

## Strengthening oral health for universal health coverage



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The Global Burden of Disease Study 2016 estimated that oral diseases affected half of the world's population.<sup>1</sup> Nonetheless, oral health is a neglected area of global health that could make a contribution to achieving universal health coverage (UHC).<sup>2</sup> UHC can help frame policy dialogue to address weak and fragmented primary oral health services, and address substantial out-of-pocket expenses associated with oral health care in many countries, which in turn would help to achieve UHC.

Evidence supports strengthening the integration of oral health into UHC.<sup>3</sup> Oral disease can start as young as 18 months and can present at any stage of the lifecycle. Untreated dental decay in permanent teeth affects 2·3 billion people, and untreated dental decay in primary teeth affects more than 560 million children worldwide.<sup>1</sup> Severe periodontal (gum) disease, which may result in tooth loss and affect general health and wellbeing, was estimated to be the 11th most prevalent disease globally.<sup>1</sup> Oral cancer is common worldwide, with tobacco use and alcohol use as its major risk factors.<sup>4</sup> The unequal distribution of oral health personnel and the absence of appropriate facilities in many countries means disadvantaged communities have limited or no access to primary oral health care.<sup>5</sup> In these circumstances, the WHO maxim "a universal truth, there is no health without a health workforce" is particularly apt; devastating tooth pain or debilitating infection issues sometimes force people to seek emergency treatment in tertiary care facilities or outside the health system.<sup>6</sup>

The direct economic costs associated with treatment of oral diseases was estimated in 2010 to be US\$298 million per year, which accounts for 4·6% of the total expenditure on health globally.<sup>7</sup> Oral health inequalities and the differential consequences of poor oral health have social and economic impacts on individuals, and untreated oral disease is a visible reminder of health inequalities in a population.<sup>8</sup>

We propose efforts to integrate oral health into UHC focus on three areas. First, integrated essential oral health services and the basic package of oral care. Second, an oral health workforce geared towards population health needs and the social determinants of health. Third, financial protection and inclusion of dental care coverage in health insurance packages, as well as expanding fiscal space for oral health care.<sup>9</sup> Such coordinated action will

help reorient oral health policy and planning away from a conventional model of restorative dentistry towards a preventive model of care that promotes oral health and is integrated into health systems at all levels.

Implementation plans for UHC should take into account that oral diseases are comorbidity factors in Sustainable Development Goal 3 (SDG 3) targets, including non-communicable (NCDs) and communicable diseases, sexual and reproductive health, and maternal and child health. Oral health data and evidence have broad application across a range of SDG 3 health issues—eg, guidance on sugar intake for adults and children.<sup>10</sup> Fit for school oral health initiatives can have an important role in the development and implementation of multisectoral Health in All Policies approaches, and advancing lifelong learning.<sup>11</sup>

WHO promotes an essential oral health package for low-resource settings in Africa as part of the WHO package of essential NCD interventions.<sup>5</sup> This package provides a framework for incorporating prevention and basic oral care activities into the primary health care package of services. Complementary essential packages of oral health interventions have been developed for school and community settings to improve people's control over their oral health. Sound systems of procurement and supply of medicines, and strategic purchasing, will help to ensure access to and the availability of safe, effective, quality, and affordable essential medicines and dental materials.



Philippe Lissac/Goedang/Panos Pictures

Most oral diseases are preventable. A fit for purpose oral health workforce can enable equitable and improved health outcomes and could have an important role in addressing differential health outcomes. Dentists are generally underused in the management of other NCDs and are well placed to assume an enhanced role. Where there are no dentists, the health workforce might be more fully used to expand and extend oral health. To this end, health workforce planning should ensure national education plans for the health workforce are aligned with national oral health plans.<sup>12</sup> Transforming and scaling up oral health workforce education in support of UHC should aim for improved social accountability so that educational curricula meet the oral health needs of local communities.<sup>13</sup>

Achievement of good oral health through UHC requires health financing schemes and dental insurance programmes that cover the costs of oral health care, with focused attention on integrated disease prevention and health promotion, and minimally invasive treatment. For example, WHO proposes a strategic intervention aligned with the Minamata Convention to encourage and support insurance companies to examine policy and programme options that favour a shift to quality mercury-free materials for dental restoration, including materials that remineralise tooth substance and inhibit dentine demineralisation.<sup>14</sup>

WHO's 13th Global Programme of Work 2019–2023 with its focus on UHC can help move the global oral health agenda forward.<sup>15</sup> At the same time, the oral health community has an important role in reorienting research, education, and services towards the goal of UHC.

*\*Julian Fisher, Harry-Sam Selikowitz, Manu Mathur, Benoit Varenne*

Training for Health Equity, New York, NY 10023, USA (JF); Norwegian Dental Association, Oslo, Norway (H-SS); Public Health Foundation of India, Institutional Area, Gurugram, India (MM); and Prevention of Noncommunicable Diseases Department, World Health Organization, Geneva, Switzerland (BV)  
julian.fisher@thenetcommunity.org

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