they need to provide essential care.

> "For years we have operated in silos, often at the expense of the patient who we are mandated to help."
>
> **Mr Michael R. Darville, Minister of Health and Wellness, Bahamas**

Ensuring access to and affordability of essential oral health care

The meeting emphasized the importance of integrating safe, affordable oral health care into national UHC benefit packages. The Thailand universal health coverage system, launched in 2002, serves as a key example, ensuring access to essential oral health services without financial barriers.

> "We need to give it [oral health] greater attention in international discussions. Oral health is linked to essential basic functions, dietary health, respiratory health, and social interactions"
>
> **Dr Gregory Emery, Director General of Health, Ministry of Health and Access to Care, France**

Harnessing digital health technologies

Digital health technologies offer the potential to revolutionize oral health care, making it more accessible. Presentations highlighted the use of mobile technologies for oral health to support individuals in preventing and managing oral diseases, maintaining good oral hygiene, and improving overall well-being. However, participants emphasized that to fully harness the benefits of digital technologies, it is essential to manage challenges such as equity, data privacy and responsible use, ensuring these innovations are inclusive and ethically implemented. For example, telehealth platforms can connect patients in remote areas with specialists, while mobile applications can help individuals track their oral health habits.

Key messages and actions from the discussions

- **Comprehensive package:** Establish an essential package of oral health services that includes emergency care, prevention, treatment and rehabilitation.
- **Integration with PHC**: Integrate the essential package of oral health services within PHC-oriented health systems to ensure broad access.
- **Prioritize prevention**: Focus on preventative measures, using minimally invasive interventions, and mitigate the impact of the social and commercial determinants of health.
- **Reliable supplies**: Ensure a consistent and reliable supply of essential medicines, equipment, and materials for oral health care.
- **Responsible use of technology**: Use digital health technologies to enhance access and efficiency, while ensuring equity, data privacy, and responsible use.

Plenary discussion © WHO / Ministry of Public Health, Thailand

5. Evidence-informed decisions: health information systems and surveillance

GOHAP 2030 target: 80% of countries having a monitoring framework for the national oral health policy, strategy or action plan.

Where do we stand?

Globally, just 6% of Member States reported the presence of a monitoring framework for their national oral health policy, strategy or action plan, thereby fully achieving this target *(1)*.

Robust oral health information systems have a central role in shaping evidence-informed policies and tracking progress toward UHC for oral health by 2030. Discussions focused on improving data quality, timeliness and integration into national health systems, while also exploring the potential of emerging technologies. Participants highlighted the need for responsible data management practices. Insights from global and national monitoring efforts and research priorities – including economic perspectives and experiences from the Islamic Republic of Iran – provided a forward-looking perspective on strengthening oral health surveillance and research.

> "When pursuing integration, it's essential to understand how it works in your context and identify potential barriers. So, think globally, but act locally – guided by evidence from your own setting."
>
> **Dr Zahra Ghorbani, National Oral Health Lead, Ministry of Health and Medical Education, Islamic Republic of Iran**

Strengthening oral health information systems

Delegates at the meeting highlighted the need to improve the quality, timeliness and relevance of oral health data to better inform planning, management and policy-making. This involves integrating oral health indicators into national health information systems and actively engaging with stakeholders to enhance data collection, analysis and reporting. The meeting acknowledged the existence of significant data gaps in oral health information and called for increased investment in surveillance systems and capacity-building initiatives.

> "Real-time data [is] needed to improve health policies in [the] future"
>
> **Ms Diah Antari Kurniawati, Oral Health Team Leader, Directorate of Non-Communicable Disease, Ministry of Health, Indonesia**

Integrating data and closing gaps

Participants emphasized the importance of comprehensive data collection across multiple dimensions, including:

- **Oral health status**, encompassing the prevalence, incidence and severity of oral diseases across different population groups.
- **Social and commercial determinants of health**, to identify factors driving inequalities.
- **Risk factors** associated with oral diseases
- **Workforce data**, detailing the number, distribution and skill mix of oral health personnel to inform workforce planning both in public and private sectors.
- **Oral health service readiness and resource spending**, to evaluate service capacity, utilization, and financial sustainability.

Delegates recommended leveraging existing national health surveys and surveillance systems, such as the updated oral health module of the WHO STEPwise approach to NCD risk factor surveillance (STEPS) *(7)*, to efficiently gather oral health data. They also encouraged the use of routine health information systems to periodically monitor health service performance.

Key messages and actions from the discussions

- **Strengthen data systems:** Enhance surveillance and health information systems to provide timely and relevant data on oral diseases and delivery of oral health care services.
- **Improve data quality:** Focus on improving data quality, timeliness and relevance to inform planning, management and policy-making.
- **Integrate data:** Integrate oral health data into national health information systems to ensure comprehensive data collection across multiple dimensions.
- **Utilize technology:** Leverage new technologies to improve the quality, reach and cost-effectiveness of oral health data collection.
- **Fill data gaps**: Increase investment in surveillance systems and capacity-building initiatives to fill data gaps in oral health information.

Harnessing the power of new technologies

The meeting recognized the transformative potential of new technologies, such as high-resolution video, multispectral imaging and mobile technologies, in improving the quality, reach and cost-effectiveness of oral health data collection. Participants highlighted the benefits of digital platforms in facilitating data collection, analysis and reporting in all settings.

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6. Supporting oral health research

GOHAP 2030 target: 50% of countries having a national oral health research agenda focused on public health and population-based intervention

Where do we stand?

Globally, 18% of Member States reported having a national oral health research agenda focused on public health and population-based interventions, to fully achieve the criteria for this target *(1)*.

The meeting underscored the role of research in advancing oral health and achieving the GOHAP targets. Deliberations emphasized the necessity of reorienting research agendas towards a public health approach, prioritizing population-based interventions, and effectively translating research findings into practice. A key area of discussion was the need to move from a primarily clinical focus to public health programmes and population-based interventions for improving oral health.

> "We need to harness the power of information for better oral health. And data is key to our progress. Making our decisions on solid scientific data and having strong monitoring systems in place is a game changer."
>
> **Dr Dympna Anne Kavanagh, Chief Dental Officer, Department of Health, Ireland**

Reorienting research agendas

Participants emphasized that oral health research must extend beyond clinical studies to the social, environmental and commercial determinants of health. This includes prioritizing research that investigates the root causes of health disparities and effective population-level interventions for reducing inequalities and improving health outcomes.

The meeting underscored the need for greater investment in public health research and stronger collaboration between researchers, policy-makers and communities to ensure research efforts align with the most pressing oral health needs. The Islamic Republic of Iran exemplifies this approach, with 24 dental research centres operating under the Ministry of Health's Network for Preventive Oral Health Research. These centres conduct research that directly informs policy decisions, aligning with the country's existing oral health needs and system capacity.

Aligning national oral health research priorities with broader public health goals is also crucial for driving innovation and fostering evidence-informed policies. This unified effort can help counteract the negative impact of unhealthy food consumption and the influence of the commercial determinants of health that contribute to NCDs.

By embedding oral health research within the wider public health agenda, countries can develop sustainable and scalable strategies that improve population health and reduce disparities.

Key focus areas for oral health research

The meeting identified several priority areas for oral health research, including:

- **Upstream interventions** that mitigate the negative impact of the social, economic and environmental factors influencing oral health.
- **Evaluation of essential oral health care** and its integration into primary health care, focusing on effective workforce models and learning health systems.
- **Barriers to accessing oral health care**, particularly for marginalized populations.
- **Oral health inequalities** and the development of interventions to reduce disparities.
- **Digital technologies** and their application in oral health, including the assessment of their effectiveness, equity implications, and data privacy considerations.
- **Environmentally sound practices**, including the development and evaluation of mercury-free dental materials.
- **Economic analyses** to identify cost-effective interventions and inform resource allocation decisions.

Turning research into real-world solutions

The meeting emphasized the need for dedicated funding for implementation research, as well as the development of clear mechanisms for knowledge transfer and exchange. Participants stressed the importance of developing country-specific, evidence-informed public health strategies, that account for local contexts and resource constraints. They also recommended strengthening the capacity of oral health professionals to interpret and apply research findings in their clinical practice.

Key messages and actions from the discussions

- **Prioritize public health:** Re-orient oral health research agendas to prioritize public health and population-based interventions, including implementation research.
- **Focus on social and commercial determinants:** Focus research on the broader social, environmental and commercial determinants of oral health.
- **Translate research into practice:** Prioritize implementation research and develop clear mechanisms for knowledge transfer and exchange.
- **Build capacity:** Strengthen the capacity of oral health professionals to interpret and apply research findings in their clinical practice.

Meeting participants © WHO / Ministry of Public Health, Thailand

7. Oral health and the environment

GOHAP 2030 target: 90% of countries have implemented measures to phase down the use of dental amalgam or have phased it out.

Where do we stand?

Globally, around 31% of countries have fully achieved this target by adopting measures in line with the Minamata Convention on Mercury, such as eliminating bulk mercury use in oral health care and restricting dental amalgam use in vulnerable populations *(1)*.

Themes related to oral health and the environment were raised primarily through the session on oral health care's responsibility for planetary health. Overall, the meeting highlighted the urgent need to minimize the environmental impact of oral health care in line with Sustainable Development Goals and planetary health commitments. Discussions focused on the sector's carbon footprint, waste management and sound management of chemicals throughout their lifecycle emphasizing the importance of transitioning to more sustainable practices. Key topics included building climate-resilient health systems, understanding the triple planetary crisis and phasing down the use of dental amalgam. Country examples from Kiribati and Senegal, with contributions from WHO and the UN Environment Programme, underscored the intersection of oral health care, NCDs and climate change, reinforcing the need for action.

> "Everything we do leaves an environmental footprint. While we can't erase it entirely, we must work to minimize it to a sustainable level."
>
> **Ms Grace Halla, Programme Officer, United Nations Environment Programme**

Minimizing oral health care's environmental footprint

Participants acknowledged that current oral health care practices contribute to environmental degradation through carbon emissions, waste generation and impacts from dental materials. To respond these issues, the meeting called for action in key areas:

- **Building climate-resilient health systems and reducing carbon emissions:** Opting for more sustainable modes of transport, utilizing renewable energy and improving energy efficiency in clinics.
- **Minimizing waste:** Cutting reliance on single-use plastics, adopting reusable alternatives, and implementing effective waste management systems.
- **Transitioning to a circular economy:** Prioritizing 'reduce, reuse and recycle' strategies, where possible, to lower resource consumption.
- **Investing in innovation:** Supporting research and development of environmentally friendly dental materials and technologies.

Phasing down dental amalgam use

In line with the Minamata Convention, the meeting reaffirmed the commitment to phasing down dental amalgam, which contains mercury – a potent neurotoxin and pollutant. Key recommendations include:

- Ratifying the convention and implementing national action plans to phase down or phase out the use of dental amalgam.
- Promoting mercury-free alternatives such as resin-based composites and glass ionomer cements.
- Providing financial incentives for using safer materials and investing in research on mercury-free options.
- Restricting amalgam use among vulnerable populations, including pregnant and breastfeeding women and children under 15 years of age.
- Strengthening training on safe amalgam handling and best practices for mercury-free alternatives.
- Shifting the focus from restorative treatments to preventive care, reducing the overall need for restorations.

Ensuring sustainable supply chains

The meeting also highlighted the importance of responsible procurement in oral health care, with recommendations to:

- Establish guidance for sustainable sourcing, incorporating environmental and social responsibility in purchasing decisions.
- Enhance transparency and accountability in supply chains to uphold fair labour practices and environmentally sound production.

Key messages and actions from the discussions

- **Reduce environmental impact:** Oral health care must adopt sustainable practices to minimize its ecological footprint.
- **Transition to greener practices:** Dental facilities should embrace eco-friendly operations and materials.
- **Phase down amalgam use:** Commitment to mercury-free alternatives in alignment with the Minamata Convention.
- **Ensure ethical sourcing:** Sustainable procurement and fair supply chains are critical.

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Regional workshops: Defining national priorities through peer support

The development of national oral health roadmaps for each country represented at the meeting was a key outcome. The regional workshops provided a platform for Member States to share experiences, identify challenges, and commit to concrete actions towards achieving UHC for oral health by 2030. A key focus of the discussions was the alignment of national oral health roadmaps with the goals and objectives of GOHAP. Delegates were encouraged to use the GOHAP as a guiding document to ensure coherence and synergy between national and global efforts. Overall, the discussions highlighted common challenges and shared priorities across all regions as well as key points that were specific to a given region.

Common challenges

- Insufficient funding was a significant barrier across all regions.
- Many countries struggle to allocate adequate resources to oral health, particularly for surveys and research.
- Lack of national oral health policies and strategies was a common issue. Even when policies do exist, they are not always implemented, monitored or adequately funded.
- Limited integration of oral health into PHC-oriented health systems and UHC frameworks was identified as a problem, with countries at varying stages of integration.
- Sub-optimal use of health-promoting environments in schools, workplaces and communities for promotional, preventive and treatment interventions for oral diseases and conditions.
- Data collection and surveillance are weak across all regions, with many countries reporting fragmented or unreliable data. This makes it difficult to track progress and make evidence-informed policy decisions.
- Workforce shortages and maldistribution were prevalent, with rural areas often underserved. Many countries are open to innovative workforce models that improve shortages and distribution challenges.
- Disparities in access to services persist across all regions due to geographic and economic barriers.

Shared priorities

- Integration of oral health into PHC and UHC frameworks was a priority across all regions. Countries are aiming to include oral health services within UHC benefit packages.
- Development of essential service packages was a key action, with Member States agreeing to work towards clearly defined packages within their UHC frameworks.
- Strengthening of surveillance systems was prioritized by all regions to fill data gaps and improve monitoring capabilities.
- The need for a shift towards preventive care is recognized across the regions. Many countries are promoting fluoride varnish programmes, as well as sugar reduction initiatives.
- Workforce development through improved training programmes, better distribution mechanisms and innovative service delivery models, was also highlighted.
- A recurring theme was the necessity of a multisectoral approach to effectively implement national oral health roadmaps, for example the education and environment sectors, was seen as especially vital.

Cross-cutting actions and strategies

- Developing national oral health roadmaps aligned with the GOHAP was a central focus of the workshops. The roadmaps include short, medium and long-term actions. Developing national oral health roadmaps aligned with the GOHAP was a central focus of the workshops. The roadmaps include short, medium and long-term actions.
- Strengthening governance and leadership by establishing dedicated oral health bodies was seen as crucial.
- Prioritizing resource allocation to oral health and seeking public–private partnerships and international support.
- Leveraging innovative technologies such as artificial intelligence and teledentistry, to improve access and service delivery.
- Development of monitoring frameworks for national oral health policies.
- Establishment of networks between oral health focal points.

Summary of discussions, by WHO region

African Region

- The African Region underscored that there are no or limited funds for implementation, even though some policy documents exist, and/or some oral health services are included in national essential health packages. Therefore, it is important to prioritize activities, collaborate with different actors, including intersectoral collaboration with NCDs departments as well as enhancing public and private partnership, and consider innovative financing mechanisms, such as leveraging health tax revenue, to implement prioritized oral health initiatives. Furthermore, to maintain the momentum of the peer learning process, and to finalize and implement national roadmaps, Member States agreed with the WHO Regional Office for Africa to organize a series of regional webinars in 2025.

Region of the Americas

- The regional discussions highlighted the gap between legislation and implementation in many countries, and the importance of political commitment to bridge this gap. During their development of national oral health roadmaps, countries underscored the value of involving various sectors, both within and outside ministries of health. This approach aims to break down silos to foster collaboration and integration throughout the planning process, helping to ensure that all key stakeholders are engaged from the beginning for successful roadmap implementation. Feedback from the session included suggestions for incorporating risk identification and mitigation strategies to enhance proactive planning. There was also a call for capacity-building initiatives to ensure new professionals are well-trained, familiar with the roadmap tools, and equipped to sustain and build upon the work already initiated. There was a shared interest among countries to conduct a follow-up meeting to continue the effort in advancing the GOHAP implementation in the Region of the Americas.

South-East Asia Region

- The South-East Asia regional discussions focused on integration or oral health into UHC, workforce disparities and digital innovation. The burden of oral cancer attributable to smokeless tobacco and areca nut consumption being highest in the region, integration of actionable strategies for oral cancer prevention and early detection of oral cancers and premalignant lesions into national oral health programmes was considered a priority.

European Region

- The European Region demonstrated a diverse approach to integrating oral health into PHC with some countries actively expanding services while others rely on private practitioners. Following discussion on their experiences with multisectoral collaboration, countries raised some of the challenges encountered engaging other departments within the ministry of health, and also highlighted good examples of integrated approaches and close cooperation with UHC colleagues. There are notable variabilities across the region in oral health services provision by public and private health providers. Reducing inequalities through financial protection mechanisms was recognized as a crucial area for bringing finance and oral health representatives together. Opportunities to strengthen surveillance and regional reporting for oral health were identified to benchmark progress at regional and global levels. Evidence-based best practices and opportunities for peer-to-peer country support were also highlighted. Additionally, establishing a technical network of country focal points at the regional level under the coordination of the WHO Regional Officer for Europe was proposed.

Eastern Mediterranean Region

- Discussions among the Eastern Mediterranean Region delegations emphasized the need for strong governance, reliable data and preventive care. Many countries expressed an interest in developing a national oral health policy. For some, this was due to a need for better coordination among existing, well-established departments within relevant ministries. For others, this approach was the first step to establish more robust national programming to prevent and manage oral diseases. Issues with inconsistent data were raised as a common issue among countries within the region. Additionally, many countries were motivated to introduce preventive measures as part of their national oral health roadmaps, such as fluoride varnish application programmes and sugar taxation.
- The region also faces issues with resource scarcity in conflict zones. Countries in conflict face additional difficulties due to political instability, insufficient infrastructure, and limited resources. They suggested that oral health was not the priority of the health system in their countries. However, they were motivated to raise the profile of oral health within the available health care system following the meeting.
- It was agreed that the WHO Regional Office for the Eastern Mediterranean would arrange an online meeting to follow up (three months after the global meeting) to review progress.

Western Pacific Region

- The Western Pacific Region highlighted the challenges faced by small island developing states (SIDS), including geographical isolation and logistics challenges, a lack of epidemiological data, strong policies and planning frameworks, as well as weak human resources for oral health. The Western Pacific Region recognizes oral health as a priority under the regional vision of "Weaving health for families, communities, and societies". But challenges persist, including fragmented integration of oral health within PHC and workforce shortages particularly in island and remote areas, and limited national policies in some countries. Member States agreed to consider integrating oral health into PHC through task-shifting and inclusion in UHC, strengthening workforce capacity and distribution, expanding school- and community-based programmes, and advancing national policies. These efforts aim to improve access to preventive and essential oral health care, especially for underserved populations.

High-level segment: From Bangkok to New York

> "Oral diseases remain a significant challenge, affecting 3.5 billion people worldwide. Despite successes, we continue to face considerable barriers to achieving universal health coverage for oral health, including accessibility and affordability of essential oral health care."
>
> **Dr Haji Mohammad Isham bin Haji Jaafar, Minister of Health, Brunei Darussalam**

The high-level segment complemented the technical programme of the WHO Global Oral Health Meeting by bringing together ministers of health and high-level representatives from UN agencies and non-state actors. The session focused on the role of political commitment and strategically using the outcomes of the Bangkok meeting to elevate oral diseases as part of the preparations for the upcoming UN High-level Meeting on NCDs in September 2025.

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> "The time for diagnosing our problem is over. We need solutions. It's time that we take oral health to the global stage as a priority for all of us."
>
> **Dr Saia Ma'u Piukala, Regional Director, WHO Regional Office for the Western Pacific**

The segment commenced with messages from Ministers of Health from Brunei Darussalam, France, Egypt, Ireland and Malta, each outlining their nation's commitment and efforts towards improving oral health and achieving UHC for oral health. Their messages highlighted specific national policies, ongoing programmes, and future plans in areas such as school-based prevention, workforce development, data systems, integration into primary care, and mitigating the negative impact of the social and commercial determinants of health.

> "The Bangkok Declaration offers an unparalleled opportunity to strengthen health care systems by recognizing oral health as an integral part of overall health – rather than a separate issue – and by emphasizing the urgent need to integrate it into universal health coverage."
>
> **Dr Mohamed El Tayeb, Deputy Minister of Health and Population, Egypt**

Collectively, the addresses from the ministers of health delivered a powerful message: oral health is an indispensable component of general health and well-being that demands urgent attention as a major public health priority. The ministerial speakers collectively underscored that strong national leadership is crucial for driving progress, supported by the development and implementation of clear national oral health policies and strategic roadmaps aligned with global action plans. Furthermore, the importance of exploring innovative financing mechanisms and integrating oral health into PHC and UHC schemes was repeatedly emphasized as a pathway to achieving equitable access.

> "We need partners and earmarked funds for dealing with oral diseases – which are part and parcel of NCDs – and often overlooked."
>
> **Mr Nassuha Oussene Salim, Ministre de la Santé et de la Protection Sociale, Comoros**

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Echoing a sentiment for decisive action, the ministers conveyed that the phase of problem identification is over; the focus must now shift decisively towards implementing concrete solutions and interventions to improve oral health outcomes globally.

A central part of the segment was an on-stage panel discussion featuring Ministers and other high-level representatives from Comoros, Saint Lucia, Malaysia and the Philippines. The discussion canvassed the opportunities presented by the Bangkok Declaration and lessons learned from previous declarations such as the Bridgetown Declaration.

> "The Global oral health action plan allows us to start a conversation on oral health and work across several disciplines to provide accessible oral health care for all."
>
> **Mr Colm Burke, Minister for Public Health, Wellbeing and National Drugs Strategy, Ireland**

Panellists emphasized the need for strong political will, inter-sectoral collaboration and partnerships, and the development of appropriate legislation and governance structures to advance oral health within UHC frameworks.

> "The most crucial first step is political will. Without it, nothing moves. You need to engage your minister, your government – get them on board, because real change begins at the top."
>
> **Dr Muhammad Radzi Bin Abu Hassan, Director General of Health, Ministry of Health, Malaysia**

The importance of strengthening surveillance, monitoring, and evaluation of oral health, as well as investing in the health workforce and infrastructure, were also highlighted.

The Bangkok Declaration was recognized as a crucial reference material and 'lighthouse' to guide future policy and advocacy efforts.


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> We needed a lighthouse to show us how to simplify things, how to make them visible, how to get people to work together. When the going gets rough and technical staff ask for reference material, it will be the Bangkok Declaration – a practical tool to steer national efforts toward stronger, more equitable oral health systems."

Dr Albert Francis, E. Domingo, OIC Assistant Secretary of Health, Department of Health, Philippines

The segment concluded with a quick round where each panellist shared one or two specific commitments their country would make to the Global Coalition on Oral Health. These commitments included increasing taxes on unhealthy products, integrating oral health into school health programmes, enabling health systems to effectively address and prevent oral health problems, prioritizing data analysis, focusing on action and evaluation, and strengthening national oral health policies and programmes.

> The Bangkok Declaration sharpens our focus on developing legislation and governance for quality oral health care, while promoting public-private partnerships and a One Health approach to drive real progress through cross-sector collaboration."

Mr Moses Jn Baptiste, Minister of Health, Wellness and Elderly Affairs, Saint Lucia


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The high-level segment served as a platform for high-level dialogue, commitment sharing and strategic thinking among global health leaders, aimed at propelling concrete actions towards achieving UHC for oral health.

Conclusion and next steps

To advance the commitments made during the WHO Global Oral Health Meeting in Bangkok and to translate them into real, measurable progress, it is crucial for Member States to take bold and transformative actions that accelerate implementation of the GOHAP.

> "Oral health needs to take a whole-of-government and whole-of-society approach."
>
> **Dr Jo Etienne Abela, Minister of Health and Active Aging, Malta**

While the Bangkok Declaration provides a strong foundation, the scale of the global oral health crisis requires a disruptive shift in approach – one that moves from incremental progress to large-scale systemic change.

The meeting marked a pivotal moment, bringing together diverse stakeholders and fostering a collaborative spirit, to reaffirm commitment to the Resolution on oral health (WHA74.5) and accelerate implementation of the GOHAP in countries to progress toward UHC for oral health by 2030. Discussions emphasized the need for coordinated, comprehensive and collaborative action, culminating in the adoption of the *Bangkok Declaration*, which serves as a milestone for future efforts (see Annex 1).

A central theme was the urgent need to prioritize oral health within national health agendas as a public health issue, integrating prevention and management of oral diseases into existing UHC, PHC and NCD frameworks.

Transformative commitments for oral health

Beyond the Bangkok Declaration, numerous commitments were made throughout the meeting, underscoring a collective determination to prioritize oral health:

- **Strategic national roadmaps: Countries committed to developing national oral health roadmaps**, aligned with GOHAP. These roadmaps will guide coordinated efforts in countries, support advocacy for resource allocation and monitor progress.
- **Essential oral health care service packages:** Member States pledged to design essential oral health service packages within UHC frameworks and exploring innovative financing mechanisms to ensure accessibility.
- **Data and monitoring:** Countries committed to enhancing oral health data collection and monitoring capabilities, developing standardized indicators as guided by the GOHAP and regular reporting mechanisms.
- **Workforce development:** There was broad commitment to strengthening the health workforce to respond to population oral health needs through improved training, better distribution and innovative service delivery models.
- **Dental amalgam use phase-down**: The meeting emphasized the commitment to phasing down – or phasing out when appropriate – use of dental amalgam, with reference to implementation of the Minamata Convention and adoption of mercury-free alternatives.

- **Multi-stakeholder collaboration:** The importance of partnerships and collaboration among governments, oral health professionals, international organizations, nongovernmental organizations and the private sector was emphasized to accelerate progress.
- **Prevention**: The meeting emphasized the need to shift to a preventive model of care, targeting common risk factors with other NCDs and implementing community-based oral health programs in parallel with upstream interventions.
- **Research:** Participants acknowledged the need for strengthened research focused on public health and population-based interventions.
- **Integration into primary care:** The meeting highlighted the importance of integrating oral health services into PHC settings to reach more people.
- **Sustainable practices**: The meeting advocated for adopting environmentally responsible practices and reducing carbon emissions.

The road ahead

The commitments made at the meeting, particularly through the adoption of the Bangkok Declaration, demonstrate a global consensus on the urgent need for collaborative action on oral disease prevention and management. This meeting report captures these commitments and serves as a tool for holding stakeholders accountable and driving meaningful change toward achieving UHC for oral health by 2030. The Global Coalition on Oral Health will provide a forum for ongoing collaborative action among stakeholders and a platform of commitment from Member States and partners to support the implementation of GOHAP.

> “The emergence of the Global oral health action plan has proved most important to the foundation. And we’ve already taken steps to mobilize resources in support of this key policy document.”
>
> **Nigel Borrow, Chief Executive Officer, The Borrow Foundation, United Kingdom**


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The **4th UN High-Level Meeting on NCDs**, set to take place in 2025, is the next key opportunity to set the global NCD agenda for the coming decades. Member States were clear on their expectation to see oral diseases reflected in the discussion and subsequent outcome document, recognizing oral diseases as a major public health issue.

The WHO Global Oral Health Meeting brought together key stakeholders to mark their commitment to key, evidence-informed public health strategies that can have a large impact in countries. In doing so, delegates reaffirmed their political commitment to advocate for oral health to remain at the forefront of global health policy dialogues, particularly in the context of NCDs, PHC, UHC and planetary health. The momentum generated in Bangkok will contribute directly to high-level commitments, sustained advocacy and concrete actions towards our shared vision of UHC for oral health for all individuals and communities by 2030.

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Annex 1. Bangkok Declaration

No Health Without Oral Health

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.

5. Reaffirm our commitment to take bold action on NCDs in accordance with national context and priorities, including the implementation of the Global Oral Health Action Plan 2023–2030, in alignment with the 2030 Agenda for Sustainable Development, ensuring universal access to and affordability of essential oral health care.

6. Emphasize that the promotion of oral health and the prevention and management of oral diseases must be treated with urgency in recognition of their significant impact on public health and the need for accelerated action, as part of broader efforts to design and implement public health measures that can reduce the burden of NCDs such as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes; and protect people from their major risk factors (tobacco use, the harmful use of alcohol, physical inactivity, air pollution, and unhealthy diets including high sugars intake).

7. Reiterate the significance of the updated menu of policy options and cost-effective interventions for the prevention and management of NCDs (WHO 'best buys'), including the first set of oral health interventions as part of the recent update of the WHO best buys and other recommended interventions for the prevention and control of NCDs of the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2030.

8. Call for coordinated global, regional, and national actions by all stakeholders to integrate essential oral health benefit packages into national UHC coverage by 2030, aligned with the principles of the Global Oral Health Action Plan 2023–2030.

9. Invest in sustainable, resilient health systems, based on a primary health care approach, to support universal access to essential oral health care services for all, and to promote the timely and equitable availability of quality and affordable essential dental medicines and preparations, as guided by the WHO Model Lists of Essential Medicines and in line with national and subnational contexts

10. Address the commercial, social, economic, environmental, and other determinants that negatively and inequitably impact health and wellbeing through engaging relevant stakeholders in a whole-of-society effort to prevent and mitigate, in particular, the impacts of unhealthy foods and other commodity industries on oral health and NCDs.

11. Reaffirm the importance of aligning national oral health research priorities with public health goals and health system contexts, fostering evidence-based, multidisciplinary research to address access barriers, oral health inequalities, and effective integration of essential oral health care into primary health care systems, while leveraging digital technologies to enhance research and practice.

12. Prioritize environmentally sound oral health care practices and initiatives that promote the efficient use of natural resources, such as water and renewable sources of energy where possible; the use of safe and environmentally sound oral health supplies, consumables and oral care products; sustainable waste management; reduction of carbon emissions; and the phase-down in use of mercury-containing dental amalgam, in alignment with UN initiatives on climate change and planetary health.

Global Coalition on Oral Health

13. Welcome the work undertaken thus far on the work modalities of Global Coalition on Oral Health, a WHO convened forum that aims to continue the momentum and advance collective efforts towards the implementation of the Global Oral Health Action Plan 2023–2030 in countries through knowledge sharing, collaboration, coordination, and unified advocacy.

14. Support the efforts of WHO in developing a comprehensive and cohesive approach among Member States, UN agencies and non-State actors, including non-governmental organizations, academic and research institutions, philanthropic foundations and private sector entities, to conduct action oriented and effective advocacy towards achieving UHC for oral health in countries.

Call to Action: Towards Universal Health Coverage for Oral Health by 2030

15. Urge Member States to develop and implement national oral health roadmaps tailored to their specific contexts, prioritizing oral health in national health policies and strategies, leveraging efforts on sustainable financing and enhanced resources for NCDs , and ensuring the integration of essential, safe, quality and affordable oral healthcare services into national UHC benefit packages, thereby affirming that oral health is part of the fundamental human right to health and integral to sustainable development.

16. Encourage and support the WHO Secretariat to continue playing a critical role in providing technical support and monitoring progress on the integration of oral health into UHC and NCD frameworks, and as part WHO's programmes of work.

17. Encourage WHO to strengthen the capacities of its Regional and Country Offices to support Member States through Country Cooperation Strategies inclusive of oral health and fostering dialogue on the implementation of key NCD initiatives that include oral diseases.

18. Call upon development and UN agencies, WHO Collaborating Centres, non-State actors to support national and regional initiatives, especially in low-resource settings and SIDS.

19. Promote the role of civil society organizations in advocating for community-based interventions, where appropriate, supporting their implementation and ensuring that the voices of populations, particularly those living in vulnerable, remote, refugee, emergency and marginalized situations, are included in decision-making processes.

20. Emphasize that private sector entities have a significant role in expanding equitable access to affordable and quality oral health products, dental medicines and preparations, and aligning business practices with public health goals to improve overall oral health outcomes, as appropriate and compliant with principles of mitigating conflicts of interest, including by using WHO's tools on supporting its Member States' engagement with private sector entities.

21. Urge Member States to consider and manage industry interference affecting oral health and NCDs, which was recognized as one of the major barriers in the NCD response at the 3rd UN HLM on NCDs in 2018.

Expectations for the 4th UN High-level Meeting on NCDs in 2025 and beyond

22. Acknowledge the important milestone of the upcoming 4th UNHLM on NCDs and welcome the attention to the prevention and management of oral diseases in the preparatory process leading to the 4th UNHLM on NCDs.

23. Call for oral diseases, along with public health measures for their prevention and management, to be reflected in the Political Declaration of the 4th UNHLM due to their high and unequal burden and the need to ensure oral health through a person-centred PHC approach that meets the needs of people living with and affected by NCDs across the life course. Such recognition is essential for advancing the goal of UHC for Oral Health by 2030.

24. We encourage Member States and the WHO to consider highlighting the role of sugars as a major component of unhealthy food, which not only increases the incidence and prevalence of dental caries but also exacerbate, together with other risk factors like tobacco and alcohol use, the burden of other NCDs.

25. Recognize and respond to the rising comorbidity between oral diseases and other NCDs, as this bi-directional relationship significantly impacts overall health outcomes and underscores the need for integrated and transdisciplinary strategies in promotion, prevention and care.

26. We call for the inclusion of three reference targets related to oral health in the development of the renewed Global Monitoring Framework for NCDs, in accordance with national and subnational context and priorities

    - By 2030, 80% of the global population is entitled to essential oral healthcare services as part of UHC (Overarching Global Target A)
    - By 2030, the combined global prevalence of the main oral diseases and conditions over the life course shows a relative reduction of 10% (Overarching Global Target B)
    - By 2030, 50% of countries implement measures aiming to reduce free sugars intake (Global Target 2.1)

27. Promote full integration of oral health priorities in shaping the agenda of the 3rd UN High-level Meeting on UHC in 2027 and in discussions on the post-2030 health agenda.

Participants in the meeting © WHO / Ministry of Public Health, Thailand

Commitments to Accelerated Action on Oral Health

In alignment with the Global Oral Health Action Plan 2023–2030, we reaffirm our commitment to taking concrete action, according to national context, priorities and capacities, across the following seven strategic areas:

1. Oral Health Governance

- Strengthen leadership for sustainable national financing and enhanced resources for NCDs, including by leveraging broader efforts to finance national health systems, prioritizing safe, effective, quality and affordable oral healthcare and prevention, and ensuring oral health is prioritized within UHC and NCD frameworks aligned with country priorities.
- Develop or update national oral health policies and finalize national oral health roadmaps, ensuring regular updates to WHO and making use of technical assistance as required.

2. Oral Health Promotion and Disease Prevention

- Scale up upstream policies and programmes targeting key risk factors for oral diseases, such as unhealthy diets, high sugar consumption, tobacco, and harmful use of alcohol and their underlying social and commercial determinants.
- Implement, maintain and scale up, where needed, inclusive community-based and evidence-informed oral health promotion initiatives, including effective self-care practices and approaches, that can respond to population needs over the life course with a pro-equity focus.
- Develop or update national guidelines for the optimal use of fluorides for oral health, responding to national contexts and population needs.

3. Health Workforce

- Incorporate planning for the delivery of essential oral health care services into national health workforce strategies, including opportunities to expand the capacity of health workers to provide preventive and community-based care across the public and private sectors; also leveraging the opportunities for capacity development of the WHO Academy.
- Invest in competency-based education, training, and retention strategies for oral health among primary health care workers and oral health care professionals, that promote dynamic and responsive health care models through task sharing and task shifting, skill mix and integration into primary health care-oriented health systems that are adequately financed; and emphasize workforce gender balance and diversity, especially in leadership and governance.

4. Oral Health Care

- Integrate essential oral health care services, including promotion, prevention, early detection, and management, into UHC benefit packages with a focus on primary health care.
- Adopt cost-effective and equitable service delivery models by increasing the availability and affordability of essential, quality dental medicines and preparations, including updating national essential medicine lists guided by the WHO Model Lists of Essential Medicines with the goal to reduce out-of-pocket payments.

5. Oral Health Information Systems

- Strengthen national oral health surveillance systems to track disease prevalence, enable evidence-based programme and policy development, access to quality services, and improve public health intervention effectiveness.
- Establish clear national oral health targets responding to national contexts that are aligned with the global targets of the WHO Global Oral Health Action Plan 2023–2030, as well as measure progress using an integrated monitoring system with other NCDs.

6. Oral Health Research Agendas

- Advance research on effective, evidence-based interventions for the prevention and management of oral diseases and develop national oral health research strategies supporting population-level programs.
- Institutionalise the routine use of data, evidence and research findings to support evidence-informed decision making for oral health at all levels.

7. Oral health and the Environment

- Establish or strengthen cross-sectoral collaboration to phase down, or phase out where feasible, the use of dental amalgam in accordance with the Minamata Convention on Mercury.
- Promote preventive, less invasive, climate-resilient, environmentally sustainable and safe oral healthcare by adopting mercury-free and eco-friendly products, minimizing the use of single-use plastics and non-biodegradable materials, managing waste responsibly, using natural resources efficiently, and reducing carbon emissions.

Adopted in Bangkok, Thailand, on 29 November 2024

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Dr Olinda Quive
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American Dental Association

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Dr Brian O'Connell
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Civil Society Engagement Mechanism for UHC 2030

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Dr Huda Yusuf
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Dr Charanjit K. Jagait
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Federation of European Dental Competent Authorities and Regulator (FEDCAR)

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Vice-President

Fondation of University of Montpellier

Dr Nicolas Giraudeau
President

Global Self Care Federation

Ms Christie Oliver

Member

International Association for Dental Research Corporate Member Forum

Dr Stephen Mason
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Ms Irina Chivu-Garip
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International Association for Dental, Oral and Craniofacial Research (IADR)

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International Dental Manufacturers

Mr Atsuhiro Todo
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Dr Richard Watt
Professor in Dental Public Health

Unspoken Smiles

Mr Jean Paul Laurent
Founder and President

WHO Foundation

Mr Geoffrey So
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World Alliance for Mercury-Free Dentistry

Mr Florian Schulze
Administrative Vice President

World Federation of Public Health Associations

Dr Hyewon Lee
Chair

Side-event participants

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Ms Vanessa Carter
Chair of the World Health Organization's AMR Survivor Group and founder of the AMR Narrative charity, FDI World Dental Federation

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Academic, University of Sydney

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Senior Dental Officer, Finnish Institute for Health and Welfare

Dr Cristin Kearns
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Dr Mohammad Reza Khami
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Dr Stefan Listl
Professor, Heidelberg University

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Dr Corrado Paganelli
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International Federation of Dental Educators and Associations (IFDEA) – Forum of European Heads and Deans of Dental Schools (FEHDD) – University of Brescia

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Annex 3. Agenda of the WHO Global Oral Health Meeting

26–29 November 2024, Bangkok, Thailand

Day 1: Tuesday 26 November 2024

Time	Topic	Speaker
09:00 – 09:45	**Opening Ceremony** Welcome and Introduction Dance Performance	MC: Polawat Pupipat
	Opening remarks	Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization (WHO) (video) Ms Saima Wazed, Regional Director, WHO Regional Office for South East Asia Dr Nalinda Jayatissa, Minister of Health & Mass Media, Democratic Socialist Republic of Sri Lanka (video) Dr Amporn Benjaponpitak, Director General, Department of Health, Ministry of Public Health of Thailand
09:45 – 10:15	**Group Photo and Healthy Break**	
10:15- 11:00	**Setting the Scene – Global context and meeting objectives**	
	Oral Health for All – Pathways from PHC to UHC	Dr Suwit Wibulpolprasert, Advisor on Global health, Ministry of Public Health of Thailand (online)
	Global Context: Opportunities to inform the 4th High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs	Dr Guy Fones, Director a.i., Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
	Programme overview, expected key outcomes, Bangkok Declaration	Dr Benoit Varenne, Dental Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO, WHO

Time	Topic	Speaker
11:00 – 11:30	**Driving Change: Governance, leadership & finance** Where do we stand? Global reality check on targets	**Moderators**: Dr Habib Benzian, WHO Temporary Advisor Dr Yuriko Harada, Technical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
	Policy and political leadership: Case studies from Malta & St. Lucia	Dr Paula Vassallo, Director, Health Promotion and Disease Prevention Directorate, Malta Dr Alisha Eugene-Ford, Director of Universal Health Coverage, Ministry of Health, Wellness and Elderly Affairs, Saint Lucia Dr Sherry Ephraim-Le Compte, National Chief Dental Officer, Ministry of Health, Wellness and Elderly Affairs, Saint Lucia
	Connecting the dots: Integrating policies for impact	Dr Joanna Laurson-Doube, Policy and Advocacy Manager, NCD Alliance
11:30 – 12:00	**Country experiences on governance, leadership & finance** Four country representatives: Vanuatu, Kenya, Malaysia, Morocco	**Moderators:** Dr Habib Benzian, WHO Temporary Advisor Dr Yuriko Harada, Technical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO Dr Rhoda Bule Abbie, Acting National Oral Health Coordinator, Ministry of Health, Vanuatu Dr Noormi Othman, Deputy Director-General of Health (Oral Health), Ministry of Health, Malaysia Dr Penny Muange, Head, Division of Oral Health, Eye Health and Hearing Care, Ministry of Health, Kenya Dr Najat Halabi, Focal Point and Head of Oral Health Service, Ministry of Health and Social Protection, Morocco
12:00 – 13:30	**Lunch Break**	
13:30 – 16:30	**Regional country workshop**	6 breakout rooms + 6 facilitators (one per WHO region)
15:00 – 15:30	**Healthy Break**	
17:00- 18:00	**Side-events (6 Parallel Sessions)**	
19:00–21:00	**Thai Dinner Reception**	

Day 2: Wednesday 27 November 2024

Time	Topic	Speaker
09:00 – 09:10	**Welcome**	**Moderators**: Dr Samar Elfeky, Regional Adviser of Health Promotion and Social Determinants of Health, Regional Focal Person for Oral Health, WHO Regional Office for the Eastern Mediterranean Dr Carolina Hommes, International Consultant, Life Course Approach Integrated Programs, WHO Regional Office for the Americas
	Summary of day 1	**Member States represented by EMRO and PAHO:** Dr Mousa Marashdeh, Head of Policies and Standards, Emirates Health Services, United Arab Emirates Mr Mitchell Lockhart, Director of Oral Health, Ministry of Health and Wellness, Bahamas
	Ministerial Statement – The Bahamas' perspective on implementing the Global Oral Health Action Plan 2023–2030	Hon. Dr Michael R. Darville, Minister of Health and Wellness, Bahamas
09:15 – 09:35	**Driving Change: Promoting oral health & preventing oral disease** Where do we stand? Global reality check on targets	**Moderators**: Dr Samar Elfeky, Regional Adviser of Health Promotion and Social Determinants of Health, Regional Focal Person for Oral Health, WHO Regional Office for the Eastern Mediterranean Dr Carolina Hommes, International Consultant, Life Course Approach Integrated Programs, WHO Regional Office for the Americas
	Tackling the commercial drivers of NCDs	Dr Gauden Galea, Strategic Adviser to the Regional Director, Special Initiative on NCDs and Innovation, WHO Regional Office for Europe (video)
	Leveraging upstream interventions for promotion and prevention	Dr Richard Watt, Professor in Dental Public Health, University College of London

Time	Topic	Speaker
09:35–09:55	**Preventing NCDs and risk factors: cross-sector approaches**	
	Fiscal Measures & Health Taxes – Insights from Thai Health Promotion Foundation experience	Dr Supreda Adulyanon, Ex-CEO, Thai Health Promotion Foundation
	Integrated setting-based oral health promotion – Fit for School Philippines	Dr Albert Francis Domingo, OIC Assistant Secretary of Health, Department of Health, Philippines
	Improving fluoride delivery – Canadian perspectives	Dr Stéphanie Morneau, Dentiste-conseil Coordonnatrice, équipe de santé dentaire publique, Direction générale de santé publique, ministère de la Santé et des Services sociaux du Québec, Canada Dr Isabelle Fortin, Dentiste-conseil Direction générale de santé publique, ministère de la Santé et des Services sociaux du Québec, Canada
09:55–10:30	**Challenges & opportunities of integrated promotion and prevention** Three previous session speakers and three country representatives: Finland, Jamaica, Saudi Arabia	**Moderators**: Dr Samar Elfeky, Regional Adviser of Health Promotion and Social Determinants of Health, Regional Focal Person for Oral Health, WHO Regional Office for the Eastern Mediterranean Dr Carolina Hommes, International Consultant, Life Course Approach Integrated Programs, WHO Regional Office for the Americas Dr Irving McKenzie, Chief Dental Officer, Ministry of Health and Wellness, Jamaica Dr Merja-Liisa Auero, Chief Dental Officer, Senior Ministerial Advisor, Ministry of Social Affairs and Health, Finland Dr Ali Aljhani, Director, Ministry of Health, Saudi Arabia
10:30 – 11:00	**Healthy break**	

Time	Topic	Speaker
11:00 – 11:30	**Driving change: Oral healthcare services, PHC and UHC** Where do we stand? Global reality check on targets	**Moderators**: Dr Nalika Gunawardena, NCD Regional Adviser, WHO Regional Office for South-East Asia Dr Yuka Makino, Technical Officer, Oral Health, WHO Regional Office for Africa
	Oral Health and Primary Health Care: Essential Considerations for Achieving UHC	Dr Syed Shamsuzzoha Babar, Head of Policy and Partnerships, Special Programme on Primary Health Care, WHO (online)
	WHO update – essential oral healthcare benefit packages	Ms Nicole Rendell, Technical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability WHO
	Thailand's approach to UHC for oral health	Dr Athaporn Limpanyalers, Deputy Secretary-General, National Health Security Office (NHSO), Thailand
11:30 – 12:00	**Voices on integrating oral healthcare services, PHC and UHC** Three country representatives: Brazil, Indonesia, Tanzania	**Moderators:** Dr Nalika Gunawardena, NCD Regional Adviser, WHO Regional Office for South-East Asia Dr Yuka Makino, Technical Officer, Oral Health, WHO Regional Office for Africa Dr Doralice Severo da Cruz, General Oral Health Coordinator, Ministry of Health, Brazil Dr Baraka Nzobo, Assistant Director Oral Health Services, Ministry of Health, Tanzania (United Republic of) Ms Diah Antari Kurniawati, Oral Health Team Leader, Directorate of NCD Prevention and Control, Ministry of Health, Indonesia
12:00 – 13:30	**Lunch Break**	
13:30 – 16:30	**Regional country workshop**	6 breakout rooms + 6 facilitators (one per WHO region)
15:00 – 15:30	**Healthy Break**	
17:00 – 18:00	**Side-events (6 Parallel Sessions)**	

Day 3: Thursday 28 November 2024

Time	Topic	Speaker
09:00 – 09:05	**Welcome**	**Moderators**: Dr Habib Benzian, WHO Temporary Advisor Ms Nicole Rendell, Technical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
	Summary of Day 2	**Member States represented by SEARO and WPRO:** Mr Harsh Mangla, Director, Ministry of Health and Family Welfare, India Dr Jone Ratulevu Turagaluvu, Head of Oral Health, Ministry of Health and Medical Services, Fiji
09:05– 09:35	**Driving Change: Health Workforce** Where do we stand? Global reality check on targets	**Moderators**: Dr Habib Benzian, WHO Temporary Advisor Ms Nicole Rendell, Technical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
	Global Health Workforce: Gaps and Solutions	Dr James Campbell, Director of Health Workforce, WHO (video)
	Oral health workforce – rethinking the dentist centred model	Dr Manu Mathur, Professor, Public Health Foundation of India & Queen Mary University of London, Lancet Commission on Global Oral Health
	PHC Workforce to deliver Essential Oral Health Care	Dr Leenu Raju Maimanuku, Assistant Professor, Oral Health Pacific Islands Alliance
09:35–10:15	**Experiences with innovating workforce models**	**Moderators**: Dr Habib Benzian, WHO Temporary Advisor Ms Nicole Rendell, Technical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO

Time	Topic	Speaker
	Three country representatives: Malawi, Cook Islands. Zambia, Cuba, New Zealand	Dr Jessie Mlotha Namarika, Chief Dental Surgeon, Ministry of Health, Malawi Dr Danny Areai, Director of Oral Health Services, Ministry of Health, Cook Islands Dr Christopher Kapeshi, National Oral Health Coordinator, Ministry of Health, Zambia Dr Mariela García Jordán, Jefa Nacional de Estomatología, Ministerio de Salud Pública, Cuba Dr Riana Clarke, Clinical Chief Advisor Oral Health, Ministry of Health, New Zealand
	Two representatives from associations: Association for Dental Education in Europe International Federation Dental Hygienists	Dr Brian O'Connell, President, Association for Dental Education in Europe Ms Gilia Rethman, President, International Federation of Dental Hygienists
10:15 – 10:45	**Healthy Break**	
10:45 – 11:25	**Driving Change: Evidence-informed decisions – health information systems, surveillance and research agendas** Where do we stand? Global reality check on targets	**Moderators**: Dr Elena Tsoy, Technical Officer, NCD management, WHO Regional Office for Europe Dr Sangeeta Singh, Consultant, Oral Health, WHO Regional Office for the Western Pacific
	Data-driven decision making	Dr Samira Asma, Assistant Director-General, Data, Analytics and Delivery for Impact, WHO Headquarters (video)
	Tracking Progress: Monitoring National Oral Health Policies and Roadmaps	Dr Yuriko Harada, Technical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
	The future of the national oral health surveillance -new realities	Eduardo Bernabe, Professor, Queen Mary University of London
	Health Research Driving Change: Economics of Oral Health	Dr Filip Meheus, Economist, Department of Health Financing and Economics, WHO
	Priority setting for oral health research – experience from Iran	Dr Zahra Ghorbani, National oral health lead, Ministry of Health and Medical Education, Islamic Republic of Iran

Time	Topic	Speaker
11:25 – 12:00	**Driving Change: Oral healthcare's responsibility for planetary health** Where do we stand? Global reality check on targets	**Moderatos** : Dr Benoit Varenne, Dental Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO Dr Gabriela Sardon Panta, Consultant, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
	Building climate resilient health systems	Dr Maria Neira, Director, Department of Environment, Climat Change and Health, WHO Headquarters (video)
	The triple planetary crisis	Ms Grace Halla, Programme Officer, United Nations Environment Programme (UNEP)
	Climate change and health – Kiribati perspective	Dr Sam Teeta, Chief Dental Officer, Ministry of Health and Medical Services, Kiribati
	Phasing-down the use of dental amalgam – Senegal experience	Dr Codou Badiane, Dental Chief, ministère de la Santé et de l'Action sociale, Senegal
	Panel discussion	
12:00 – 13:30	**Lunch Break**	
13:30 – 16:35	**Regional country consultation 5**	6 breakout rooms + 6 facilitators (one per WHO region)
15:00 – 15:30	**Healthy Break**	
17:00 – 18:00	**Side-events (6 Parallel Sessions)**	

Day 4: Friday 29 November 2024 – High-level Segment

Time	Topic	Speaker
09:00 – 09:05	**Welcome & Introduction to High-level Segment**	MC: Polawat Pupipat
09:05- 09:15	**Summary of proceedings** High-level learnings and key recommendations from three meeting days	**Member States represented by AFRO and EURO:** Dr Ian Ramdin, Director of Dental Services, Ministry of Health and Wellness, Mauritius) Dr Dympna Anne Kavanagh, Chief Dental Officer, Department of Health, Ireland
09:15–09:25	**Keynote Address**	Dr Saia Ma'u Piukala, Regional Director, WHO Regional Office for the Western Pacific
09:25–10:25	**From Bangkok to New York: Elevating oral health in countries and at the 4th UN High Level Meeting on NCDs and beyond** How can we ensure the Bangkok Declaration informs the discussion and negotiations at the 4th UN High Level Meeting on NCDs? How will the Global Coalition on Oral Health accelerate the implementation of the national oral health roadmaps?	**Moderator**: Dr Raman Preet, WHO Temporary Advisor Dr Haji Mohammad Isham bin Haji Jaafar, Minister of Health, Brunei Darussalam (video) Dr Grégory Emery**,** Director General of the Ministry of Health and Access to Care, France (video) Dr Mohamed El Tayeb, Deputy Minister of Health and Population, Egypt Mr Colm Burke, Minister for Public Health, Wellbeing and the National Drugs Strategy, Ireland (video) Dr Jo Etienne Abela, Minister for Health and Active Ageing, Malta (video) **Panelists:** Dr Nassuha Oussene Salim, Minister of Health, Comoros Mr Moses Jn Baptiste, Minister of Health, Wellness & Elderly Affaris, Saint Lucia Datuk Dr Muhammad Radzi Abu Hassan, Director General of Health Malaysia Dr Albert Francis Domingo, OIC Assistant Secretary Department of Health, Philippines

Time	Topic	Speaker
10:25 – 10:40	**Healthy Break**	
10:40 – 12:00	**Unlocking leadership for action: Supporting accelerated GOAHP implementation** What role can a multi-stakeholder platform play in supporting the implementation of the Global Oral Health Action Plan 2023–30? What does the country and regional offices preparation of an oral health roadmap mean for implementation of the Global Oral Health Action Plan 2023–30? In what ways can stakeholders contribute to implementation and advocacy?	**Panel A, Representatives of:** *United Nations Development Programme (UNDP)- Ms* Heather Doyle, Team Lead, Health *United Nations Environment Programme (UNEP)* – Mr Ludovic Bernaudat, Senior Programme Management Officer *International Association for Dental, Oral and Craniofacial Research (IADR)*) – Dr Christopher Fox, Chief Executive Officer *International Association of Dental Students (IADS)* – Ms Deniz Devrim Kaya, President *International Dental Manufacturers* – Mr Atsushiro Todo, Member *IADR Corporate Member Forum* – Ms Irina Chivu-Garip, Member **Panel B, Representatives of:** *United Nations International Children's Emergency Fund (UNICEF)* – Dr Salwa Aleryani, Health Specialist *NCD Alliance* – Dr Johanna Laurson-Doube, Policy and Advocacy Manager *Borrow Foundation* – Mr Nigel Borrow, Chief Executive Officer *FDI World Dental Federation* – Dr Greg Chadwick, President *Civil Society Engagement Mechanism of UHC 2030* – Ms Nupur Lalvani, Founder Director, Blue Circle Diabetes Foundation *Global Self Care Federation* – Christie Oliver, Member
12:00 – 12:30	**Closing Ceremony**	
	Concluding WHO Remarks	Professor Jérôme Salomon, Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases, WHO (video)
	Adoption of the Bangkok Declaration and closing	Dr Amporn Benjaponpitak, Director General, Department of Health, Ministry of Public Health, Thailand

Annex 4. WHO Oral Health Country Workbook: Pathway towards a national roadmap

Contents

1. Context and rationale

The WHO Global Oral Health Meeting represents a pivotal moment for WHO Member States to advance progress toward Universal Health Coverage (UHC) for oral health by 2030.

The purpose of the WHO Global Oral Health Meeting is to

- Strengthen the capacity of Ministries of Health to fulfil the commitments they made to the World Heath Assembly's 2021 resolution on oral health (WHA74.5);
- Accelerate implementation of the Global Oral Health Action Plan 2023–2030 (GOHAP) as part of broader noncommunicable disease (NCD) and UHC agendas.

In line with these objectives, one of the key expected outcomes of the meeting is for each Member State delegation to develop a national oral health roadmap aligned with GOHAP. This workbook is part of the technical support to Member States to develop the national oral health roadmaps during the WHO Global Oral Health Meeting. It has been designed as a practical tool to support Member States in preparing for the event, actively participating in the meeting in Bangkok, and to continue their national oral health system strengthening journey after the meeting. Use of the workbook and its tools are designed to support countries in this process and are not considered a comprehensive strategy to replace established national political and health system planning processes.

The workbook is structured around three key tools:

1. The **Rapid Oral Health Situation Assessment**, a simple diagnostic tool to analyse the current state of national oral health systems.

2. The **National Oral Health Score Card-Priority Tool**, which helps countries identify critical challenges and prioritize areas of intervention.

3. The **National Oral Health Roadmap**, outlining a practical plan to overcome key barriers and achieving rapid progress through clear, realistic actions.

Each tool has been developed to facilitate evidence-informed, participatory processes at the country level, enabling alignment with global targets while responding to specific national contexts and priorities.

No specific health management or planning knowledge is required to complete the exercises and use the tools. They are designed to be self-explanatory and easy to use, reflecting a realistic and pragmatic approach towards identifying national oral health priorities and acting on them in a practical way. While all tools are grounded in published and tested management methodologies (see Section 6), they do not require meticulous detail or scientific rigour to be completed.

Fig. A4.1 below illustrates the sequence of analysis steps outlined, each guided by specific tools and worksheets included in this workbook.

Steps 1, 2A and 2B should be completed before the WHO Global Oral Health Meeting. Step 3 will be part of the work during the meeting.

Fig. A4.1 Workbook tools & steps towards National Oral Health Roadmaps

2. Process

Who can use the tools in this workbook?

The country delegates attending the WHO Global Oral Health Meeting in Bangkok are the core team to use the tools and prepare information as required. The concept envisages that a wider engagement process is initiated that may, depending on country context, involve the entire oral health team, but also the wider NCD, UHC, public health and/or primary health care (PHC) units within the Ministry of Health. It is recommended that where possible, a multi-sectoral national public health task team, led by the national oral health and UHC leads, can be set up to coordinate and oversee the implementation of the National Oral Health Roadmap following the event.

What needs to be prepared ahead of the WHO Global Oral Health Meeting?

As a first step, the Rapid Oral Health Situation Assessment is supposed to be conducted prior to the meeting. The questions guide the team through the collection of information, facilitate joint discussions around the current state of oral health and of the wider (oral) health system in the context of PHC, NCDs and UHC.

The second step is to familiarize delegates with the National Oral Health Score Card-Priority Tool, by completing the exercises ahead of the meeting in Bangkok. Delegates are advised to collect and bring as much information as needed to the meeting, preferably in electronic shareable files or links to relevant documents.

To support preparations for the regional workshops and country consultations that will take place during the WHO Global Oral Health Meeting, delegates must please send their completed Rapid Oral Health Situation Assessment and National Oral Health Score Card-Priority Tool ahead of the meeting by the deadline of **19 November 2024**, or at the earliest convenience, to the WHO regional oral health focal point. See Fig. A4.2 for further details.

What happens during the WHO Global Oral Health Meeting?

During the event, delegates will present and review findings in country groups, supported by expert input and interactive learning sessions. It is expected that drafts of a National Oral Health Roadmap will be completed during the event, for subsequent fine-tuning and review when delegates return home.

What happens after the WHO Global Oral Health Meeting?

Following the meeting, delegates will work with country teams to review and validate the details of the National Oral Health Roadmap and agree jointly on actions, responsibilities, modes of implementation and the measures of success. WHO remains engaged to support countries on request – contact your WHO country or regional office focal point.

Please consider this workbook as a living document that is open to review, addition and expansion over time. Feedback is very welcome – please email your comments, suggestions and ideas to oralhealth@who.int.

Where can I read more about planning, policy and management tools?

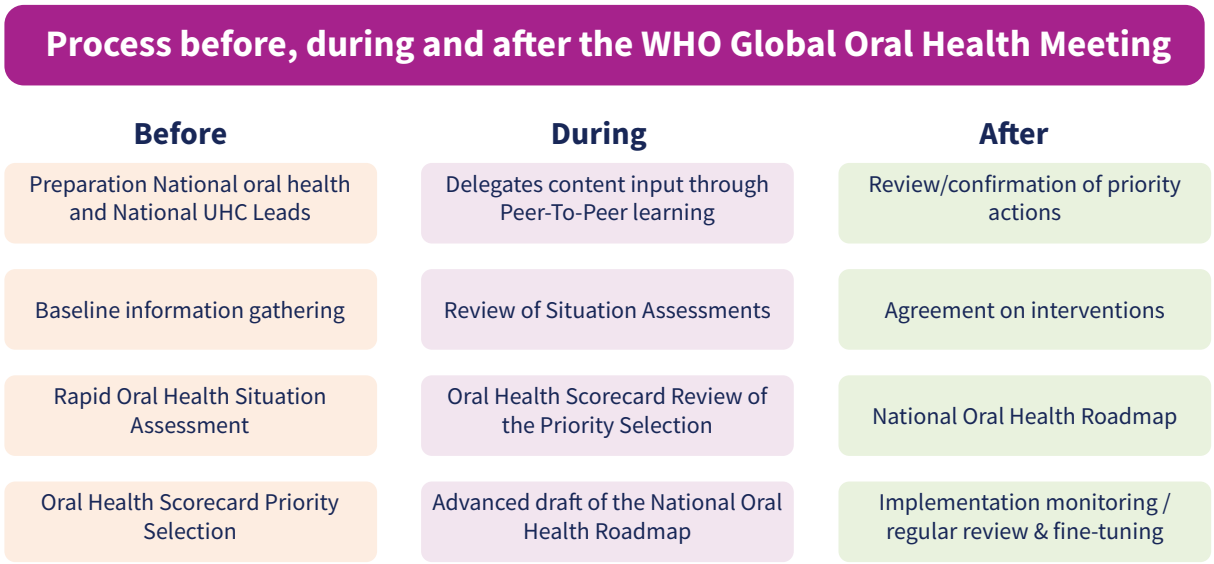
This workbook builds on published tools from the WHO, UNICEF and other organizations, such as:

- WHO Toolkit for Developing a Multisectoral Action Plan for NCDs (*2022*) Link
- UNICEF Enabling Environment Tool for WASH (*2016*) Link
- WHO Political Economy Analysis for Health Financing (*2024*) Link

How to use the workbook if a country is not able to participate in the WHO Global Oral Health Meeting in Thailand?

The entire workbook is suitable for self-guided use and application. All WHO Member States are encouraged to use the tools provided. Please contact the respective WHO country or regional office for further guidance.

Fig. A4.2. Activities before, during and after the WHO Global Oral Health Meeting



3. Rapid Oral Health Situation Assessment

Purpose

The Rapid Oral Health Situation Assessment is designed to provide a pragmatic snapshot of a country's oral health system. It is anticipated that it will assist countries gather and organize relevant data on their oral health policies, workforce, services and outcomes. This information will form the basis for discussions during the WHO Global Oral Health Meeting.

The assessment focuses on the six strategic objectives of the Global Oral Health Action Plan 2023–2030 (GOHAP):

- Oral health governance
- Oral health promotion and oral disease prevention
- Health workforce
- Oral health care
- Oral health information systems
- Oral health research agendas.

Process

Each delegation is encouraged to conduct the rapid assessment ahead of the WHO Global Oral Health Meeting. By answering a simple set of 26 questions and assembling the relevant information, delegates will be able to map their current health system and policy strengths and gaps, in the context of implementation of the GOHAP.

Expected Outcome

The assessment will be the basis for the following tool – the National Oral Health Score Card – Priority Tool. The information gathered will allow for focused discussions on priority interventions of the National Oral Health Roadmap. The questions are fully aligned with the monitoring framework of the GOHAP and its eleven global targets and core indicators.

4. National Oral Health Score Card-Priority Tool

Purpose

The National Oral Health Score Card-Priority Tool is a problem-solving mechanism designed to identify the key barriers – or bottlenecks – preventing progress in health systems and supporting policies. The tool facilitates the diagnosis of critical challenges and then prioritizes those that require immediate or strategic intervention, can be quickly addressed using little or no additional resources, and/or where the context presents favourable opportunities to address the identified priority.

Process

The National Oral Health Score Card-Priority Tool builds on the findings of the Rapid Oral Health Situation Assessment, focusing on areas where low achievement is identified. Using a scoring system to rank achievement levels, the tool evaluates each aspect of the health system and polices related to the GOHAP. Delegates will be able to quantify their progress and identify areas where targeted interventions could lead to significant improvements. It will also allow tracking changes and system improvements over time.

The national oral health lead and UHC lead are encouraged to consult their national oral health/NCD/UHC team(s), or other existing oral health/NCD/UHC planning/coordination groups, such as an oral health task force or a Technical Working Group on oral health/NCD/UHC, when using this tool.

Expected Outcomes

The tool will help delegates during the WHO Global Oral Health Meeting develop a clear understanding of where their efforts should be focused on and will facilitate the development of their National Oral Health Roadmap.

5. National Oral Health Roadmap

Purpose

The National Oral Health Roadmap is a strategic planning tool that guides countries in translating their identified priorities into actionable steps, in full alignment with the GOHAP. It provides a clear framework for implementing solutions to overcome the barriers identified in the previous stages.

The roadmap includes:

- Short-term and mid-term goals: Time-bound, concrete actions to address the highest-priority challenges within a 2-year timeframe, as well as longer-term objectives, to 2030, aligned with national and global targets.
- Resource allocation: Identification of necessary financial, human, and material resources to implement the roadmap, including clear roles and responsibilities. Consideration of mobilisation of innovative cross-sectional financing mechanisms is encouraged.
- Monitoring and evaluation: Defining measures of success able to track actions and progress of the National Oral Health Roadmap.

The roadmap does not replace or substitute a national policy or plan on oral health; rather, it serves as a practical tool to translate the broader ambitions of a national policy into realistic, actionable, and achievable steps.

Expected Outcomes

Following the WHO Global Oral Health Meeting, Member States will refine and complete their national roadmaps. This process should be inclusive and iterative, engaging a wide range of stakeholders. The roadmap will serve as a dynamic tool to accelerate implementation of key priority interventions and oral health reforms in your country, ensuring that progress is sustained and aligned with national health priorities in the future.

6. Further information and guidance

Documents for additional reading and information

This workbook and the tools included are just a selection of management and planning tools in a health and healthy policy context. If you like to go beyond the methodologies described in this workbook, feel free to consult some of the original publications used to develop this workbook. All tools are based and inspired by the documents from WHO and UNICEF listed below; they are all freely available for further study, adaptation and use in your respective country contexts:

- Toolkit for developing a multisectoral action plan for noncommunicable diseases. Geneva: WHO; 2022. Link
- Political economy analysis for health financing: a 'how to' guide. Geneva: World Health Organization; 2024. Link
- Strengthening enabling environment for water, sanitation and hygiene (WASH). Guidance Note. New York: UNICEF; 2016. Link

To assist you in your work with the tool provided, please find below links to several frequently-used reference documents and policies:

- Global Strategy and Action Plan on Oral Health (2023–2030) Link
- 74th World Health Assembly Resolution on oral health 2021 Link
- Global Oral Health Status Report 2022, regional summary reports and county profiles Link
- WHO Oral Health fact sheet Link
- WHO Model List of Essential Medicines (*2023*) Link
- WHO Oral Health Briefing Note on the prevention and treatment of dental caries with mercury-free products and minimal Intervention Link
- Mobile technologies for oral health (Be healthy be mobile) Link
- WHO Oral Health Data Portal Link
- Principles of UHC Benefit Packages (WHO) Link
- WHO STEPS Survey Oral Health Module Link
- WHO websites on NCDs, UHC and oral health

7. Worksheets

7.1 Worksheet: Rapid Oral Health Situation Assessment

Indicator	Global Target	Definition	Assessment Questions	Your Country Situation
Overarching Targets				
A.1	Oral health services are part of UHC	By 2030, 80% of the global population is entitled to essential oral health services as part of UHC.	1. Are essential oral health services part of the national UHC benefit packages?	
			2. What percentage of the population has access to essential oral health services?	
B.1	Reduced oral disease burden	By 2030, the combined global prevalence of main oral diseases shows a relative reduction of 10%.	3. Is there population-based data available at national level on oral diseases that allows analysis of the burden across the life course and trends over time? (representative surveys, WHO STEPS survey oral health module etc, not including estimates from GBD data)	
Strategic Objective 1: Oral health governance				
1.1	National leadership for oral health	By 2030, 80% of countries have an operational national oral health policy, strategy, or action plan with dedicated staff.	4. Does the country have national oral health policy/strategy/ action plan? If yes, please elaborate (duration, review cycles, implementation status etc)	
			5. Is the policy/strategy/action plan operational (implemented, monitored, resources & funding available)?	
			6. Is there an oral health department/unit/function and dedicated staff for oral health at the Ministry of Health?	
			7. Are there functioning governance structures in place to oversee oral health policies (Technical Working Group, Task force etc)?	
			8. Is there an appropriate budget allocation for oral health services and programming? If you know, what percentage of the overall health budget does it represent?	

Indicator	Global Target	Definition	Assessment Questions	Your Country Situation
1.2	Environmentally sound oral healthcare	By 2030, 90% of countries will have phased down or phased out the use of dental amalgam, in line with the Minamata Convention	9. Does the country have policies or measures in place to phase down or phase out the use of dental amalgam? If yes, please elaborate (implementation status, monitoring etc)! If no, what are the anticipated measures?	
			10. Are oral health services integrated into national planning and strategies to promote climate-resilient health systems and best environmental practices? If so, please provided details. (For example, efficient energy use, effective waste management, minimizing the use of single-use plastics and hazardous chemicals, sustainable use of natural resources)	
Strategic Objective 2: Oral health promotion and oral disease prevention				
2.1	Policies to reduce free sugars intake	By 2030, 50% of countries implement policy measures to reduce free sugars intake	11. Are mandatory policies in place to reduce free sugars consumption (For example, SSB taxation, nutrition labelling, reformulation target, public procurement, policies to protect children of harmful impact of food marketing. regulations of Ultra-Processed Foods)? If yes, please elaborate further.	
			12. If health taxes are in place, is the revenue available for health promotion/public health programmes?	
			13. Is oral health integrated into NCD prevention and health promotion interventions (such as approaches to addressing common risk factors, community-based programmes serving targeted populations including programmes set in schools, workplaces, aged-care facilities and outreach programmes)?	
2.2	Optimal fluoride for population oral health	By 2030, 50% of countries have national guidance on optimal fluoride delivery for oral health of the population	14. Does the country have national guidance on optimal fluoride delivery (e.g., water fluoridation, toothpaste standards)? If yes, please elaborate further.	

Indicator	Global Target	Definition	Assessment Questions	Your Country Situation
Strategic Objective 3: Health workforce				
3.1	Innovative workforce model for oral health	By 2030, 50% of countries have operational workforce strategies that includes workforce to address oral health needs	15. Is there a national health workforce policy that includes workforce trained to respond to population oral health needs? If yes, please elaborate further (For example, does it include oral health workers and other PHC workers)?	
			16. Are measures and/or regulations in place to ensure adequate number, availability and distribution of skilled health workers to deliver essential oral healthcare services?	
			17. Is information on the health workforce responding to oral health needs included in overall health workforce information systems (e.g. National Health Workforce Accounts)?	
Strategic Objective 4: Oral health care				
4.1	Integration of oral health care in primary health care	By 2030, 80% of countries have oral health care services generally available in PHC facilities	18. Are there significant disparities in service delivery and access across different regions or populations within the country? Please elaborate further.	
			19. Are oral health services integrated in primary health care (PHC)? If yes, please elaborate and estimate the proportion of PHC providing oral health services?	
4.2	Availability of essential dental medicines	By 2030, 50% of countries include essential dental preparations in their national essential medicines list	20. Are essential dental medicines and preparations of the WHO Model Lists of Essential Medicines (for example, fluoride toothpaste, silver diamine fluoride) included in the national essential medicines list?	
		GOHAP complimentary indicator: Availability of technical guidance on the prescription of antibiotics for use in oral healthcare	21. Are technical guidance documents available related to the prescription of antibiotics in oral healthcare?	

Indicator	Global Target	Definition	Assessment Questions	Your Country Situation
Strategic Objective 5: Oral health information systems				
5.1	Monitoring implementation of national oral health policy	By 2030, 80% of countries have a monitoring framework for the national oral health policy, strategy or action plan	22. Is there a process or data platforms to monitor implementation progress on the national oral health policy? How and how often is progress reviewed and reported?	
			23. Is oral health information integrated in existing national health information systems, including facility-based reporting and systems to capture delivery of essential oral health interventions?	
			24. Is there a process to collect oral health information required to report to WHO on the 11 global targets of the GOHAP?	
Strategic Objective 6: Oral health research agendas				
6.1	Research in the public interest	By 2030, 50% of countries have a national oral health research agenda	25. Is there a national research agenda for oral health?	
			26. Is oral health research with a focus on public health and population-based interventions prioritized?	

7.2 Worksheet: National Oral Health Score Card

This exercise helps delegates to identify the strongest and the weakest areas of their country health systems and policies related to the GOHAP. Use the information gathered in the Rapid Oral Health Situation Assessment to answer the 26 questions below. The results will support the identification of priorities for action that are part of the National Oral Health Roadmap.

The national oral health lead and UHC lead are encouraged to consult their national oral health/NCD/UHC team(s), or other existing oral health/NCD/UHC planning/coordination groups, such as an oral health task force or a Technical Working Group on oral health/NCD/UHC/PHC, when using this tool.

- Make sure that all members of your group have the results of the Rapid Oral Health Situation Assessment at hand
- Score for each question:
  - Low achievement gets 1 point (yellow)
  - Intermediate achievement gets 2 points (orange)
  - Advanced achievement gets 3 points (blue)
- Enter the final score for each question.

It may be that not all members of your team agree on the scoring of specific questions. It could also be that information to respond to a question was not readily available. This should not be a problem. For each question, simply try to agree on a response that fits best – whether it is low, intermediate, or advanced achievement. Where no information is available make the best possible collective guess.

Add the scores/colours for each of the main areas and enter the value in the respective row/cell at the end of each Strategic Objective. Questions marked in light grey refer to enabling factors and will inform the next exercise.

Assessment Questions	Low Achievement	Intermediate Achievement	Advanced Achievement	Score
Overarching Targets				
1. Are essential oral health services part of the national UHC benefit packages?	No UHC benefit packages for oral health are defined.	UHC benefit packages exist but are limited in coverage or inconsistently implemented.	Comprehensive UHC benefit packages are defined, implemented, and accessible to the entire population.	
2. What percentage of the population has access to essential oral health services?	Less than 20% of the population.	20–50% of the population.	More than 50% of the population.	
3. Are there population-based data available on oral diseases that allows analysis of the burden across the life course and trends over time? (representative surveys, WHO STEPS survey oral health module etc, not including estimates from GBD data)	No recent representative population-based data on oral disease burden is available.	Some population-based data are available, but they are either outdated (older than 5 years), not representative, or not comprehensive across the life course.	Recent, representative population-based data on the burden of oral disease are available, ideally covering the entire life course and showing trends over time.	
Strategic Objective 1: Oral health governance, Target 1.1 National leadership for oral health				
4. Does the country have national oral health policy/ strategy/action plan?	No policy or plan in place; or a policy is being drafted but not yet enacted or implemented	A policy exists but is outdated, not formally enacted or poorly implemented	A well-defined, updated national policy with implementation mechanisms is in place.	
5. Is the policy/strategy/ action plan operational (implemented, monitored, resources & funding available)?	Policy/strategy/ action plan is not operationalized; implementation, resources are inadequate or absent.	Policy/strategy/ action plan is partially operational with some implementation, but resources and funding are inconsistent.	Policy/strategy/ action plan is fully operational, regularly reviewed, and supported by sustainable resources and funding.	
6. Are there dedicated staff for oral health at the Ministry of Health (administrative/policy roles)?	No dedicated staff for oral health.	Some dedicated staff, but their roles are unclear or ineffective.	Clear, dedicated oral health staff at the Ministry of Health with defined roles.	
7. Are there functioning governance structures in place to oversee oral health policies (Technical Working Group, Task force etc)?	No governance structures in place.	Basic governance structures exist but are not fully functional.	Strong, fully functional governance structures in place.	

Assessment Questions	Low Achievement	Intermediate Achievement	Advanced Achievement	Score
8. Is there an appropriate budget allocation for oral health services and programming? If you know, what percentage of the overall health budget does it represent?	There is no dedicated budget allocation for oral health services and programming	A budget is allocated for oral health, but it is insufficient and constitutes less than 2% of the overall health budget	A dedicated budget is allocated for oral health, constituting 2% or more of the overall health budget, and is sufficient to cover key services and programming.	
9. Does the country have policies or measures in place to phase down or phase out the use of dental amalgam?	No policy or activities to phase down/out dental amalgam use; or policy is being drafted but not yet enacted or implemented	A policy exists but with limited or inconsistent implementation of activities.	A comprehensive policy is in place with active and effective implementation of phase-down activities.	
10. How are oral health services integrated into national planning and strategies to promote climate-resilient health systems and best environmental practices? (For example, efficient energy use, effective waste management, minimizing the use of single-use plastics and hazardous chemicals, sustainable use of natural resources)	Oral health services are not integrated into national planning or strategies addressing climate-resilient health systems and best environmental practices.	Oral health services are mentioned in some planning documents, but integration is fragmented and not systematically aligned with strategies to promote climate-resilient health systems and best environmental practices.	Oral health services are fully integrated into national planning and strategies promoting climate-resilient health systems and best environmental practices	

Assessment Questions	Low Achievement	Intermediate Achievement	Advanced Achievement	Score
Strategic Objective 2: Oral health promotion and oral disease prevention, Target 2.1 Policies to reduce free sugars intake				
11. Are policies in place to reduce free sugars consumption (For example, taxes on sugary drinks, nutrition labelling, regulations for Ultra Processed Foods)? If yes, please elaborate further.	No policies to reduce sugar intake are in place; or policy is being drafted but not yet enacted or implemented	Policies exist but enforcement or implementation is inconsistent.	Strong, well-implemented policies to reduce sugar intake, including taxation measures and other measures	
12. If health taxes (sugary drinks, alcohol, tobacco etc) are in place, is the revenue available for health promotion?	Health taxes are either not in place or, if they exist, the revenue generated is not allocated to health/oral promotion	Health taxes are in place, and a portion of the revenue (or revenue from specific taxes) is allocated to general health promotion, but the funds are not systematically directed towards oral health or specific health promotion programs.	Health taxes are in place, and a significant portion of the revenue is consistently allocated to targeted health promotion activities, including oral health programs and preventive initiatives.	
13. Is oral health integrated into NCD prevention and health promotion interventions (such as approaches to addressing common risk factors, community-based programmes serving targeted populations including programmes set in schools, workplaces, aged-care facilities and outreach programmes)?	No integration of oral health in NCD prevention and health promotion interventions.	Oral health is included in some NCD prevention strategies and health promotion policies, but links to common risk factors are not fully addressed.	Oral health is systematically integrated into NCD prevention strategies and health promotion policies, with a strong focus on common risk factors.	
14. Does the country have national guidance on optimal fluoride delivery (e.g., water fluoridation, toothpaste standards)? If yes, please elaborate further.	No national guidance on fluoride delivery.	Guidance exists but is outdated or inconsistently implemented.	Clear national guidance with full population coverage and effective fluoride delivery programs.	

Assessment Questions	Low Achievement	Intermediate Achievement	Advanced Achievement	Score
Strategic Objective 3: Health workforce; Global target 3: Innovative workforce models for oral health				
15. Is there a national health workforce policy that includes workforce trained to respond to population oral health needs? If yes, please elaborate further (for example, does it include oral health workers and other PHC workers).	No national health workforce policy that includes provisions for oral health.	Oral health workforce policy exists but lacks implementation or focus on responding to population oral health needs.	Comprehensive national health workforce policy is in place, specifically including a workforce trained to address population oral health needs.	
16. Are measures and/or regulations in place to ensure adequate number, availability and distribution of skilled health workers to deliver essential oral healthcare services?	No measures are in place	Some measures exist, but they are not systematically implemented or effectively address workforce shortages.	Comprehensive measures are in place to address workforce shortages, including task sharing, upskilling, and strategic deployment of a diverse oral health workforce.	
17. Are data on workforce responding to oral health needs collected as part of overall health workforce information?	No data is collected on the oral health workforce, or oral health workforce data is not included in the overall health workforce information system.	Oral health workforce data is partially collected but is incomplete, or not fully integrated into the overall health workforce information system.	Comprehensive oral health workforce data is regularly collected and fully integrated into the national health workforce information system	

Assessment Questions	Low Achievement	Intermediate Achievement	Advanced Achievement	Score
Strategic Objective 4: Oral health care, Target 4.1 Integration of oral health care in primary health care, Global target 4.2: Availability of essential dental medicines				
18. Are there significant disparities in service delivery across different regions or populations within the country?	Significant disparities exist, with underserved populations lacking access to care.	Some disparities exist, but efforts are made to reduce them.	Minimal or no disparities in service delivery, equitable access across all regions.	
19. Are oral health services integrated into primary healthcare (PHC)?	Oral health is not integrated into PHC.	Partial integration into PHC, but with significant gaps in access or service provision.	Fully integrated oral health services in PHC, accessible to all population groups.	
20. Are essential dental medicines (for example, fluoride toothpaste, silver diamine fluoride) included in the national essential medicines list?	No essential dental medicines are included in the national list.	Some dental medicines are included, but key items are missing or unavailable in the country.	All necessary dental medicines are included and widely available across the country.	
21. Are technical guidance documents available related to the prescription of antibiotics in oral healthcare?	No technical guidance documents are available; or they are being developed.	Technical guidance documents exist but enforcement or implementation is inconsistent.	Technical guidance documents exist and are consistently implemented; clinical application is part of continuing professional development	

Assessment Questions	Low Achievement	Intermediate Achievement	Advanced Achievement	Score
Strategic Objective 5: Oral health information systems; Global target 5: Monitoring implementation of the national oral health policy				
22. Is there a framework to monitor implementation progress on the national oral health policy? How and how often is progress reviewed and reported?	No framework is in place to monitor the implementation progress of the national oral health policy. Monitoring is either ad-hoc or non-existent.	Framework exists but is incomplete, not regularly reviewed, or inconsistently applied; gaps in data collection or reporting.	Comprehensive framework is fully operational, regularly updated, and systematically applied; including clear indicators, regular reporting, and transparent evaluations.	
23. Is oral health information integrated in existing national health information systems including facility-based reporting and systems to capture delivery of essential oral health interventions?	No integration – oral health information is collected separately, if at all.	Oral health information is partially integrated, but coverage is limited to specific facilities or interventions.	Oral health information is fully integrated into national health information systems, capturing data on essential interventions and facility-based reporting.	
24. Is there a process to collect oral health data and report to WHO on the 11 global targets of the GOHAP?	There is no process to collect or report data to WHO on the 11 global targets or related surveys.	A process exists, but data collection and reporting are inconsistent or incomplete for the 11 global targets and related surveys.	A systematic process is in place for comprehensive data collection and regular reporting to WHO on the 11 global targets and related surveys.	

Assessment Questions	Low Achievement	Intermediate Achievement	Advanced Achievement	Score
Strategic Objective 6: Oral health research agendas; Global target 6: Research in the public interest				
25. Is there a national oral health research agenda?	No national research agenda exists for oral health.	A research agenda exists but lacks focus on public health and population-based interventions.	A well-defined national oral health research agenda with a focus on public health and interventions.	
26. Is there a focus on public health and population-based interventions?	No specific focus on research areas.	Some focus on public health and population-based interventions.	Strong focus on public health and population-based interventions.	

7.3 Worksheet: National Oral Health Priority Tool

Review the areas that scored yellow (if there are less than 2–3 then also include orange scores) in the National Oral Health Score Card and enter them into the table below, also indicating the related GOHAP Strategic Objective and the number of the related question in the National Rapid Oral Health Situation Assessment. Then discuss in your working group/country team the respective priority for each issue by considering three aspects:

- **Urgency:** How quickly the issue needs to be addressed. High urgency means it requires immediate attention, while low urgency means it can be addressed later.
- **Budget and resources required:** The amount of budget and resources needed to address the issue. High means it requires substantial budget and resources, while low means it requires minimal budget and resources.
- **Complexity:** How difficult the issue is to resolve on the technical level. High complexity means it requires significant effort, expertise and multiple stakeholders, while low complexity means it can be resolved easily.

Consider and discuss whether the listed priority issue is urgent, requires no or little additional budget/resources if you want to address it, and whether solutions are simple to implement (complexity). Lastly, consider whether the **overall national societal, economic and political context is supportive** to make the implementation of solutions to the issue realistic within the coming 2–3 years. For example, think about windows of opportunity, political support or increased public interest, as well as other factors that favour choosing this issue as a priority.

Moreover, the oral health policy environment is considered foundational for almost all other areas and services of the oral health system (see Fig. A4.3 Monitoring Framework of the GOHAP).

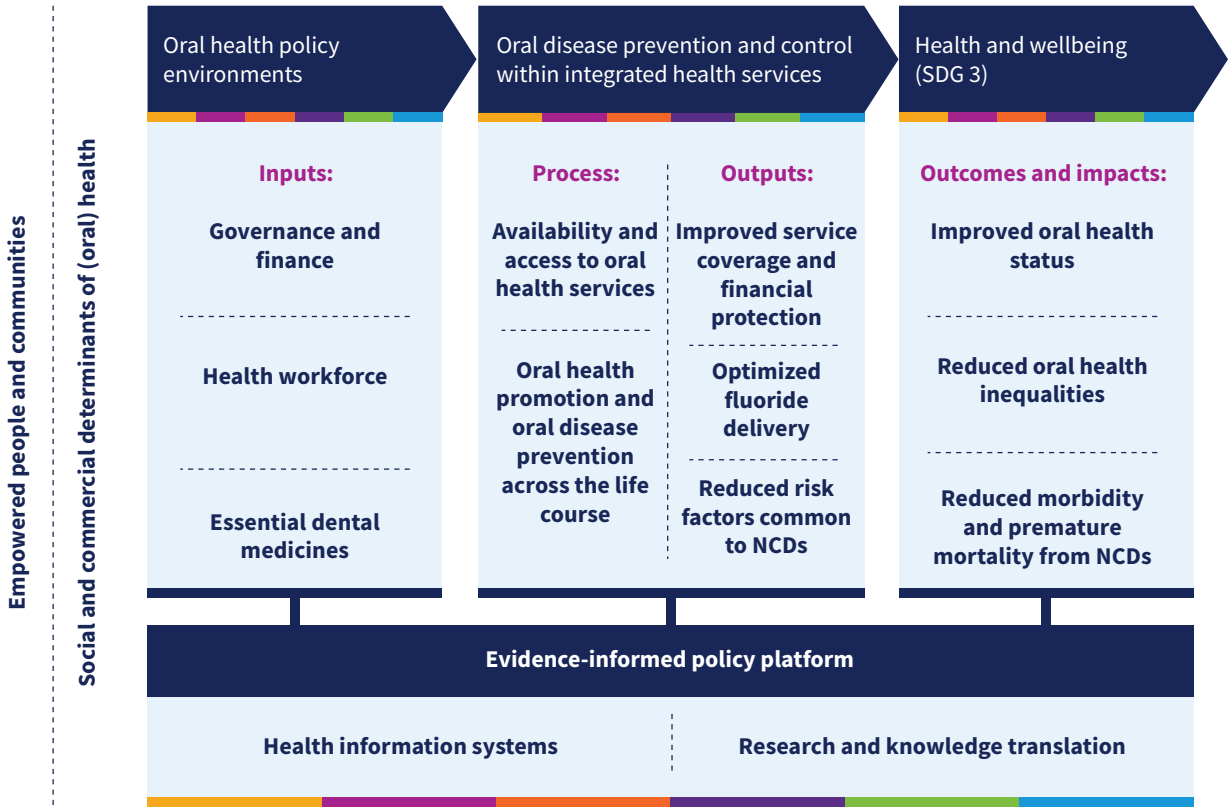
For this reason, it is important that these areas of foundational system input are at least scoring "intermediate/orange". If they are scoring "low/yellow" they should be automatically priorities and later on, be part of the actions of the National Oral Health Roadmap.

Enabling elements of the oral healthcare system

You may remember the figure below from the WHO GOHAP (page 44). It outlines key inputs, processes, outputs and outcomes in the context of an oral health system. It shows that the oral health policy environment ("inputs") is crucial element that enables all other parts of the system to function well. Deficits in the essential inputs of an enabling policy environment will result in bottlenecks and challenges in other parts of the system and negatively impact overall system performance.

In the previous scoring worksheet, the following enabling policy aspects are marked in light grey: governance and finance, health workforce, essential dental medicines and health information systems. If your scoring is yellow or orange in any of these highlighted areas, they should be high priorities on your national oral health roadmap.

Fig. A4.3. Global Oral Health Monitoring Framework



Priority selection tool – using the scoring results

GOHAP Strategic Objective	**Question No.**	**Areas Scoring Yellow (Low/Medium Achievement)**	**Urgency** (high/ medium/ low)	**Budget & resources required** (high/ medium/ low)	**Complexity** (high/ medium/ low)	**Supportive context** (high/ medium/ low)	**Overall priority** (high/ medium/ low)

7.4 Template: National Oral Health Roadmap

The table below is a simple template to capture your priority problems resulting from the Oral Health Scoring Card-Priority Tool. Enter the priorities that you selected and remember to give the enabling policy areas high priority.

When there is a choice of priorities for action in the context of the National Oral Health Roadmap, or you want to reduce the number of priorities, consider the following aspects that may help selecting priorities:

- **UHC benefit packages for essential oral healthcare:** The definition of packages of essential oral healthcare that can be integrated in your national UHC context is a foundational action. Activities that contribute to achieving this goal should be given high priority.
- **Upstream population-level interventions:** Preference should be given to upstream interventions over downstream Oral health cannot be tackled solely at the treatment level. Upstream interventions – policies and actions that address the root causes of poor oral health – are crucial for preventing oral diseases and reducing the burden on health systems
- **Environmentally sound oral healthcare:** Oral healthcare plays a significant role in minimizing environmental impact. Measures to phase out the use of harmful substances, promote eco-friendly alternatives, and ensure the safe disposal of dental materials are critical for an environmentally sound oral health care. When selecting priorities preference should be given to environmentally sound actions and solutions.

The next step is to think about concrete actions towards implementation for each of the respective priority problem areas. Break down the activities required to address the priority issue in as many doable steps as required. Consult the GOHAP and the 100 actions proposed for all stakeholder groups to get inspiration; feel free to select and adapt them as necessary. The related GOAPH actions can also be listed in the last cell of each row in the table.

For all actions, try to agree on the following:

- Who will be responsible for activities (either individuals, administrative units or stakeholders)
- What is the timeframe to work on this activity? Indicate a tentative starting and end date. Keep the timeframe short and manageable!
- How will you measure success or achievement? Either define a simple measure/ marker of success or use suitable existing indicators that are available from your national policies or guidance documents. Keep it simple and pragmatic!

The roadmap will be a good basis to facilitate broader stakeholder discussions at the national level to ensure support and commitment towards achievement.

You can revisit the roadmap frequently to check on progress, determine next steps and discuss with colleagues and administrations at the sub-national level. Use the roadmap as a living document to keep track of changes and improvements. Use the roadmap in advocacy and communication about your work – both within your working context and externally with partners and the public.

Concrete Actions	Responsible	Timeline Start/End	Budget mobilization including innovative/ cross-sectoral financing	Measures of Success	Related GOHAP Strategic Objective & concrete action from GOHAP
1. Priority…*add the selected priority from the previous step*					
1.1 *Concrete Action*					
1.2 *Concrete Action*					
1.3 *Concrete Action*					
2. Priority…					
2.1 *Concrete Action*					
2.2 *Concrete Action*					
2.3 *Concrete Action*					
3. Priority…					
3.1 *Concrete Action*					
3.2 *Concrete Action*					
3.3 *Concrete Action*					

Extend the table if needed!

Annex 5. Side-event reports

Contents

1. Expanding the NCD framework: The 6x6 approach to integrating oral health and common risk factors

Relevance and alignment

This side-event explored the inclusion of oral health and sugar as key components in an expanded NCD framework, emphasizing the "6x6" approach, which incorporates oral diseases and sugar as shared risk factors into global health strategies. The session highlighted the alignment between oral health and the broader NCD prevention agenda, advocating for the integration of oral health in the 2025 UN High-Level Meeting on NCDs.

The discussions underscored oral health's significance within Universal Health Coverage (UHC) and the critical need to address sugar's role as a common risk factor in tandem with other major NCDs.

The core themes included Governance, leadership & finance, Oral health promotion and oral disease prevention, oral health, primary health care and UHC.

Specific recommendations and actionable insights

- Policy-makers
  - Overcome resistance to expanding the NCD framework through multi-sectoral collaboration, evidence-driven advocacy, and innovative communication strategies.
  - Address country-specific challenges by engaging policymakers and community advocacy to integrate approaches for high sugar consumption as a common NCD risk factor.
- Practitioners and advocates
  - Amplify advocacy efforts to frame oral health as integral to the NCD agenda and UHC.
  - Engage in cross-disciplinary partnerships to strengthen the case for integrating oral health into broader health strategies.
- Researchers
  - Address knowledge gaps in the impact of sugar-related policies on oral health and other NCDs.
  - Strengthen evidence to support the inclusion of oral health and sugar within the NCD framework.
- WHO and partners
  - Facilitate global discussions and partnerships to ensure inclusion and appropriate oral health representation in the 2025 NCD agenda, including the Political Declaration of the UNHLM.
  - Consider expanding technical guidance to include the 6x6 approach and prioritize oral health within global NCD strategies.

Notable quotes

> *"The 6x6 framework bridges gaps in health policy and integrates oral health into the global NCD conversation."*
>
> Habib Benzian, WHO Collaborating Center College of Dentistry, New York University

> *"The role of sugar in NCDs is a politically contested issue. It is time for the oral health community to unite around this issue to advance policy action at the global, national, and local levels."*
>
> Cristin Kearns, University California San Francisco

"Oral health is inseparable from the broader health agenda. The 6x6 approach provides an opportunity to formalize this integration"

Greg Chadwick, FDI World Dental Federation

"6x6 is already a reality in the Pacific Islands Region where almost all NCDs reach pandemic levels"

Leenu Maimanuku, Oral Health Pacific Alliance

"NCDs are high on the policy agenda in South Africa, but oral diseases are notoriously left out – 6x6 would be a welcome push towards better integration"

Bulela Vava, Public Oral Health Forum

List of speakers and panellists:

1. Eugenio Beltran, WHO Collaborating Center College of Dentistry, New York University, United States of America
2. Habib Benzian, WHO Collaborating Center College of Dentistry, New York University, United States of America
3. Greg Chadwick, FDI World Dental Federation, Switzerland
4. Christopher Fox, International Association of Dental, Oral and Craniofacial Research (IADR), United States of America
5. Cristin Kearns, University California San Francisco, United States of America
6. Joanna Laurson-Doube, NCD Alliance, Switzerland
7. Leenu Maimanuku, Oral Health Pacific Alliance, Fiji
8. Bulela Vava, Public Oral Health Forum, South Africa

Cristin Kearns presenting on highlighting sugar as an NCD risk factor at a side-event
© WHO / Habib Benzian

Panel discussion (from left to right): Joana Doube NCD Alliance, Leenu Maimanuku Fiji National University, Christopher Fox IADR, Cristin Kearns UCSF
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2. Tackling antimicrobial resistance through oral health: a global priority

Relevance and alignment

Moderated by Dr Wendy Thompson, Chair of the Preventing antimicrobial resistance (AMR) and Infections Task Team at FDI and a member of IADR, the side-event featured a series of compelling presentations showcasing global efforts to combat AMR.

Ms. Vanessa Carter shared her powerful personal experience, highlighting the human toll of resistant infections and reinforcing the value of WHO's patient-centred approach, which promotes universal access to diagnostics, quality treatment, and public awareness. Dr. Richard Brown provided an overview of the global burden of AMR, emphasizing the strategic objectives of WHO's Global Action Plan and the critical role of antimicrobial stewardship – particularly in the use of antibiotics for oral and dental infections. Dr. Suchit Poolthong presented Thailand's comprehensive national response, illustrating how dentistry has been integrated into the country's National Action Plan through professional education, accreditation, and advocacy. He also discussed key challenges and opportunities related to compliance in private dental practice. Dr. Kjersti Stenhagen shared Norway's cross-sectoral strategy to address AMR, focusing on the pivotal role of dentists and other health professionals in promoting responsible antibiotic use. Overall, participants gained valuable insights into successful national approaches and learned practical strategies to overcome common challenges in preventing AMR and infections.

Specific recommendations and actionable insights

- Antibiotics are essential medicines, but we are experiencing faster development of resistance to the newer antibiotics.
- Access to essential oral healthcare is a key pillar of antibiotic stewardship.
- Awareness raising remains a critical weak link in the link efforts to prevent AMR and infections.
- National Action Plans on AMR must address health professionals working in the private sector.
- There is an opportunity to promote antibiotic stewardship through interprofessional collaboration.
- The patient-centred approach can enhance the effectiveness of AMR efforts.

Notable quotes

> *"Healthcare works in silos and the patient is in the middle of it all. By listening to patients' needs, and working with patients, I think we can have a much more positive outcome"*
>
> Vanessa Carter, Chair of the WHO AMR Survivor Group, Founder of the AMR Narrative charity

List of speakers and panellists

1. Vanessa Carter, Chair of the WHO AMR Survivor Group, Founder of the AMR Narrative charity
2. Richard Brown, Programme Manager, Health Emergencies and AMR, WHO Thailand
3. Suchit Poolthong, Department of Health, Ministry of Public Health, Thailand
4. Viroj Tangcharoensathien, Department of Health, Ministry of Public Health, Thailand
5. Kjersti Refsholt Stenhagen, Chief Dental Officer, Norwegian Directorate of Health
6. Wendy Thompson, FDI World Dental Federation

Richard Brown, WHO Thailand, presenting during the side-event
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3. A collaborative response from oral health professionals education associations

Relevance and alignment

Moderated by Corrado Paganelli, IFDEA, FEHDD , the focus of the session was to identify how education organisations can support the GOHAP. The discussion provided an update on the progress of ADEE-ADEA-IFDEA and a call to action for other organisations to join. The Chair acknowledged support from Chris Fox, CEO IADR (present) and Greg Chadwick, President FDI, Karen West (ADEA), Francisco Marichi (OFEDO-UDUAL), Daniela Lemos Carcereri (ABENO) and Ken Osaka, Guang Hong (ADEAP).

The joint meetings of ADEA-ADEE-IFDEA in New Orleans and Leuven identified several key areas for action in dental education and practice. These include a global oral health curriculum emphasizing prevention and collaborative learning, integrating key metrics to support WHO's monitoring framework, and developing a common taxonomy for communication. Interprofessional education (IPE) and practice were highlighted, with a focus on guiding collaborative practice, appointing ambassadors, utilizing technology for advocacy, and seeking regional leadership for best practices. Advocacy efforts aim to invite global participation, simplify WHO action plan objectives, analyse barriers, and provide open access to resources. Research initiatives call for integrating evidence into curricula, focusing on teaching resources, shifting from "drill and fill" to "seal and heal," and addressing global oral health issues. The IFDH's role in enabling the GOHAP includes fostering leadership, developing resources for IPE, advocating for change, and embedding research in curricula. Regional support structures, particularly in Latin America, need strengthening, with a roadmap being developed to enhance leadership and collaboration. The importance of integrating oral health with other healthcare professionals and addressing specific regional needs was also discussed. A roadmap is being produced to connect educational organizations with stakeholders and identify resources, with upcoming sessions planned to progress these initiatives.

Specific recommendations and actionable insights

- Integrate oral health into national health policies, NCD frameworks, and universal health coverage (UHC) planning, emphasizing prevention and accessibility.
- Strengthen oral health systems by ensuring an appropriate workforce, adequate facilities, dental supplies, and robust surveillance systems.
- Foster collaboration across various sectors and adopt a regional approach to achieve resolutions and commitments, leveraging partnerships from organizations like WHO and SPC.
- Develop a global repository featuring case studies, models, indicators, and training resources to facilitate collaboration and knowledge exchange among oral health and primary healthcare providers.
- Focus on intersectoral/multisectoral and intrasectoral approaches to address oral health as a common NCD, ensuring inclusion in national multisectoral committees.
- Create a national oral health policy and train the existing health workforce to sustain oral health promotion and prevention of oral diseases, especially in areas with limited access to oral health professionals.

List of speakers and panellists

1. Gilia Rethman, International Federation of Dental Hygienists (IFDH)
2. Brian O Connell, Association for Dental Education in Europe (ADEE)
3. Ana Wintergerst, Organización de Facultades, Escuelas y Departamentos de Odontologia de la Unión de Universidades de América Latina (OFEDO-UDUAL)
4. Sri Angky Soekanto, in absentia, South East Asia Association for Dental Education (SEAADE)
5. Marsha Pyle, American Dental Education Association (ADEA)
6. Corrado Paganelli, International Federation of Dental Educators and Associations (IFDEA)

Speakers (from left to right): Ana Wintergerst, OFEDO-UDUAL; Brian O Connell, ADEE; Gilia Rethman, IFDH; Marsha Pyle, ADEA; Corrado Paganelli, IFDEA.
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Ana Wintergerst, OFEDO-UDUAL, presenting during the side-event
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4. Co-designing oral health interventions for ageing population

Relevance and alignment

The session highlighted the growing need and demand for optimal oral health among ageing populations, emphasizing its critical role in overall well-being and healthy longevity. As part of this, the integration of the WHO's Integrated Care for Older People (ICOPE) framework into oral health systems was discussed, with a focus on practical implementation strategies. Attention was also given to the importance of functional oral health assessments, which go beyond clinical indicators to evaluate the real-life impact of oral health on daily activities and quality of life. Additionally, the session explored the value of co-design strategies that actively engage underserved populations in the development of oral health interventions, fostering more inclusive, responsive, and sustainable approaches to care.

Specific recommendations and actionable insights

- Policy development on oral health management for ageing population
- Building partnerships with communities and employing methods and processes that ensure the meaningful engagement of those affected, particularly marginalized populations, in co-designing oral health interventions.

Final list of speakers and panellists

1. Sangeeta Singh, WHO Regional Office for the Western Pacific
2. Mana Seth, Department of Preventive Medicine, Ministry of Health, Cambodia
3. Hiroshi Ogawa, Niigata University, Japan
4. Mona Nasser, University of Plymouth, United Kingdom of Great Britain and Northern Ireland
5. Shiamaa Al-Mashhadani, Dubai Academic Health Corporation, United Arab Emirates
6. Sumanth Kumbargere, University of Plymouth, United Kingdom of Great Britain and Northern Ireland

Shiamaa Al-Mashhadani, Dubai Academic Health Corporation, presenting during the side-event

5. Bridging the gap: Integrating diabetes and oral health care for better outcomes

Relevance and alignment

The WHO Global Diabetes Compact (GDC) is a global initiative with the vision to reduce the risk of diabetes and ensure that all diagnosed individuals have access to equitable, comprehensive, affordable and quality treatment and care. At the Seventy-fifth World Health Assembly in 2022, Member States adopted global diabetes coverage targets to be achieved by 2030. Of particular relevance is the second target – 80% of people with diagnosed diabetes have good control of glycaemia. This requires comprehensive diabetes management, which includes addressing oral health care.

Evidence is growing about the bidirectional relationship between oral diseases and diabetes. The strongest and most consistent evidence has shown an association between severe periodontal disease and diabetes mellitus. Clinical interventions to treat severe periodontal disease have shown improvements in diabetes status. Furthermore, oral diseases share common risk factors with other NCDs, such as tobacco use, alcohol consumption, and an unhealthy diet high in free sugars.

Therefore, the WHO oral health programme and GDC are collaborating to develop a WHO technical brief on diabetes and oral health. The side-event showcased preliminary results from the technical brief and provided insights into the effective prevention and management of oral diseases and diabetes, with a focus on interventions at the primary health care level. A panel discussion highlighted case studies from different countries and communities, underscoring the successes and challenges of an integrated and collaborative approach at primary care level.

Specific recommendations and actionable insights

- Discussions during the event highlighted several actionable insights that emphasized the importance of multistakeholder collaboration:
  - Health care providers and people living with diabetes: Clinical oral health interventions in primary care can be effective in improving outcomes for people living with diabetes.
  - Effective management of periodontitis can contribute to improved glycaemic control, with the greatest impact for patients with higher HbA1c levels.
  - Periodontal maintenance and timely treatment can reduce the rise of tooth loss and preserve dentition in people living with diabetes.
- A tailored approach (combining fluoride-based applications, patient education and structured oral hygiene care) can help prevent and manage dental caries.
- Ministries of health:
  - Developing care models that facilitate coordination and communication between primary care physicians, endocrinologists, and dental professionals is key to comprehensive, consistent diabetes and oral health management. This includes implementing referral pathways for timely access to dental services to ensure high-risk diabetes patients receive the necessary oral health care.
  - Implementing community health promotion activities and integrating oral health screenings for diabetes patients at primary health care facilities and/or dental clinics can be important strategies to increase awareness, promote preventive behaviours and improve both diabetes and oral health care.

This is supported by building capacity of primary care providers to recognize periodontal signs and symptoms, understand the risks of tooth loss, and refer patients to oral health care teams when needed.

- Program implementers, diabetes educators: Integrating education on the bidirectional relationship between diabetes and oral health into digital and community-based programs for diabetes can help increase awareness.

Notable quotes

> *"Oral health is not secondary but a cornerstone of comprehensive diabetes management."*
>
> Daniel Vegh, Seimelweiss University

> *"The upcoming UN High-level Meeting on NCDs in 2025 provides an important platform to prioritize integrated care approaches. We must seize this moment to emphasize that oral health is a key determinant of systemic health and well-being."*
>
> Guy Fones, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO

List of speakers and panellists

1. Guy Fones, Acting Director, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
2. Daniel Vegh, Seimelweiss University and IDF Young Leader (video)
3. Sanjana Marpadga, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
4. Sangeeta Singh, WHO Regional Office of the Western Pacific
5. Nupur Lalvani, Blue Circle Diabetes Foundation
6. Ian Ramdin, Ministry of Health, Mauritius

Daniel Vegh, Seimelweiss University, and Sanjana Marpadga, WHO, presenting during the side-event
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6. Advancing global digital oral health: best practices, challenges and next steps

Relevance and alignment

The objective of this side-event was to showcase concrete interventions in various contexts demonstrating the use of digital technologies in oral health.

The primary benefit of digital health in oral health, within a public health approach, lies in its potential to enhance oral health promotion and optimize the prevention of oral diseases. Linking digital oral health strategies with national health information systems and population data is also essential for their effective deployment. Furthermore, it is crucial to conduct clinical studies to validate telemedicine practices in oral health and the general use of digital tools in public oral health.

The use of digital technologies in oral health is still too often associated with advanced, expensive tools requiring specialized skills and high-performing technical systems. However, as outlined in WHO's mOralHealth program, digital health must primarily aim to reduce health inequalities rather than exacerbate them. To achieve this, it is essential to ensure that deployed interventions align with the needs of target populations, the financial, technical, and operational capacities of countries, and their impact on the oral health of communities.

This approach shaped the various presentations during the event. Numerous recommendations for implementing digital oral health interventions were shared with participants. Policymakers gained insights into the necessity of inter- and multidisciplinary collaboration to develop digital oral health programs. Such initiatives can only succeed when integrated into a broader digital strategy using interoperable tools to optimize the time and efforts of different stakeholders. Field professionals understood the importance of utilizing user-friendly tools tailored to the specific contexts and needs of their settings. For example, the case of UNRWA clearly demonstrated the advantages of digital health for a United Nations agency.

The three practical examples–from France, UNRWA in Gaza, and Indonesia–highlighted the feasibility, sustainability, and replicability of digital health practices in oral health prevention. While the technical or technological tools varied (e.g., intraoral cameras, mobile phones) and the organization differed according to the context and health system characteristics of each country, the goal remained the same: to improve oral health literacy, expand screening programs in underserved areas with limited dental professionals, and organize care delivery based on needs and urgency. All the interventions targeted specific populations with particular needs and adopted a public health approach.

Specific recommendations and actionable insights

- Digital health in oral health should aim to reduce health inequalities, not exacerbate them.
- Ensure interventions align with the needs of target populations and the financial, technical, and operational capacities of countries.
- Policymakers should promote inter- and multidisciplinary collaboration for developing digital oral health programs.
- Integrate digital health initiatives into broader digital strategies using interoperable tools to optimize stakeholder efforts.
- Field professionals should use user-friendly tools tailored to specific contexts and needs.
- The case of UNRWA demonstrated the advantages of digital health for United Nations agencies.
- Practical examples from France, UNRWA in Gaza, and Indonesia showed the feasibility, sustainability, and replicability of digital health practices.
- The goal is to improve oral health literacy, expand screening programs in underserved areas, and organize care delivery based on needs and urgency.

List of speakers and panellists

1. Nicolas Giraudeau, University of Montpellier, France
2. Khalii Abu Naqera, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA)
3. Melissa Adiatman, Universitas Indonesia
4. Poolpruek Soparat, Ministry of Health, Thailand

Beginning of side-event proposed by the university of Montpellier on Advancing global digital oral health: best practices, challenges and next steps. © WHO / Ministry of Public Health, Thailand

From left to right: Khalil ABU NAQERA, UNRWA, Nicolas GIRAUDEAU, University of Montpellier, France, Poolpruek SOPARAT, Ministry of Health, Thailand, Melissa ADIATMAN, Ministry of Health, Indonesia
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7. Investing more, investing better: Using economics to help shape oral health policy.

Relevance and alignment

The side-event was co-hosted by Heidelberg University, Health Policy Institute, and the American Dental Association. The discussions emphasized the significant role of economic and financial factors in shaping health policy, including oral health. It was highlighted that leveraging economics is crucial to capitalize on opportunities and address challenges in the global oral health landscape. The economic burden of oral conditions was discussed, along with the need for careful prioritization of cost-effective interventions using tools like the WHO CHOICE Methodology. Insights were provided into the economic costs of poor oral health, its impact on productivity, and the importance of translating knowledge into actionable policies to drive positive change. Overall, health economics is essential for identifying priority areas, optimizing resource allocation, and ensuring the sustainability of oral health policies

Specific recommendations and actionable insights

- Economic and financial factors play a crucial role in shaping health policy, including oral health.
- Leveraging economics is essential to capitalize on opportunities and address challenges in the global oral health landscape.
- The economic burden of oral conditions necessitates careful prioritization of cost-effective interventions using tools like the WHO CHOICE Methodology.
- Insights into the economic costs of poor oral health highlight its impact on productivity and the importance of translating knowledge into actionable policies.
- Achieving long-term benefits requires strategies that transcend short election cycles, ensuring consistent political priorities and financing.
- Operationalizing economics and data in media and public discourse is vital for informed decision-making and public awareness.
- Data on prevention can demonstrate the benefits and highlight the costs of inaction, emphasizing the need for proactive measures.
- Addressing data gaps, improving data availability, and ensuring data quality are critical for effective health policy and resource allocation.

List of speakers and panellists

1. Dympna Kavanagh, Department of Health, Ireland
2. Stefan Listl, Heidelberg University, Germany
3. Marko Vujicic, American Dental Association
4. Ave Pold, Chief Dental Officer, Estonia
5. Filip Meheus, Department of Health Financing and Economics, WHO
6. Chng Chai Kiat, Chief Dental Officer, Singapore

Marko Vujicic, American Dental Association, presenting during the side-event
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8. Noma as a public health problem. Joint force of multisectoral stakeholders, including oral health and neglected tropical disease (NTD) communities

Relevance and alignment

The side-event on noma successfully brought together five of the six key thematic areas relevant to addressing this neglected disease. First, speakers and participants emphasized the critical role of strong leadership and governance in raising noma awareness at national and regional levels. Funding for noma-related initiatives is heavily reliant on political commitment and widespread public awareness. Second, it was noted that individuals affected by noma often do not reach healthcare services in time to prevent the disease's devastating gangrenous stage, which can lead to severe disfigurement, long-term disabilities, or death. Ensuring access to primary healthcare – including routine oral screenings – is therefore essential for early detection and prevention. Such access must account for geographic, financial, and cultural barriers. Third, beyond physical accessibility, communities at risk must be educated about noma to encourage timely health-seeking behaviours, reduce stigma, and address underlying risk factors. Fourth, at the global level, there is a striking lack of awareness of noma among health professionals. To address this, noma should be incorporated into medical, nursing, and dental education curricula in countries where the disease is endemic or poses a risk. Finally, the session underscored the urgent need for more research on noma. The current scarcity of data on its epidemiology, incidence, prevalence, risk factors, and treatment options severely hinders effective prevention and intervention planning. To close this gap, enhanced research efforts must be supported by robust active and passive surveillance systems.

Specific recommendations and actionable insights

It was recognised that noma cannot be addressed by a single stakeholder alone. To effectively begin controlling the disease, a strong multisectoral community must be established – bringing together stakeholders across sectors and disciplines to collaborate, share expertise, and coordinate action.

WHO

- Finalize the integration of noma in the WHO NTDs roadmap and explore opportunities to integrate noma with skin NTDs.
- Develop global recommendations and action points to support Member States in integrating noma surveillance and prevention activities into their national NTD master plans.

Policy makers

- Learn about noma and spread awareness at all levels, and budget for noma/NTD/oral health activities.
- Integrate noma into educational/training curricula and support its integration across different national stakeholders and sectors.

Researchers

- Use the WHO 5 noma stages for reporting to allow comparability and research cultural factors about noma.
- Investigate new methods for active and passive surveillance, including screening by community health workers, and establish a prospective database for different stakeholders.

List of speakers and panellists

1. Kofi Nyarko, WHO Regional Office for Africa
2. Mathis Winkler, Hilfsaktion Noma e.V. (video)
3. Yuka Makino, WHO Regional Office for Africa
4. Codou Mané, Ministry of Health and Social Action, Senegal
5. Gloria Uzoigwe, Federal Ministry of Health, Nigeria
6. Anaïs Galli, Swiss Tropical and Public Health Institute / WHO Regional Office for Africa
7. Kingsley Bampoe Asiedu, Department of Neglected Tropical Diseases, WHO

Yuka Makino, WHO Regional Officer for Africa, presenting during the side-event
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Codou Mané, Senegal, presenting during the side-event
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9. Preventing oral cancer: A collaborative global approach to early detection and risk reduction

Relevance and alignment

The side-event provided a crucial platform to address the global burden of oral cancer, a condition that affects over 380,000 individuals annually. By focusing on preventable risk factors – tobacco, areca nut, alcohol, and human papillomavirus (HPV) infection – the event directly aligned with the WHO themes of "Promoting oral health & preventing oral disease" and "Health information systems, surveillance, and research agendas." Speakers emphasized the dual necessity of prevention and early detection to reduce oral cancer incidence and mortality while fostering systems that integrate surveillance into broader public health initiatives.

Case studies from Mauritius and Thailand illustrated the potential for context-specific strategies to effectively mitigate risk and enhance early detection. The discussions reinforced the critical role of policymakers and oral health professionals in operationalizing prevention and surveillance measures.

Specific recommendations and actionable insights

Policy-makers

- Enforce more comprehensive regulations for prevention of tobacco, areca nut, and alcohol, particularly in high-prevalence regions.
- Incorporate HPV vaccination programs into national immunization schedules to address this growing risk factor for oral cancer.
- Invest in oral cancer screening initiatives, embedding them into primary healthcare or community outreach services for increased accessibility.

Practitioners

- Train dentists and oral health professionals to identify early signs of oral cancer and perform basic screenings during routine check-ups.
- Expand cessation support programs for tobacco, areca nut, and alcohol users.
- Integrate culturally tailored patient education materials to raise awareness about oral cancer risks and symptoms, leveraging community health workers to deliver these services.

Researchers

- Conduct implementation research studies to identify high-risk groups for targeted programs and cost-effective early detection interventions suitable for resource-limited settings.

WHO and other UN agencies

- Include oral cancer metrics in global health surveillance frameworks and encourage member states to report data consistently through population-based cancer registries.
- Support knowledge-sharing platforms for disseminating best practices and successful case studies.
- Advocate for cross-sectoral partnerships to address underlying social determinants of oral cancer.

Notable quotes

"Oral cancer is largely preventable. The major risk factors for oral cancer are tobacco use, including smokeless and smoking tobacco, as well as betel quid or areca nut chewing, alcohol consumption, and infection with HPV. We need more comprehensive implementation and enforcement of recommended cost-effective policies to prevent exposure to these major risk factors."

Harriet Rumgay

"Dentists play an extremely important role in oral cancer prevention as the oral cavity is their main domain and they are the first people to have the opportunity to examine the oral cavity and the peri-oral region. However, awareness among even dentists needs to be raised that their role is preventive, not only when it comes to heart issue issues or dental caries, but also for the prevention of oral malignant or potentially malignant lesions."

Suzanne T Nethan

"There is a dire need to improve the training of dentists through continuous educational activities and this also applies to other healthcare workforces which can help in providing more effective oral cancer screening services as opposed to only relying on the dentist's efforts to perform this activity. In low-resource countries especially, community healthcare workers can also provide these services."

Suzanne T Nethan

List of speakers and panellists

1. Waranun Buajeeb, WHO CC for Oral Health Education and Research Department of Oral Medicine and Periodontology, Mahidol University, Thailand
2. Suzanne Tanya Nethan, International Agency for Research on Cancer (IARC), France
3. Kununya Pimolbutr, Mahidol University, Thailand
4. Ian Ramdin, Ministry of Health, Mauritius
5. Harriet Rumgay, International Agency for Research on Cancer (IARC), France

Kununya Pimolbutr presenting the local experience of implementing oral cancer screening in Thailand
© WHO / Ministry of Public Health, Thailand

Speakers and audience members from the side-event "Preventing oral cancer: A collaborative global approach to early detection and risk reduction" organised by the International Agency for Research on Cancer and the WHO Collaborating Centre for Oral Health Education and Research, Mahidol University, Thailand
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10. Phasing down the use of dental amalgam: Insights from Asia, Africa and South America

Relevance and alignment

Dental amalgam, a common filling material for treating dental caries, has been used for over 175 years. One of the global targets of the WHO Global oral health action plan 2023–2030 is that, by 2030, 90% of countries have implemented measures to phase down the use of dental amalgam as stipulated in the Minamata Convention on Mercury or have phased it out. The Minamata Convention on Mercury is a global treaty that aims to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds. The provisions relating to dental amalgam, as amended by the fourth and fifth meetings of the Conference of the Parties, are detailed in Annex A, Part II of the Minamata Convention on Mercury.

The Global Environment Facility (GEF) funded project "Accelerate implementation of dental amalgam provisions and strengthen country capacities in the environmental sound management of associated wastes under the Minamata Convention" (GEF7 Phasing Down Dental Amalgam Project) is a 3-year project implemented by UNEP and executed by the WHO with targeted technical assistance from the UNEP Global Mercury Partnership. Officially launched on 1 March 2023, the project's objective is to protect human health and the environment from harmful effects of mercury through implementation of policies and improved practices to phase down the use of dental amalgam. The project supports the implementation of the Minamata Convention in both global and national contexts, with several activities being implemented in three countries: Senegal, Thailand and Uruguay, under the leadership of multisectoral collaboration between the Ministries of Health and Environment. The project also focuses on promoting mercury-free materials to prevent and control dental caries which is an opportunity to promote a holistic and coherent approach to health, focusing on health systems strengthening, therefore, supporting each of these countries on their efforts towards achieving Universal Health Coverage and broader Sustainable Development Goals.

Specific recommendations and actionable insights

Senegal

- Assessed the national situation regarding dental amalgam use and waste management by consulting stakeholders, identifying gaps, and developing survey tools.
- Conducted field surveys, reviewed national regulations, and selected sites for amalgam separators.
- Leading a project with Burkina Faso and Togo to strengthen the legal framework for implementing the Minamata Convention and reviewing the regulatory model on mercury trade and products.

Thailand

- Piloted sound management practices for handling dental amalgam waste, including installing amalgam separators in wastewater systems.
- Developed an implementation research proposal to explore barriers, assess efficiency, and conduct an economic analysis of amalgam separators.
- Strengthening the hazardous waste management system and ensuring proper collection, storage, treatment, and disposal of amalgam waste.

Uruguay

- Developing a national report on phasing down dental amalgam use and gathering information on its remaining use in the country.
- Committed to developing regulations to prohibit the use, trade, import, and distribution of dental amalgam.
- Mapping remaining stocks for environmentally sound disposal through a national collection program and managing mercury waste with acquired technology.

List of speakers and panellists

1. Gabriela Sardon Panta, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
2. Imelda Dossou Etui, United Nations Environnent Programme (UNEP)
3. Grace Halla, United Nations Environnent Programme (UNEP)
4. Codou Badiane Mané, ministère de la Santé et de l'Action sociale, Sénégal
5. Pathé Dieye, ministère de l'Environnement et du Développement Durable, Sénégal
6. Neeranuch Arphacharus, Ministry of Public Health, Thailand
7. Nanmanas Yaembut, Ministry of Public Health, Thailand
8. Adriana Otheguy, Ministry of Public Health, Uruguay (video)
9. Judith Torres, Ministry of Environment, Uruguay (video)
10. Monica Mendez, WHO Uruguay (video)
11. Benoit Varenne, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO

Speakers and panellists of the side-event
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Codou Mané, Senegal, presenting during the side-event
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11. Améliorer la santé buccodentaire des jeunes : Partage d'expériences, de mesures efficaces et de solutions innovantes

Relevance and alignment

Cette conférence a été animée en français conjointement par le ministère de la Santé et des Services sociaux du Québec et le ministère de la Santé et de l'Accès aux soins de la France. Elle visait à rejoindre et à partager avec les pays francophones présents au 1er Sommet mondial de la santé buccodentaire de l'Organisation mondiale de la santé les différentes mesures de prévention pouvant être mises en place auprès des enfants et des jeunes dans le but d'améliorer leur état de santé buccodentaire. Les initiatives présentées incluaient des programmes de scellants dentaires, de brossage supervisé, et de soins buccodentaires, ainsi que des stratégies pour intégrer la prévention de la carie dans le réseau de la santé. L'importance de la collaboration entre chercheurs et décideurs, ainsi que la nécessité d'une gouvernance efficace en santé orale, ont été soulignées pour réduire les inégalités sociales et améliorer l'accès aux soins

Specific recommendations and actionable insights

Recommandations du ministère de la Santé et des Services sociaux du Québec

- Intégrer des actions scientifiquement prouvées dans les programmes de santé dentaire publique, tant pour la prévention clinique que pour la promotion de la santé, en assurant une collaboration étroite entre chercheurs et décideurs.
- Accompagner le déploiement des programmes avec une équipe dédiée, un cadre de référence et des outils pour harmoniser les services préventifs et garantir l'équité d'accès.
- Suivre l'implantation des programmes de santé dentaire publique, évaluer leur impact sur la santé de la population et réaliser des actions de surveillance pour documenter l'état de santé.

Recommandations du ministère de la Santé et de l'Accès aux soins de la France

- Assurer un suivi buccodentaire régulier et une éducation à la santé orale pour la population, tout en valorisant les soins conservateurs.
- Renforcer les actions de prévention en milieu scolaire, notamment la sensibilisation et le dépistage, et inclure la santé buccodentaire dans le bilan de prévention du patient.
- Élaborer une stratégie nationale de santé publique récente qui aborde les enjeux d'accès aux soins buccodentaires, de renforcement de la prévention, et d'action sur les déterminants sociaux, en tenant compte des dynamiques de financiarisation.

Notable quotes

> « *depuis la mise en œuvre du Programme québécois de scellant dentaire, la proportion d'élèves de 6e année présentant des caries irréversibles a diminué de manière inversement proportionnelle à la proportion d'élèves recevant des scellements dentaires. En outre, des études de surveillance ont démontré que le Programme réduisait de manière significative les inégalités sociales de santé en matière de caries dentaires* ».
>
> Stéphanie Morneau, Ministère de la Santé et des Services sociaux du Québec, Canada

« Un futur programme d'intégration de la prévention de la carie de la petite enfance dans le réseau de la santé demandera de définir clairement les rôles, les responsabilités de chaque intervenant et les moyens de collaboration interprofessionnelle. De plus, il faudra développer les compétences des intervenants non dentaires entourant le counseling, le dépistage de la carie dentaire et l'application de vernis fluoré. »

Isabelle Fortin, Ministère de la Santé et des Services sociaux du Québec, Canada

« La CNS assure une représentativité plus large incluant les usagers, les professionnels, les syndicats, les élus locaux, l'industrie, etc. C'est une commission permanente, démocratique, axé sur la réduction des inégalités sociales et territoriales dont l'objectif est de proposer des recommandations essentielles permettant d'améliorer la santé buccodentaire de la population, notamment celle des personnes qui présentent des vulnérabilités et de renforcer la résilience du système de santé. »

Pascal Melihan-Chenin, Secrétaire général de la Conférence nationale de santé, France

Isabelle Fortin, Québec, Canada, presenting during the side-event
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Emmanuelle Le Lay, France, presenting during a side-event
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List of speakers and panellists

1. Stéphanie Morneau, Ministère de la Santé et des Services sociaux du Québec, Canada
2. Isabelle Fortin, Ministère de la Santé et des Services sociaux du Québec, Canada
3. Emmanuelle Le Lay, Ministère de la Santé et de l'Accès aux soins, France
4. Pascal Melihan-Chenin, Secrétaire général de la Conférence nationale de santé, France

12. From Insight to Impact: How an oral health research agenda delivers for population health and universal health coverage.

Relevance and alignment

The side-event focused on the critical role of oral health research in addressing global health priorities, particularly in advancing the WHO's Global Strategy and Action Plan on Oral Health (2023–2030) and its alignment with Universal Health Coverage (UHC). With six strategic objectives underpinning the plan, the event highlighted the importance of research as the foundation for informed policymaking, public health interventions, and sustainable improvements in oral health. Presentations by global experts, including representatives from the WHO, the IADR, and national stakeholders, emphasized the need for a unified approach to reorient oral health research agendas towards public health and population-based solutions.

Specific recommendations and actionable insights

Policy makers

- Integrate oral health into broader health strategies by prioritizing public health research and addressing social and commercial determinants of oral health.
- Ensure equitable access to research funding and data, particularly for low- and middle-income countries (LMICs), to foster local innovation and solutions.

Practitioners

- Use evidence-based guidelines to implement preventive strategies across populations and life stages.
- Enhance patient engagement through contemporary behavior change methodologies to support self-care and long-term health outcomes.

Researchers

- Address knowledge gaps by focusing on real-world application, integration, and sustainability of oral health policies and interventions.
- Harness the potential of digital tools and advanced data analytics to improve the efficiency, accuracy, and reach of oral health research.

WHO and Other UN Agencies

- Facilitate the development and regular updating of country-specific oral health research priorities aligned with global strategies.
- Promote international collaboration and the dissemination of best practices to build a comprehensive global evidence ecosystem.

Notable Quotes

> *"It is critical to understand that the first five objectives (of the Global Oral Health Action Plan) are underpinned by research and informs actions and outcomes"*
>
> Jennifer E Gallagher MBE

> *"It is crucial for individuals working on non-communicable diseases to collaborate and identify ongoing research efforts that they can build upon"*
>
> Penny Muange

“Significant opportunities exist to leverage the global infrastructure of U.S. National Institutes of Health, including the Fogarty Center, to enhance our understanding of global oral diseases”

Jennifer Webster-Cyriaque

List of speakers and panellists:

1. Satoshi Imazato, International Association for Dental, Oral and Craniofacial Research (IADR)
2. Jennifer Gallagher, International Association for Dental, Oral and Craniofacial Research (IADR)
3. Jennifer Webster-Cyriaque, National Institute of Dental and Craniofacial Research, National Institutes of Health, United States of America
4. Penny Muange, Ministry of Health, Kenya
5. Yuka Makino, WHO Regional Office for Africa

Penny Muange provides the Kenyan perspective on delivering on population health and UHC through research
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13. Integrating effective prevention & promotion in schools globally

Relevance and alignment

The event addressed the critical role of schools as effective platforms for promoting oral health and preventing oral diseases. School-based programmes offer cost-effective, scalable interventions that benefit children's overall health, attendance, and educational outcomes. The discussions highlighted alignment with global efforts to integrate oral health within Universal Health Coverage (UHC) frameworks and broader NCD prevention initiatives. In many low- and middle-income countries, schools lack essential prerequisites such as basic Water, Sanitation and Hygiene services (WASH) school health which makes WASH interventions an appropriate entry point for wider school health and school environment programming.

Participants acknowledged the importance of school health as a platform for oral health promotion within the Global Strategy and Action Plan on oral health 2023–2030 but expressed concerns about the outdated WHO Health Promoting Schools framework. They emphasized the need for cross-country collaboration to adapt and scale effective school-based oral health programs, highlighting the role of international partnerships in achieving WHO goals. Research and evidence show that schools are ideal settings for preventive practices, with programs like Fit for School (Philippines), Childsmile (Scotland), and CariedAway (U.S.) demonstrating significant health and educational benefits. Key success factors for scaling up include multi-sectoral partnerships, supportive policy environments, local stakeholder engagement, clear planning, and transparent budgeting. High-level technical guidance from agencies like WHO, World Bank, and UNICEF is crucial for moving beyond pilot programs to large-scale implementation.

Specific recommendations and actionable insights

Policy makers

- Integrate oral health promotion into school health policies as part of UHC; establish clear governance structures to ensure roles, responsibilities and accountability for all stakeholders; allocate appropriate budgets from health, education and other sectors towards school health, strive towards large-scale, universal implementation to reach as many children as possible; engage the wider school community in monitoring and evaluation to enhance transparency and joint learnings; ensure a supportive policy framework for school health.

Practitioners and educators

- Leverage schools for cost-effective, evidence-based interventions to establish lifelong healthy habits, integrate daily preventive activities (handwashing, toothbrushing etc) in school routines; provide incentives for education personnel's involvement and leadership in school health activities, engage in monitoring and evaluation of services to enhance impact, scope and coverage.

Researchers

- Continue generating high-quality data to inform policy and implementation frameworks; strengthen the evidence for health and education benefits of school health programming; increase implementation research to review monitoring, policy, governance, financing and accountability success factors for school health programming.

WHO and partners

- Facilitate knowledge sharing and technical support for scaling school-based oral health programmes globally; update WHO technical guidance in collaboration with UNICEF and other key development partners; recognize school (oral) health as a significant programmatic area for bi- and multi-lateral funding; explore and foster synergies with school feeding and WASH in schools programming.

Notable quotes

"Schools are natural settings for preventive oral health interventions – simple actions like daily toothbrushing can create lifelong impacts."

Habib Benzian, WHO Collaborating Center College of Dentistry, New York University, United States of America

"Scaling up programmes to universal coverage requires strong leadership, sustained funding, and stakeholder buy-in."

Lorna MacPherson, The Borrow Foundation, United Kingdom of Great Britain and Northern Ireland

"Government ownership and education sector leadership are essential for sustainable large-scale programming."

Marvin Marquez, German Development Cooperation (GIZ), Germany

"When it comes to preventive interventions like fluoride varnish, sealants or SDF application, there is strong evidence that non-dentist personnel are effective and reduce programme costs significantly."

Eugenio Beltran, WHO Collaborating Center College of Dentistry, New York University, United States of America

List of speakers and panellists

1. Habib Benzian, WHO Collaborating Center College of Dentistry, New York University, United States of America
2. Eugenio Beltran, WHO Collaborating Center College of Dentistry, New York University, United States of America
3. Marvin Marquez, German Development Cooperation (GIZ)
4. Lorna MacPherson, The Borrow Foundation, United Kingdom of Great Britain and Northern Ireland

From left to right: Marvin Marquez, Department of Education/GIZ, Manila, Philippines, Eugenio Beltrán, New York, USA, Habib Benzian, New York, USA
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14. Shaping a contemporary oral health workforce within a national strategic plan: research informed action

Relevance and alignment

This event focused on innovative workforce models for oral health (SO3) in strengthened health systems (SO1, SO2, SO4, SO6), informed by population health needs and workforce surveillance (SO5). Reflecting on global, local and national data, challenges and possible solutions, case studies were presented to support member states in their goal for 2030, whereby >50% of countries have an operational national health workforce policy, plan or strategy that includes a workforce trained to respond to population oral health needs. The current workforce (dentists, dental assistants/therapists and dental technicians) is inequitably distributed within and between countries, higher income countries having much higher (over 10-fold) workforce densities than lower income states.[1] The oral health workforce has traditionally been dentist focused, concentrated in urban areas and in high/middle-income countries; innovative workforce models are, thus, required to achieve the global goals in an equitable manner. Capacity building to deliver innovative new workforce models within primary care to address unmet oral health needs is urgently needed. This involves diversifying and engaging the oral health workforce skill mix, collaborating with other health and community personnel and ensuring public health and research expertise to facilitate strategic action. Examples of strategic planning workforce development and contemporary models of care as a foundational element of health systems strengthening were presented from Sierra Leone, Malawi, Cambodia, Cook-Islands, the United Kingdom and the African Region (AFR). These case studies were informed by health intelligence and research.

Specific recommendations and actionable insights

Informed action involves drawing on health intelligence and research to deliver needs-led workforce planning in support of oral health strategy, policy and action.

Workforce innovation is important in promoting oral health and extending care to the population, particularly those in remote, rural and deprived areas where the traditional dental workforce is sparse.

Contemporary oral health workforce models involve building on the established workforce to improve access to oral and dental care and improve oral health through greater use of dental team skill mix and/or utilization of wider members of the primary health care team.

Workforce development should include public health and leadership skills to support innovation and health.

Notable quotes

> *"I thought I had a workforce problem – until I saw the Sierra Leone data."*
>
> Danny Areai, Ministry of Health, Cook Islands

[1] Gallagher JE, Mattos Savage GC, Crummey SC, Sabbah W, Makino Y, Varenne B. 2024. Health workforce for oral health inequity: Opportunity for action. PLOS ONE. 19(6):e0292549.

> *"Dentists have been the lynchpin of the dental workforce for decades, but many countries are expanding their skill mix and harnessing wider health and community professionals in support of oral health."*
>
> Jennifer Gallagher, International Association for Dental, Oral and Craniofacial Research (IADR)

> *"Research in partnership can inform workforce decision making and strategy development."*
>
> David Kamara, Ministry of Health, Sierra Leone

List of speakers and panellists

1. Jennifer Gallagher, International Association for Dental, Oral and Craniofacial Research (IADR)
2. David Kamara, Ministry of Health, Sierra Leone
3. Jessie Mlotha Namarika, Ministry of Health, Malawi
4. Mana Seth, Ministry of Health, Cambodia
5. Danny Areai, Ministry of Health, Cook Islands
6. Yuka Makino, WHO Regional Office for Africa

Mana Seth, Cambodia, presenting during the side-event, and Jennifer Gallagher. IADR
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15. Promoting sugar reduction policies

Relevance and alignment

In a session moderated by Professor Richard Watt, Director, WHO Collaborating Centre on Oral health Inequalities and Public Health, experts came together to discuss strategies for reducing sugar consumption and its impact on oral and general health. This event highlighted the implementation of comprehensive sugar reduction policies in Thailand, Malaysia, Greece, and by the FDI, showcasing the impact of progressive taxation, multi-sectoral collaboration, product reformulation, and evidence-based strategies on improving public health and reducing sugar consumption.

Thailand has implemented a progressive sugar tax and various non-tax measures to reduce sugar consumption, resulting in significant product reformulation and reduced sugar usage by the beverage industry. Malaysia has adopted a comprehensive, multi-sectoral approach to combat high sugar intake, including excise taxes on sugar-sweetened beverages, mandatory provision of low/no-sugar drinks in schools and government offices, product reformulation, and a transition to clearer food labeling systems. Greece emphasizes the importance of addressing commercial determinants of health through regulation, taxation, and engaging with industry for public good, while advocating for effective policy measures to reduce sugar consumption. The FDI has adopted a position on sugars, promoting WHO's evidence-based policy measures and implementing a comprehensive strategy to reduce free sugar use, leveraging partnerships and advocating for recognition and monitoring of sugar-related policies on oral health.

Specific recommendations and actionable insights

- A common theme across all presentations was the recognition that tackling the global challenge of excessive sugar consumption demands a coordinated, multi-sectoral approach. Effective responses must include tailored policy interventions that are sensitive to local contexts and needs, thereby supporting meaningful and sustainable public health outcomes.
- Clear definitions: In some countries, fruit juices are not taxed, and this is a missed opportunity. On the contrary, some countries are taxing all drinks, including water. This mix-up stresses the need to ensure a sound understanding of products defined as sugar sweetened beverages.
- Collaborative efforts: strengthened multi-sectoral partnerships were identified as critical to scaling up sugar reduction policies globally.
- Evidence-based strategies: participants gained practical insights into implementing sugar taxes and other interventions tailored to national contexts.
- Knowledge sharing: the session emphasized the value of shared learning, with stakeholders committing to incorporate oral health promotion into broader NCD prevention programmes.

Notable quotes

"In conclusion, the excellent presentations and discussions highlighted the public health importance of sugar reduction, the need for effective collaboration across sectors and the importance of implementing a range of complementary policy measures including fiscal actions."

Richard Watt, University College of London, United Kingdom of Great Britain and Northern Ireland

List of speakers and panellists

1. Richard Watt, University College of London, United Kingdom of Great Britain and Northern Ireland
2. Supreda Adulyanon, Thai Health Promotion Foundation
3. Noormi Binti Othman, Ministry of Health, Malaysia
4. Aristomenis I. Syngelakis, Ministry of Health, Greece
5. Greg Chadwick, FDI World Dental Federation

Supreda Adulyanon, Thailand, presenting during the side-event
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Noormi Binti Othman, Malaysia, presenting during the side-event
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16. Suva Declaration meets the Bridgetown Declaration: Exploring oral health integration in a SIDS context

Relevance and alignment

The historic side-event was the first meeting of SIDS Oral Health and NCD team leaders ever recorded. It started with a presentation by Honorable Minister of Health of Saint Lucia, Hon. Moses Jn. Baptiste who highlighted their shared experience from St Lucia with regards to integrating oral health care programs into their universal health coverage plans.

Following this, the President of OPIA Dr Kantara Tiim discussed the Suva Declaration which identified four main challenges for Pacific Island Countries and Territories (PICTs) which included:

- High oral disease burden with gaps in oral health governance where half of PICTs still do not have any national oral health strategic action plans or policies on sugar taxation.
- Shortage of a skilled oral health workforce with low workforce numbers with no comprehensive oral workforce planning.
- Inequalities to access of oral health services due to geographic isolation, small population numbers and weak clinical facilities.
- Lack of health information where oral health information systems are weak or non-existent or poorly integrated in the overall health information system.

Governments, WHO, professional organizations, NGOs, and other stakeholders are urged to integrate oral health into national health policies, NCD frameworks, and UHC planning. Emphasis is placed on improving prevention and accessibility by supporting evidence-based health promotion, ensuring equitable access to quality oral health care, and making fluorides affordable. Strengthening oral health systems through an appropriate workforce, adequate facilities, dental supplies, and robust surveillance systems is also highlighted. The Pacific Monitoring Alliance for NCD Action and the MANA Framework stress the importance of cross-sector collaboration and the regional approach of the 22 Pacific Island Countries. Additionally, there is a need for intersectoral and intrasectoral approaches in Small Island Developing States to address persistent challenges in oral health as a common NCD.

Specific recommendations and actionable insights

- Integrate and prioritize oral health into national health policies, NCD frameworks, and universal health coverage (UHC) planning.
- Improve prevention and accessibility by emphasizing upstream policies, supporting evidence-based prevention and health promotion, ensuring equitable access to quality oral health care, and making fluorides affordable and accessible for all populations.
- Strengthen oral health systems by ensuring an appropriate workforce, adequate facilities, dental supplies, and robust surveillance systems to inform decision-making and planning.
- Foster collaboration across various sectors and adopt a regional approach to achieve resolutions and commitments, with strong partnerships from organizations such as WHO and SPC.
- Focus on both intersectoral/multisectoral and intrasectoral approaches, encompassing all three levels of health services, to address oral health as a common NCD.
- Ensure the inclusion of oral health leaders in national multisectoral committees to collectively monitor the oral health agenda across sectors.
- Identify commonalities in declarations like Suva, Bridgetown, and Bangkok to take action on UHC and One Health objectives, making these declarations impactful at country, community, family, and individual levels.
- Develop a national oral health policy and train the existing health workforce to sustain oral health promotion and prevention of oral diseases, especially in areas with limited access to oral health professionals.

Notable quotes

> *"We cannot accomplish anything without a functional multisectoral committee... it must extend beyond health."*
>
> Dr. Kubuabola

> *"ensure that we, as intersectoral and multisectoral partners, as well as intrasectoral stakeholders across all three levels of health services, understand the significance of oral health."*
>
> Dr. Tomo Kanda

> *"These declarations reflect our ongoing efforts to bring health professionals and policymakers together to take action on Universal Health Coverage (UHC) and One Health objectives. However, as a politician, when you return to your constituents, many people will tell you that these declarations are just words on paper. The real question is: how do these declarations impact daily lives?"*
>
> Honourable Moses Jn. Baptiste, Minister for Health of St. Lucia

> *"How can we, at the country, community, family, and individual levels, make these declarations have a tangible impact on daily lives through oral health programs, community organisations and families?"*
>
> Honourable Moses Jn. Baptiste, Minister for Health of St. Lucia

List of participants and panellists

1. Habib Benzian, WHO Collaborating Center College of Dentistry, New York University, United States of America
2. Leenu Maimanuku, Oral Health Pacific Islands Alliance (OPIA)
3. Moses Jn. Baptiste, Minister for Health, Wellness and Elderly Affairs, Ministry of Health, Wellness and Elderly Affairs, Saint Lucia
4. Kantara Tiim, Oral Health Pacific Islands Alliance (OPIA)
5. Tomo Kanda, WHO Regional Office for the Western Pacific
6. Ilisapeci Kubuabola, The Pacific Community (SPC)
7. Elizabeth Williams, Ministry of Health, Samoa

Side-event: Suva Declaration meets Bridgetown Declaration
© WHO / Habib Benzian

From left to right: Moses Jn. Baptiste Min of Health St. Lucia, Tomo Kanda WHO WPRO, Leenu Maimanuku Fiji, Ilisapeci Kubuabola Secretariat of the Pacific (Fiji), Habib Benzian
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17. Integration of basic oral health care into primary care: An interactive 'how to' focused workshop

Relevance and alignment

This side-event was aligned with Strategic Objective 4 of the Global Strategy and Action Plan on Oral Health 2023–2030; specifically to enable Member States to achieve global target 4.1 by addressing Action 62 on integrating oral health into primary health care services.

The aims of the side-event were to explore how to integrate oral health into primary care by discussing successful models and innovative strategies from different regions; and to initiate discussion on barriers and potential solutions that will influence the integration of oral health into primary care. These discussions were guided by a framework developed specifically to support the side-event. This framework to enable action on Target 4.1 was created by deconstructing Action 62 of the Global Oral Health Action Plan (Table A5.1).

The side-event included presentations of three case studies from four countries on integration: Iran, Australia, Tanzania and Kenya. The presentations provided an overview of their programs/projects including the key barriers to integration, and the solutions to overcome the barriers both at a national level as well as regional level. The panel discussion with additional government representatives and Chief Dental Officers from Vanuatu, Tanzania and Iran, further discussed the key factors the enabled or impeded integration. Throughout the session, Mentimeter was used to ensure interactive dialogue with the audience.

Table A5.1. Action 62 deconstructed into an integration framework.

Integration Framework Domains
1. Develop and review all aspects of primary health care services, and plan to integrate oral health care at all service levels, including required staffing, skill mix and competencies – **Strategic planning**
2. Implement workforce models that produce sufficient numbers of adequately trained health workers to provide oral health services within primary health care teams at all levels of care – **Workforce models**
3. Establish referral pathways and support mechanisms that streamline coordination of care with other areas of the health system – **Referral pathways**
4. Consider including private oral health providers through appropriate contracting and/or reimbursement schemes. Explore how to optimize private oral health care providers' engagement in such schemes, particularly in countries where they make up a sizeable proportion of providers – **Private providers.**

Specific recommendations and actionable insights

- Barriers to integrating oral health into primary healthcare systems include:
  - Lack of a universally agreed-upon definition and understanding of integration, leading to inconsistent implementation efforts across different healthcare settings.
  - Inadequate primary healthcare systems in low- and middle-income countries and rural regions, with overburdened healthcare workers and limited capacity to incorporate oral health services.
  - Limited education and training about oral and dental health in the curricula of other primary healthcare professionals, along with professional egos and bureaucratic barriers, hindering collaboration and coordination across healthcare disciplines.
- Advocate for the integration of oral health into primary healthcare, driven by non-dental primary care champions.
- Emphasize the need for countries to learn from one another to adopt or adapt best practice models for integration.
- Develop a global repository featuring case studies, models, indicators, and training resources to facilitate collaboration and knowledge exchange among oral health and primary healthcare providers.
- Utilize the forthcoming Global Oral Health Coalition as a central platform for collective contributions to foster a dynamic and impactful learning community.
- Commit to joining the coalition and sharing experiences and expertise in integrating oral health into primary healthcare systems.

List of speakers and panellists

1. Bradley Christian, University of Sydney, Australia
2. Mohammad Reza Khami, Tehran University of Medical Sciences, Iran
3. Ajesh George, Western Sydney University, Australia
4. Ulla Harjunmaa, Finnish Institute for Health and Welfare
5. Hyewon Lee, World Federation of Public Health Associations
6. Rhoda Bule Abbie, Ministry of Health, Vanuatu
7. Zahra Ghorbani, Ministry of Health and Medical Education, Iran.
8. Jenny Stephens, Ministry of Health, Vanuatu
9. Baraka Nzobo, Ministry of Health, Tanzania.
10. Photographs of the sessions

Speakers and co-chairs of the side-event: Integration of basic oral health care into primary care: An interactive "How to" focused workshop, Held at WHO Global Oral Health Meeting, Meeting Venue, Bangkok, Thailand, 27 November 2024. From left: Ajesh George (speaker), Hyewon Lee (speaker), Ulla Harjunmaa (speaker), Mohammad Reza Khami (speaker and co-chair), Bradley Christian (co-chair)
© WHO / Ajesh George

Group discussion: speakers, co-chairs, panelists and some of participants of the side-event: Integration of basic oral health care into primary care: An interactive "How to" focused workshop, Held at WHO Global Oral Health Meeting, Meeting Venue, Bangkok, Thailand, 27 November 2024
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18. Monitoring and surveillance of oral conditions

Relevance and alignment

The GOHAP highlights the need for comprehensive data and metrics to assess oral health and track progress towards strategic goals. It is thus crucial that methods and tools used for monitoring and surveillance are appropriate and fit for purpose.

The aims of this side-event were to discuss (i) existing and novel methods for primary data collection and harmonized reporting of oral health surveys and (ii) how they can support the surveillance of oral conditions and the monitoring framework of GOHAP.

Specific recommendations and actionable insights

The discussion was organised around the proposed actions for member states in Strategic Objective 5 of GOHAP.

Action 79 (Strengthen oral health information systems):

- Inclusion of robust oral health modules in existing health surveys is the best way forward given budgetary constraints.
- Collecting serial and oral health-specific surveys is becoming less viable, even for countries with a tradition of repeated cross-sectional surveys.

Action 81 (Using innovative methods for oral health data collection):

- Value of sentinel surveillance (data collection on specific sites rather than the entire population).
- Brief oral health modules (e.g., STEPS, MOOST) that could be embedded into existing health surveys.
- Quick oral health examinations (i.e., SAFE) carried out as part of existing programs (i.e., child growth monitoring).

Action 80 (Integrate electronic patient records and protect personal health data) and Action 82 (Increase transparency and accessibility of oral health information):

- Use existing databases (e.g., electronic health records or administrative data) for active surveillance, as a complementary method to primary data collection.
- Secondary data will be useful for collecting information on risk factors for oral conditions, such as sugar consumption and tobacco smoking.

Alternatives for countries without epidemiological information:

- Use existing data from international agencies (e.g., IHME Global Burden of Disease Study) or national administrative data (e.g., electronic health records).
- Start small by conducting oral health surveys locally to generate initial information.

List of speakers and panellists

1. Warangkana Vejvitee, Ministry of Public Health, Thailand
2. Jone Turagaluvu, Ministry of Health and Medical Services, Fiji
3. Caoimhin Mac Giolla Phadraig, Trinity College Dublin, Ireland
4. Eduardo Bernabe, Queen Mary University of London, United Kingdom of Great Britain and Northern Ireland
5. Dympna Kavanagh, Department of Health, Ireland
6. Eugenio Beltran, WHO Collaborating Center College of Dentistry, New York University, United States of America

Eduardo Bernabe, Queen Mary University of London, presenting during the side-event
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Caoimhin Mac Giolla Phadraig, Trinity College Dublin, presenting during the side-event
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