

## PAHO/WHO & WHO Oral Health Program

*Oral Health Side Event during the FDI World Dental Congress  
Meeting Report  
San Francisco, CA., September 5, 2019*



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## Background

Universal Health Coverage (UHC) encompasses the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care. The World Health Organization (WHO) defines UHC as ensuring “all people have access to health services and do not suffer financial hardship paying for them”<sup>1</sup>. With regards to oral diseases this translates to ensuring: 1) integrated essential oral health services; 2) oral health workforces geared towards population health needs and the social determinants of health and 3) financial protection and expansion of fiscal space for oral healthcare.

Despite the progress made towards achieving UHC, at least 400 million people still lack essential health services and 100 million people are forced into extreme poverty due to high health expenses each year. Oral health is essential to a good quality of life. However, like many other health services, basic oral healthcare remains out of reach for millions of people. Oral diseases are increasingly common in low- and middle-income countries and the burden is much higher among disadvantaged populations worldwide.

Oral diseases are the fourth most expensive disease to treat in terms of out-of-pocket expenditure<sup>2</sup>. It is also a major drain on limited personal resources for the most vulnerable groups and increases risks of poverty and further illness. In many low- and middle-income countries (LMICs), coverage, availability, and access to oral health care—including early diagnosis, prevention, and basic treatment—are grossly inadequate or completely lacking. Furthermore, oral health has often been neglected in national health plans and global health strategies.

To improve oral health outcomes and reduce inequalities in access to care across the life course, it is necessary to integrate essential oral healthcare into UHC. Oral health is important for overall health, well-being, and quality of life and shares common biological, behavioral, and psychosocial risk factors with various other NCDs. As with other chronic diseases, there are widespread oral health inequalities not only in oral health outcomes but also in access to oral health care. The Global Burden of Disease Study 2016

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<sup>1</sup> [https://www.who.int/health\\_financing/universal\\_coverage\\_definition/en/](https://www.who.int/health_financing/universal_coverage_definition/en/)

<sup>2</sup> WHO (2018). Retrieved from <https://www.who.int/news-room/fact-sheets/detail/oral-health>

estimated that oral diseases affect half of the world’s population. Nevertheless, oral health is a neglected area of global health that could contribute to achieving universal health coverage.

The past decade has seen an increasing recognition of the global importance of NCDs and the need for an integrated policy response within national health programs. UHC can help frame policy dialogue to address weak and fragmented primary oral health services, as well as substantial out-of-pocket expenses associated with oral health care in many countries, which in turn would help achieve UHC.

To ensure the availability of equitable, affordable, and accessible oral health services for all, oral health systems need to overcome several challenges, such as: a) shortages of appropriately trained dental personnel; b) inadequate outreach to rural and other underserved populations; c) treatment costs that are too high for many poor and marginalized people; d) inadequate transportation and lack of appropriate technologies; e) isolation of oral health services from the broader health system, especially among LMICs; and f) limited adoption of prevention and oral health promotion. These barriers make it difficult for vulnerable populations, including the poor, ethnic minorities, and the disabled, to access fair and equitable oral health care.

## Purpose of the Meeting

The Pan American Health Organization/World Health Organization (PAHO/WHO) and the WHO’s Oral Health Program convened a side event in San Francisco, California on September 5, 2019, in alignment with the annual FDI World Dental Congress that also took place this day, and several key dental public health actors, including Chief Dental Officers from around the world, participated in the event.

The objectives of this side event were to strengthen the collaboration among Chief Dental Officers, Heads of WHO Collaborating Centers (WHO CCs) and PAHO/WHO Member States, and to discuss the commitments towards oral health strategic priorities as part of the NCD agenda and UHC initiative in the context of the Sustainable Development Goals (SDGs). In addition, inputs from countries on the draft Global Oral Health Report, including oral health country profiles, were presented and discussed among participants.

The WHO Global Oral Health Programme has started to develop a new Global Oral Health Report (GOHR) - the previous one was published in 2003 and an updated and robust advocacy document is needed to reinforce the commitment to oral health at the global level, and pave the way for the further development of global policy guidance.

The report aims to serve as a reference for policymakers and provide orientation to a wide range of stakeholders across different sectors and guide the advocacy process towards better prioritization of oral health in global, regional and national contexts.

### Expected outcomes:

1. Share priorities, experiences and lessons learned within the region of the Americas.
2. Provide input on the draft Global Oral Health Report.
3. Strengthen collaboration and partnership among CDOs, WHO Collaborative Centers and WHO.

## Introduction and Welcoming Remarks

PAHO/WHO and the WHO Oral Health Program welcomed and thanked the Chief Dental Officers from countries around the world for being present at the meeting, and specifically acknowledged those from the Region of the Americas, not only for accepting the invitation, but also for providing a picture of the current situation of oral health in the Region.



**Chief Dental Officers and Country nominees from St Lucia, Turks and Caicos, Belize, Suriname, Bahamas, Trinidad and Tobago, El Salvador, Guatemala, USA, and Canada** were the main actors in this meeting. The FDI, IADR and CDO's from the UK, Italy, Japan, Malaysia, Check Republic and the WHO CCs from Japan, China and New York University (NYU) were also present during the side event and shared experiences and provided ideas for collaboration.



The importance of oral health for general health was emphasized, as well as the need to find innovative and hands-on solutions to reach the most vulnerable, leaving no one behind, and to pursue the vision of Universal Health in the context of the Sustainable Development Agenda and the SDGs.

Participants stressed that basic oral healthcare, like many other health services, remains out of reach for millions of people globally, especially in low and middle-income countries where the burden of oral diseases is much higher among disadvantaged populations. And despite the fact that oral diseases are among the most common diseases worldwide, they continue to be a neglected topic on the global health agenda. In this area, countries have significant work to do in order to achieve Universal Health.

## Main Challenges Countries are Facing

Topic Area	Problem	Moving forward
<b>Work force</b>	<ul style="list-style-type: none"> <li>• Insufficient dentists to population ratio</li> <li>• Rural areas under-covered</li> <li>• Constrictive staffing structure in the public sector?</li> </ul>	<ul style="list-style-type: none"> <li>• Decentralization of oral health services in alignment with general health services</li> <li>• Use of dental therapists</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Underfunded</li> <li>• Limited budget for human resources</li> <li>• Operational funding to finance oral health initiatives has been reduced and inadequate</li> </ul>	<ul style="list-style-type: none"> <li>• Robust oral health planning</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Dental curriculums are not designed to the current health population needs</li> </ul>	<ul style="list-style-type: none"> <li>• Review procedures and protocols with a more results-based focus</li> <li>• Develop health education activities related to NCDs and conduct sessions of continuing education development for health care providers</li> </ul>
<b>Access to oral health care</b>	<ul style="list-style-type: none"> <li>• Limited services</li> <li>• Need to align oral health care and NCDs approaches</li> <li>• Limited access</li> </ul>	<ul style="list-style-type: none"> <li>• Improve access by Service delivery remodeling</li> <li>• School oral health programs- Oral health component of the Chronic Care Passport</li> </ul>
<b>Data availability</b>	<ul style="list-style-type: none"> <li>• Por research and data to justify decision-making</li> <li>• Lack of surveillance of oral diseases; encounter data exists but it has not been analyzed</li> </ul>	<ul style="list-style-type: none"> <li>• Redefine oral health indicators, develop and implement a surveillance system for results-based monitoring and evaluation</li> </ul>

## The Global Oral Health Report

UPDATE WHO GLOBAL ORAL HEALTH REPORT

### TIMELINE GLOBAL ORAL HEALTH REPORT



The final version of the political declaration on Universal Health Coverage was released and will be adopted during the first session of the UN High-level Meeting on Universal Health Coverage. In the political declaration, and for the second time, oral health is mentioned. This time, paragraph 34 emphasized the need to “*strengthen efforts to address eye health conditions and oral health, as well as rare diseases and neglected tropical diseases, as part of universal health coverage.”*

### Top priorities and Commitments

1. Robust oral health planning in WHO regions
2. Surveillance
3. Education: task-shifting, cross training and a workforce tailored to the current health needs, as well as updated curriculums for dental education
4. Improved and more frequent risk assessments
5. Funding

### Potential Areas for PAHO Assistance:

- Surveillance
- Prevention
- Workforce training

## List of Event Participants

Name	Country	Affiliation
RADM Tim Rick	US	US Public Health Service/IHS
CCDR Grant Abernethy	US	US Public Health Service/US Coast Guard
Jessurun Derrick	Suriname	Suriname Dental Association
Dr Raphael Samos	Belize	Ministry of Health
Dra Lissette Vanegas	Guatemala	MSPDS, Ministro de Salud
Naude Dreyer	Cayman Islands	CDO
Shanshan Zhang	China	WHO CC in China, Peking University
Shuguo Zheng	China	WHO CC in China, Peking University
Doreyat Jemun	Malaysia	Ministry of Health
Christopher Fox	US	IADR
Chab Jayait	Switzerland	FDI
Michael Glicu	US	FDI
Corrzo Paganelu	Italy	IFDEA
Don Carrington	TTO	Ministry of Health
Sara Hurley	England	CDO-England
Hiram M Lockhart	Bahamas	Ministry of Health
Jameiko J Harvey	Turks & Caicos	Ministry of Health
Cecilia Somoza de Diaz	El Salvador	Ministry of Health
James Taylor	Canada	CDO/Ministry of Health
Sherry Ephraim-Le Compte	St Lucia	SDS/MOH
Roman Smucler	Czech	Dental Chariman/MOH
Yuka Makino		WHO
Benoit Varenne		WHO
Habib Benzian		NYU
Julia Klebe		PAHO
Carolina Hommes		PAHO