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B. PROPOSED 10-YEAR REGIONAL PLAN ON ORAL HEALTH FOR THE AMERICAS

Background

1. The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress made toward implementing Resolution CD47.R12, the 10-year Regional Plan on Oral Health for the Americas (“the Plan”), adopted in 2006 (1). The Resolution seeks that Member States recognize that oral health is a critical aspect of general health conditions, due to its weight in the overall burden of disease and association with risk factors for noncommunicable diseases (NCDs), and can be implemented through cost-effective interventions for disease prevention.
2. Resolution CD47.R12 asks Member States to support three goals—the integration of oral health into primary health care (PHC) strategies, greater access to care, and the extension and consolidation of successful programs such as fluoridation and proven cost-effective delivery of oral health care services, for example, Procedures for Atraumatic Restorative Treatment (PRAT¹). The resolution also asked Member States to work in a multidisciplinary manner with other stakeholders, including those in the private sector, academia, and civil society.
3. To keep the Governing Bodies informed of achievements in the Region toward meeting these goals, it was requested that progress reports be submitted. The current update is provided below, along with a description of the three goals and their complementary objectives.

¹ PRAT (or Procedures for Atraumatic Restorative Treatment) is a simple method for treating dental caries that is considered a cost-effective means of reducing inequities in oral health care services. It involves the removal of soft, demineralized tissue followed by the restoration of the tooth with fluoride-releasing glass ionomer. Known also as Atraumatic Restorative Treatment (ART).

Update on Progress Achieved

Goals	Objectives	Status
<p>1. Ensure essential and basic level of access to oral health care for all by addressing gaps in care for the most vulnerable groups</p>	<p>1. Reduce oral infections among vulnerable groups</p> <p>2. Increase access to oral health care for vulnerable groups</p>	<ul style="list-style-type: none"> • 56 national oral health surveys indicated a marked decline (35%–85%) in the prevalence of dental caries, attributed mostly to fluoridation programs (2). • 34 Member States had an average DMFT² score ≤ 3 for 12-year-olds (with 23 of the countries scoring ≤ 2); only one country received a score >5. The Caries Free Communities Initiative (CFCI), a collaboration of multiple stakeholders launched in 2009, supports cost-effective interventions and increased coverage of services for the most vulnerable populations in the Americas. The CFCI includes 37 country chief dental officers, 17 dental schools, 12 dental associations, and two private health companies. The initiative provides evidence and promotes action to further improve oral health programs at the national and local level throughout the Region (3).
<p>2. Integrate oral health care into primary health care services</p>	<p>1. Integrate oral health programs into primary health strategies</p>	<ul style="list-style-type: none"> • All countries in the Region report having institutional policies to integrate oral health into PHC strategies. • With the inclusion of oral health in the political declaration of the High-level Meeting of the General Assembly on NCDs, further efforts are being made by Member States to sustainably integrate oral health into PHC programs and to define it as a risk factor for NCDs (4-6). • With the support of the private sector, a multicountry plan known as SOFAR³ is in progress until 2016 in nine countries to further improve oral health for children and to reduce common risk factors for NCDs using multidisciplinary approaches.

² DMFT (decayed, missing, and filled teeth) is a unit of measurement (score) describing the amount of caries in a population. The World Health Organization (WHO) recommends a DMFT score ≤ 3 for the population aged 12 years.

³ SOFAR (*Salud Oral y Factores de Riesgo* or Oral Health and Risk Factors) encompasses the horizontal integration of oral health into PHC by *a*) promoting and incorporating it as an integral part of PHC areas such as family health and perinatal health (e.g., including fluoride varnish application in a vaccine schedule) and *b*) focusing on poor oral health as a risk factor for general health.

<p>3. Scale up proven cost-effective interventions—multiyear plan for fluoridation programs in the Americas and expansion of oral health coverage with simple technologies</p>	<p>1. Strengthen country capacity to enable scaling-up of fluoridation programs</p> <p>2. Scale up oral health coverage using cost-effective and simple technologies</p>	<ul style="list-style-type: none"> • All countries in the Region have effective fluoridation programs at varying stages of maturity and with different levels of sustainability. • Salt fluoridation has been recognized as a sustainable leading global health case study (7). • In accordance with current salt ingestion guidelines, salt fortification procedures are being reviewed. • The PRAT technique is recognized as a best-practice model by all countries in the Region and has been scaled up in 20 countries. • Nearly 126 million people will benefit from the initial scale-up of SOFAR.
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Challenges

- a) Achieving recognition of oral health as a public health priority remains a challenge despite the demonstrated link between oral health and systemic health, and the cost-effectiveness of oral health interventions.
- b) Incentivizing actions to improve oral health and aligning and integrating it with PHC systems to modify risk factors for NCDs.
- c) Achieving an effective country-level response to the recent trend of increasing human papillomavirus (HPV)-associated oral cancer.

Actions Necessary to Improve the Situation

4. The following are actions required to improve the situation:
 - a) Recognize that oral health is a priority for and an essential part of general health and has a direct impact on the quality of life of the aging population.
 - b) Continue to strengthen the capacity of PHC workers to improve oral health and to sustainably integrate oral health into PHC.
 - c) Address the implications of the state-of-the-science of HPV-associated oral cancer for future research and public health policy in the Region.
 - d) Prepare a new plan of action, upon the completion of this one, in order to sustain achievements in oral health in the Region.

Action by the Directing Council

5. The Directing Council is invited to take note of the progress report and to provide pertinent recommendations.

References

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