The WHO global strategy for oral health: an opportunity for bold action

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Oral health is a neglected issue on the global health agenda,[1] so it was an important advance when a resolution on oral health was adopted at WHO's 2021 World Health Assembly.[2,3] The resolution calls for the development of a global oral health strategy by 2022 and action plan by 2023, including a monitoring framework aligned with non-communicable disease (NCD) and universal health coverage (UHC) agendas.[3]

WHO's new global oral health policy framework needs to be bold to make a tangible difference. For impact and to influence global, regional, and national oral health policies, WHO, member states, and partners need to address six key issues (panel).

The core global health challenge is the large and unequal burden of preventable oral diseases. Case numbers of untreated oral diseases have more than doubled between 1990 and 2017 in low-income countries and increased by more than 50% globally.[4] Achieving sustained and affordable access to essential oral health-care services and prevention for almost 3·5 billion people affected by untreated oral diseases[4] requires impactful policy solutions and radical system reform. The prevailing approach that emphasises individual behaviour for the prevention of oral diseases and a technology-focused model of clinical care (bio-dentalism) neglects the broader determinants of health that shape people's lives and health.[5] These challenges also provide opportunities for wider health system change towards UHC that will benefit the prevention and treatment of all NCDs and strengthen their management at a population level.

People living with oral diseases are not equal partners in efforts to reform oral health care. Their voices, needs, and preferences are largely absent from planning and designing services.[6] Fostering community engagement and inclusion of marginalised populations in policy dialogues is crucial to recognise people's experiences of living with oral diseases and to address underlying causes. However, in the absence of an effective patient movement in oral health, functioning pathways and approaches to achieve this are yet to be developed and tested.

Striving for greater equity across all dimensions of oral health, including reducing disease burden and risk exposure, expanding access to care and prevention, and improving empowerment and participation, must be foundational for the new oral health policy framework. The new global strategy for oral health requires decisive upstream action on political, social, environmental, and commercial determinants, together with improved access to essential oral health care in the context of primary health care and UHC.[7,8] Additionally, it is important to acknowledge the wider sociopolitical context, such as the effects of the COVID-19 pandemic or discourses around structural discrimination and decolonialisation of global health.[9,10]

A focus on commercial determinants is crucial. The compelling evidence of a dose–response relation between intake of free sugars and dental caries was

***Panel:* Key recommendations for the new WHO global strategy for oral health**

1. Inclusion and community engagement
Include the diverse voices of people living with oral diseases in policy dialogues, programme planning, and evaluations to ensure that needs and views of disadvantaged populations are addressed when designing inclusive, accessible, and affordable oral health-care systems.

2. Place equity and social justice at the core
Addressing oral health inequalities and their root causes must be central in all policies and future initiatives, fully aligned with the goals of primary health care and UHC.

3. Tackle sugars as a major common risk factor
The evidence of the negative impact of sugars on oral health provides an additional framing option to strengthen upstream population-wide measures, together with limiting the risks from other unhealthy foods and commodities as well as countering industry interference with oral health and NCD strategies.

4. Embrace major system reforms
The integration of oral health care within UHC requires essential, cost-effective intervention packages, integrative delivery and financing models, and adaptations in educating oral health professionals.

5. Better data for decision making
Data-driven and evidence-informed policy decision making on oral health needs functioning monitoring and evaluation systems that are fully integrated with existing health monitoring and surveillance approaches.

6. Close financing gaps
Oral health-care financing needs to be addressed as part of the overall NCD financing agenda, with special focus on increased public investments in low-income and middle-income countries, combined with reallocation of spending towards cost-effective best-buy interventions.

UHC=universal health coverage. NCD=non-communicable disease.

the foundation for WHO's 2015 guideline on sugars intake for adults and children.[11] The established link between sugar and dental caries offers an additional scientific basis and currently underused opportunity for demanding stronger public policy to protect health, including pro-health taxes to reduce sugar consumption. Policies that limit the negative impacts of marketing and selling of unhealthy products in public settings, such as schools, workplaces, or health-care facilities, must be reinforced and tightened, particularly for sugary foods and beverages. Moreover, the spectrum of related industry tactics that undermine public health and broader NCD strategies must be countered across all sectors of health, but particularly in oral health.[12] The lessons of implementing effective protective policies through the WHO Framework Convention on Tobacco Control need to be applied to sugar reduction.[13]

Efforts to strengthen health systems through improved data collection and disease and risk factor surveillance systems must integrate oral health. So far, evidence-informed decisions are challenged by fragmented data that predominately focus on clinical outcome measures.[4,5] Many countries are unable to report reliable oral health workforce information, and data on other important health system indicators, such as public and private spending on oral health care, remain incomplete. We call on WHO to develop a comprehensive minimum set of indicators to track progress of the new oral health action plan, and to push for rapid inclusion of oral health in the Triple Billion targets of WHO's Thirteenth General Programme of Work[14] and in the disease and risk factor surveillance systems of member states.

The persisting financing gaps for NCDs apply even more for oral diseases. An estimated 90% of the global direct expenditures of more than US$350 billion is spent in only 6% of countries, and half of all countries, mainly low-income and middle-income countries, spend less than $10 per person each year on oral health.[15] Out-of-pocket expenditures for oral health care are among the main drivers of catastrophic health expenditures.[8] Additionally, official development assistance funding to strengthening health systems rarely includes oral health care. However, successful examples from Thailand, Brazil, and other countries show that it is possible to increase public funding for oral health care and thereby improve coverage substantially.[5] Evidence-based recommendations of cost-effective interventions to address oral diseases ("best buys")[16] need to be developed and implemented together with guidance on how to address the gross financing inequalities in oral health.

A global oral health strategy is no guarantee for progress and action where it is needed. WHO's technical capacity for oral health needs enhanced staffing, resources, expertise, and partnerships on all organisational levels in anticipation of increased requests for technical support from member states. The introduction of global targets to measure progress towards 2023 and regular reporting mechanisms, similar to those for NCDs, will build and sustain the momentum for country action. The unmatched burden of oral diseases and the negative impacts of high sugar consumption on many NCDs should, ultimately, lead to recognition of oral diseases as the sixth NCD and of sugar as the sixth major common risk factor.[17] The *Lancet* Commission on Oral Health, launched in 2020, welcomes the adoption of the resolution on oral health and will accompany WHO, governments, and stakeholders with critical analyses, innovative concepts, and actionable policy recommendations to accelerate efforts to, as WHO's Director-General said when the resolution was adopted, "reposition oral health as part of the global health agenda in the context of UHC".[2]

For more on the ***Lancet* Commission on Oral Health** see https://www.ucl.ac.uk/epidemiology-health-care/research/epidemiology-and-public-health/research/dental-public-health/lancet-commission-oral-health

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