

Oral health

Draft resolution proposed by Bangladesh, Bhutan, Botswana, Eswatini, Indonesia, Israel, Japan, Jamaica, Kenya, Peru, Qatar, Sri Lanka, Thailand and Member States of the European Union

The Executive Board,

Having considered the report on oral health,¹ ensuring basic oral health for all,

RECOMMENDS to the Seventy-fourth World Health Assembly the adoption of the following resolution:

The Seventy-fourth World Health Assembly,

(PP1) Having considered the report by the Director-General on oral health, ensuring basic oral health for all;

(PP2) Recalling resolutions WHA60.17 (2007) on oral health: action plan for promotion and integrated disease prevention, WHA69.3 (2016) on the global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life, WHA72.2 (2019) on primary health care; and decisions WHA72(11) (2019) on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and WHA73(12) (2020) on the Decade of Healthy Ageing 2020–2030;

(PP3) Mindful of the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing the important intersections between oral health and other Sustainable Development Goals, including Goal 1 (End poverty in all its forms and everywhere), Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and Goal 12 (Ensure sustainable consumption and production patterns);

¹ Document EB148/8.

(PP4) Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), recognizing that oral diseases pose a major challenge and could benefit from common responses to noncommunicable diseases;

(PP5) Recalling the political declaration of the high-level meeting on universal health coverage (2019), including the commitment therein to strengthen efforts to address oral health as part of universal health coverage;

(PP6) Mindful of the Minamata Convention on Mercury (2013), a global treaty to protect the human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds, calling for phase-down of the use of dental amalgam taking into account domestic circumstances and relevant international guidance; and recognizing that a viable replacement material should be developed through focused research;

(PP7) Recognizing that oral diseases are highly prevalent, with more than 3.5 billion people suffering from them, and that oral diseases are closely linked to noncommunicable diseases, leading to a considerable health, social and economic burden,¹ and that while there have been notable improvements in some countries, the burden of poor oral health remains especially among the most vulnerable in society;

(PP8) Noting that untreated dental caries (tooth decay) in permanent teeth occurs in 2.3 billion people, more than 530 million children suffer from untreated dental caries of primary teeth (milk teeth) and 796 million people are affected by periodontal diseases,² and that early rates of childhood caries are highest among those in vulnerable situations; and aware that these conditions are largely preventable;

(PP9) Noting that oral cancers are among the most prevalent cancers worldwide with 180 000 deaths each year,³ and that in some countries they account for the most cancer-related deaths among men;

(PP10) Noting the economic burden due to poor oral health and that oral diseases worldwide account for US\$ 545 billion in direct and indirect costs,⁴ ranking poor oral health among the most costly health domains like diabetes and cardiovascular diseases;

¹ Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2018; 392: 1789–8583 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6227754/>.

² : Global Burden of Disease 2017 Oral Disorders Collaborators, Bernabe E, Marcenes W et. al. Global, regional, and national levels and trends in burden of oral conditions from 1990 to 2017: A systematic analysis for the Global Burden of Disease 2017 study. *J Dent Res.* 2020;99(4):362-373 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7088322/>.

³ <https://gco.iarc.fr/today/data/factsheets/cancers/1-Lip-oral-cavity-fact-sheet.pdf>.

⁴ Righolt AJ, Jevdjevic M, Marcenes W, Listl S. Global-, regional-, and country-level economic impacts of dental diseases in 2015. *J Dent Res.* 2018;97(5):501-507.

(PP11) Also taking into account that poor oral health apart from pain, discomfort and lack of well-being and quality of life, leads to absenteeism at school and the workplace,¹ leading to shortfalls in learning and productivity losses;

(PP12) Concerned about the effect of poor oral health on the quality of life and healthy ageing in a physical and mental context; and noting that poor oral health is a regular cause for pneumonia for elderly people, particularly those living in care facilities, and for persons with disabilities;

(PP13) Aware that poor oral health is a major contributor to general health conditions, and noting that it has particular associations with cardiovascular diseases, diabetes, cancers, pneumonia, and premature birth;²

(PP14) Noting that Noma, a necrotizing disease starting in the mouth, is fatal for 90% of affected children in poor communities, mostly in some regions in Africa, and leads to lifelong disability and often social exclusion;

(PP15) Concerned that the burden of poor oral health reflects significant inequalities, between and within countries, disproportionately affecting low- and middle-income countries, mostly affecting people from lower socioeconomic backgrounds and other risk groups, such as persons who cannot maintain their oral hygiene on their own due to their age or disability;

(PP16) Acknowledging the many risk factors that oral diseases share with noncommunicable diseases, such as tobacco use, harmful use of alcohol, a high intake of free sugars, poor hygiene, and therefore the necessity to integrate strategies on oral health promotion, prevention and treatment into overall noncommunicable disease policies;

(PP17) Recognizing that adequate intake of fluoride plays an important role in the development of healthy teeth and in prevention of dental caries; and the need to mitigate the adverse effects of excessive fluoride in water sources to the development of teeth;³

(PP18) Concerned about the potential environmental impact caused by the use and disposal of mercury-containing dental amalgam, and the use of toxic chemicals for developing x-ray photographs;

(PP19) Concerned that oral health services are among the most affected essential health services because of the COVID-19 pandemic, with 77% of the countries reporting partial or complete disruption;

¹ Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, Listl S, Celeste RK, Guarnizo-Herreño CC, Kearns C, Benzian H, Allison P, Watt RG. Oral diseases: a global public health challenge. *Lancet*. 2019 Jul 20;394(10194):249-260. Link: <https://pubmed.ncbi.nlm.nih.gov/31327369/>.

² : Seitz MW, Listl S, Bartols A, Schubert I, Blaschke K, Haux C, et al. Current Knowledge on Correlations Between Highly Prevalent Dental Conditions and Chronic Diseases: An Umbrella Review. *Prev Chronic Dis* 2019; 16:180641 https://www.cdc.gov/pcd/issues/2019/18_0641.htm.

³ Petersen PE, Lennon MA. Effective use of fluorides for the prevention of dental caries in the 21st century: the WHO approach. *Community Dent Oral Epidemiol* 2004; 32: 319–21 https://www.who.int/oral_health/media/en/orh_cdoe_319to321.pdf?ua=1.

(PP20) Highlighting the importance of oral health and interventions with a life course approach from the mother's gestation and the birth of the children and in addressing shared risk factors;

(PP21) Noting that a number of oral and dental conditions can act as indicators of neglect and abuse, especially among children, and that oral health professionals can contribute to the detection of child abuse and neglect,

(OP1) URGES Member States, taking into account their national circumstances:

(1) to understand and address the key risk factors for poor oral health and associated burden of disease;

(2) to foster the integration of oral health within their national policies, including through the promotion of articulated interministerial and intersectoral work;

(3) to reorient the traditional curative approach, basically pathogenic, and move towards a preventive promotional approach with risk identification for timely, comprehensive and inclusive care, taking into account all stakeholders in contributing to the improvement of the oral health of the population with positive impact on overall health;

(4) to promote the development and implementation of policies to promote efficient workforce models for oral health services;

(5) to facilitate the development and implementation of effective surveillance, monitoring systems;

(6) to map and track the concentration of fluoride in drinking water;

(7) to strengthen the provision of oral health services delivery as part of the essential health services package that deliver universal health coverage;

(8) to improve oral health worldwide by creating an oral health-friendly environment, reducing risk factors, strengthening a quality assured oral health care system and raising public awareness for the needs and benefits of a good dentition and a healthy mouth;

(OP2) CALLS ON Member States:

(1) to frame oral health policies, plans and projects for the management of oral health care according to the vision and political agendas in health projected for 2030, in which oral health is considered as an integral part of general health, responding to the needs and demands of the public for good oral health;

(2) to strengthen cross-sectoral collaboration across key settings, such as schools, communities and workplaces to promote habits and healthy lifestyles, integrating teachers and the family;

(3) to enhance oral health professionals' capacities to detect potential cases of neglect and abuse, and provide them with the appropriate and effective means to report such cases to the relevant authority according to the national context;

(OP3). REQUESTS the Director-General:

(OP3.1) to develop, by 2022 a draft global strategy, in consultation with Member States, on tackling oral diseases aligned with the Global action plan for the prevention and control of noncommunicable diseases 2013-2030 and pillars 1 and 3 of WHO's Thirteenth General Programme of Work, for consideration by the WHO governing bodies in 2022;

(OP3.2) to translate this global strategy, by 2023, into an action plan for public oral health, including an framework for tracking progress with clear measurable targets to be achieved by 2030, encompassing control of tobacco use, betel quid and areca nut chewing, and alcohol use; community dentistry, health promotion and education, prevention and basic curative care, providing a basis for a healthy mouth where no one is left behind; this action plan should also contain the use of provisions that modern digital technology provides in the field of telemedicine and teledentistry;

(OP3.3) to develop technical guidance on environmentally friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury, including supporting preventative programmes;

(OP3.4) to continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies;

(OP3.5) to develop 'best buys' interventions on oral health, as part of an updated Appendix 3 of the WHO Global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Intervention Compendium;

(OP3.6) to include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021-2030;

(OP3.7) to report back on progress and results until 2031 as part of the consolidated report on noncommunicable diseases, in accordance with paragraph 3(e) of decision WHA72(11).

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