ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ

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Αθήνα, 6 Σεπτεμβρίου 2022

Υπουργείο Υγείας
Δ/νση Πρωτοβάθμιας Φροντίδας Υγείας
κ. Ε. Χατζηχαραλάμπους

Υπουργείο Υγείας
Δ/νση Διεθνών Σχέσεων
κ. Μαρία Μπέτσου

Αξιότιμε κ. Χατζηχαραλάμπους,

Αξιότιμη κ. Μπέτσου,

Σε απάντηση της ηλεκτρονικής σας επικοινωνίας μαζί μας και της προώθησης της αλληλογραφίας από τη Μόνιμη Αντιπροσωπεία της Ελλάδος στη Γενεύη αναφορικά με το Παγκόσμιο Σχέδιο Δράσης για τη Στοματική Υγεία και την πραγματοποίηση **διαβούλευσης** στο διαδίκτυο, θα θέλαμε να σας ενημερώσουμε για τα ακόλουθα:

Η Ελληνική Οδοντιατρική Ομοσπονδία συμμετείχε στη διαβούλευση της Παγκόσμιας Οδοντιατρικής Ομοσπονδίας (World Dental Federation/FDI) με τις Οδοντιατρικές Ομοσπονδίες-Μέλη της για το εν λόγω θέμα, καταθέτοντας και τις δικές της προτάσεις (βλ. επισυναπτόμενα) προκειμένου να συμβάλει ως τακτικό μέλος της FDI στη συνδιαμόρφωση των θέσεων της παγκόσμιας οδοντιατρικής κοινότητας.

Για την πληρέστερη ενημέρωσή σας, σας κοινοποιούμε την προαναφερόμενη απάντηση της Ελληνικής Οδοντιατρικής Ομοσπονδίας με τις απόψεις της, προκειμένου να διαμορφωθεί η θέση του Υπουργείου Υγείας για το εξαιρετικά σοβαρό αυτό ζήτημα που αφορά το ιστορικό Ψήφισμα του ΠΟΥ του 2021 για την καθολική κάλυψη στοματικής υγείας.

Σας ευχαριστούμε για τη συνεργασία και παραμένουμε στη διάθεση των αρμοδίων διευθύνσεων του Υπουργείου Υγείας, ώστε να συμβάλουμε από την πλευρά μας τόσο σε εθνικό όσο και σε παγκόσμιο επίπεδο στην ευόδωση αυτού του φιλόδοξου οράματος.

Με ιδιαίτερη εκτίμηση,
Για το Διοικητικό Συμβούλιο της
Ελληνικής Οδοντιατρικής Ομοσπονδίας

Ο Πρόεδρος

ΑΘΑΝΑΣΙΟΣ Α. ΔΕΒΛΙΩΤΗΣ

Η Γενική Γραμματέας

ΜΑΡΙΑ ΜΕΝΕΝΑΚΟΥ

Συνημμένα (2):

- FDI consultation on WHO discussion paper: Draft Global Oral Health Action Plan (2023-2030)
- Hellenic Dental Association to FDI: Input and comments

Συν. 1

FDI consultation on WHO discussion paper: Draft Global Oral Health Action Plan (2023–2030)

Strategic objective 1: Oral health governance

Global target 1.1: National leadership for oral health

By 2030, 80% of countries will have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the Ministry of Health.

Global target 1.2: Environmentally-sound practices

By 2030, 90% of countries will have implemented two or more of the recommended measures to phase down dental amalgam in line with the Minamata Convention on Mercury or will have phased it out.

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
	Member States	
Action 1. **Develop and implement a national oral health policy, strategy or action plan.**	Develop a new or review the existing national oral health policy and ensure alignment with the global strategy for oral health and national NCD and UHC policies. Prepare implementation guidance, including a monitoring framework aligned with the monitoring framework of the global oral health action plan.	
Action 2. **Strengthen national oral health leadership.**	Institute or strengthen an oral health unit at the ministry of health to oversee national policy, technical, surveillance, management, coordination and advocacy functions. Appoint an officer to lead the oral health unit. Consider, as appropriate for the national context, active coordination mechanisms between the oral health unit and the NCD department or other technical programmes. Strengthen capacities of oral health unit staff by assessing	

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	training needs, providing training and coaching opportunities, including management, leadership, and public health skills as appropriate.	
Action 3. **Create and sustain dedicated oral health budgets.**	Consider, as appropriate for national context, establishing dedicated oral health budgets at national and subnational levels covering policy, public service staff, programme and supply costs.	
Action 4. **Integrate oral health in broader policies**	Advocate for UHC as a means of improving prevention and control of oral diseases and conditions for the whole population. Facilitate the inclusion of oral health in all related national policies, strategies and programmes, particularly in the context of NCDs, primary health care and universal health coverage, including sectors beyond health such as education, environment and sanitation, finance, telecommunication or social protection.	
Action 5. **Forge strategic partnerships for oral health.**	Identify potential for strategic partnerships to implement policies, mobilize resources, target social and commercial determinants and accelerate required reforms. Develop policies setting rules for engagement with partners, including policies to avoid conflicts of interest and undue influence. Initiate or strengthen existing ministerial coordination and oversight mechanisms related to partnerships, including public-private partnerships. Collaborate with international and development partners to support implementation of oral health policies in the broader context of health systems strengthening.	
Action 6. **Engage with civil society.**	Ensure participation of civil society organizations and empowerment of the community in planning,	

	implementation and monitoring of appropriate programmes by providing platforms for engagement. Involve national oral health, medical and public health associations and community-based organizations in policy and guideline development and implementation.	
Action 7. **Phase down the use of dental amalgam.**	Ratify the Minamata Convention on Mercury, or, for those Member States that have already done so, accelerate implementation of recommended measures to phase down the use of dental amalgam in accordance with existing and future decisions of the Minamata Convention Conference of Parties.	
Action 8. **Strengthen health emergency preparedness and response.**	Include oral health in national emergency preparedness and response plans to ensure safe and uninterrupted essential oral health services during health emergencies or other humanitarian crises, in accordance with WHO operational guidance on maintaining essential health services.	
Action 9. **Strengthen response to noma, where relevant.**	In countries affected by noma, develop and implement a national noma action plan, integrated with existing regional or national programmes, such as those targeting neglected tropical diseases.	
Any additional recommended Actions for Member States? Please complete.		
	WHO Secretariat	
Action 10. **Lead and coordinate the global oral health agenda.**	Monitor the global oral health agenda and coordinate the work of other relevant United Nations agencies, development banks and regional and international organizations related to oral health. Set the general direction and priorities for global oral health advocacy, partnerships and	

	networking. Advocate for oral health at relevant high-level meetings and platforms, such as the WHO Global NCD Platform, the United Nations High-Level Meeting on Universal Health Coverage and the High-level Meeting of the United Nations General Assembly on the Prevention and Control of on NCDs. Accelerate implementation of the action plan by organising a WHO global oral health summit involving key stakeholders.	
Action 11. **Mobilize resources and funding for oral health.**	Explore and pursue funding options to strengthen WHO capacities in oral health at global, regional and country level and enable timely and appropriate technical support to countries. Advocate to increase resource allocation to oral health within the NCD agenda to ensure adequate staffing and programmatic activities. Include oral health in bi- and multi-lateral conversations with Member States and partners to mobilise resources for WHO oral health activities. Extend engagement with nongovernmental organizations and philanthropic foundations to increase resources for implementing the global oral health action plan.	
Action 12. **Support implementation of the global action plan.**	Establish a technical advisory group on oral health to strengthen international and national action and accelerate implementation of the global oral health action plan. Continue working with global partners, including WHO collaborating centres and nonstate actors in official relation with WHO, to establish networks for building capacity in oral health promotion and care, research and training. Set-up dedicated oral health teams at the regional level to address countries' technical support needs for implementation of the global oral	

	health action plan, including data collection for the monitoring framework of the global oral health action plan. Provide technical support upon request of Member States.	
Action 13. **Fulfil the mandates given to the WHO secretariat in the resolution on oral Health.**	Develop technical guidance on environmentally-friendly and less invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury. Continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies. Develop "best buy" interventions on oral health, as part of an updated Appendix 3 of the global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Compendium of health interventions. 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. Report back on progress and results until 2031 as part of the consolidated report on NCDs.	
Any additional recommended Actions for WHO Secretariat? Please complete.		
International partners		
Action 14. **Advocate for the global oral health action plan.**	Develop technical expertise related to oral health as part of the support mandate of development partners and donor organizations. Promote oral health in alignment with the global oral health action plan by including it as a topic in meetings within and outside of the health sector, including in donor, bi- and multi-lateral government meetings, conferences and other fora.	

Action 15. **Support implementation of the global oral health action plan in countries.**	Strengthen national capacities and resources for oral health through technical and financial assistance. Help establish and sustain national technical working groups on oral health involving donors, development partners and the national government.	
Any additional recommended Actions for international partners? Please complete.		
Civil society organizations		
Action 16. **Advocate for a whole-of-government approach to oral health.**	Advocate for integrating management of oral diseases and other NCDs in primary healthcare. Engage in multisectoral coordination mechanisms to deliver on oral health and other NCD targets within and beyond the health sector.	
Action 17. **Promote oral health as a public good.**	Promote and protect oral health as a public good by monitoring and raising awareness of incompatible partnerships. Advocate for governments to phase out subsidies and implement taxation of unhealthy commodities, such as sugar, tobacco and alcohol. Support governments in developing guidance on private sector engagement in oral health and NCD programmes.	
Action 18. **Hold governments accountable to global oral health targets.**	Participate in the regular monitoring of national NCD work, including development and use of oral health targets and indicators. Strengthen independent accountability efforts related to oral health.	
Action 19. **Include people affected by oral diseases and conditions.**	Call for and participate in inclusive oral health governance mechanisms. Ensure that institutionalized oral health decision-making processes engage people living with oral diseases, special care needs or disabilities, as well as oral health	

	Professionals.	
Any additional recommended Actions for civil society organizations? Please complete.		
	Private sector	
Action 20. **Support implementation of the global oral health action plan.**	Identify areas for meaningful and appropriate engagement to support oral health public health priorities at the global, regional, or national level. Respect rules of engagement set by public entities and government partners, including voluntary commitments and regulations, such as advertising for children.	

Strategic objective 2: Oral health promotion and oral disease prevention

Global target 2.1: Reduction of sugar consumption

By 2030, 70% of countries will have implemented a tax on sugar-sweetened beverages.

Global target 2.2: Optimal fluoride for population oral health

By 2030, at least 50% of countries will have national guidance to ensure optimal fluoride delivery for the population.

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
	Member States	
Action 21. **Intensify upstream health promotion and prevention approaches.**	Ensure that a national oral health policy addresses common risk factors as well as social and commercial determinants of oral diseases and conditions. Support initiatives to coordinate and accelerate the response to NCDs, including oral diseases and conditions, in the context of broader health promotion and disease prevention focusing on key	

	common risk factors, determinants and inequalities.	
Action 22. **Support policies and regulations to limit free sugars intake.**	Support initiatives to transform the food environment by implementing policies to reduce free sugar consumption and promote availability of healthy foods and beverages in line with WHO's recommendations. Initiate or support implementation of health taxes, particularly taxation of food and beverages with high sugar content; and advocate for earmarking such tax revenue for oral health and health promotion, depending on country context. Advocate and collaborate with other line ministries to limit package sizes and include transparent labelling of unhealthy foods and beverages; strengthen regulation of marketing and advertising of such products to children and adolescents; and reduce sponsorship by related companies for public and sports events. Work with the private sector to encourage them to reduce portion sizes and reformulate products to lower sugar levels, in order to shift consumer purchasing towards healthier products.	
Action 23. **Support policies and regulations to reduce all forms of tobacco consumption and betel-quid and areca-nut chewing.**	Accelerate full implementation of the WHO Framework Convention on Tobacco Control. Implement the WHO MPOWER package of policies and interventions, including offering people help to quit tobacco use, warning about the dangers of tobacco; enforcing bans on advertising, promotion and sponsorship; and raising taxes on tobacco products. Integrate brief tobacco interventions into oral health programmes in primary care. Where relevant, develop or strengthen actions for the reduction of betel-quid chewing, including	

	advocating for legislation to ban areca-nut sales.	
Action 24. **Support policies and regulations to reduce the harmful use of alcohol.**	Implement the WHO SAFER initiative of the five most cost-effective interventions to reduce alcohol-related harm, including strengthening restrictions on alcohol availability; advancing and enforcing drunk-driving counter-measures; facilitating access to screening, brief interventions and treatment; enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion; and raising prices on alcohol through excise taxes and pricing policies.	
Action 25. **Optimize the use of fluorides for oral health.**	Develop or update national guidance related to fluorides for oral health, addressing the universal availability of systemic or topical fluorides, taking into consideration needs and disease burden across the life-course, available resources, and technical, political and social factors. Depending on the country context, consider adding or removing fluoride from drinking water to provide safe, optimal levels for protection against dental caries, as recommended by national and international guidance.	
Action 26. **Promote fluoride toothpaste as an essential health product.**	Implement measures to improve the affordability and availability of fluoride toothpaste, including reducing or eliminating taxes and tariffs and other fiscal measures, as well as bulk purchasing or manufacturing agreements for use of fluoride toothpaste in community settings. Strengthen quality and labelling of fluoride toothpaste in accordance with ISO Standard 11609 for fluoride toothpaste by developing national standards and quality controls. Enhance environmental sustainability	

	along the fluoride toothpaste production and supply chain. Promote effective self-care and oral hygiene through twice-daily tooth brushing with fluoride toothpaste and making affordable, quality toothpaste universally available. Enhance measures to protect consumers from counterfeit products.	
Action 27. **Review and improve mid-stream promotion and prevention measures.**	Create supportive environments for oral health promotion in key settings, such as schools, pre-schools, workplaces and long-term care facilities. Establish rules and regulations for commercial support and sponsorship in schools, workplaces and other key settings, including mechanisms for monitoring and evaluation. Collaborate in joint health and education ministry oversight of school health programming. Facilitate social mobilisation and engage and empower a broad range of actors, including women as change-agents in families and communities, to promote dialogue, catalyse societal change and address oral diseases and conditions, their social, environmental and economic determinants and oral health equity. Promote and implement vaccination of girls and boys against human papilloma virus (HPV) to address cervical and oro-pharyngeal cancers, in accordance with national and international guidance.	
Action 28. **Strengthen and scale-up downstream promotion and prevention measures.**	Develop and implement evidence-based, cost-effective, sustainable, age-appropriate interventions to prevent oral diseases and promote oral health. Include oral health in broader health communication, health education and literacy campaigns to raise awareness and empower people for prevention through self-care and	

	oral hygiene, as well as early detection of oral disease. Draw on the WHO mobile technologies for oral health implementation guide to promote oral health literacy among individuals, communities, policymakers, the media and civil society using digital health technologies. Tailor interventions to address oral health along the life-course, such as programmes targeting children, mothers, and older adults, with special consideration for people living in vulnerable or disadvantaged situations, including indigenous people, migrant populations and people with disabilities.	
Any additional recommended Actions for Member States? Please complete.		
WHO Secretariat		
Action 29. **Ensure integration of oral health promotion in relevant WHO guidance.**	Consider establishing a WHO internal coordination mechanism to facilitate systematic integration of oral health in related policies, strategies and technical documents. Integrate oral health in technical guidance on health taxes. Encourage research with WHO collaborating centres and other research entities on interventions to effectively address the social and commercial determinants of oral health.	
Action 30. **Provide technical guidance for oral health promotion and oral disease Prevention.**	Recommend cost-effective, evidence-based oral health promotion and disease prevention interventions by 2023 as part of the updated Appendix 3 of the NCD-GAP and the WHO UHC Compendium of health interventions.	
Action 31. **Hold to account economic operators in the production and trade of**	Encourage private sector transparency and alignment with regulations and voluntary codes of practice to reduce the marketing, advertising and sale of	

harmful products.	products harmful to oral health, such as tobacco products and food and beverages that are high in free sugars.	
Any additional recommended Actions for WHO Secretariat? Please complete.		
International partners		
Action 32. **Target risk factors and determinants of oral health.**	Include oral health in new or existing programmes addressing NCDs, common risk factors and determinants of health. Support and conduct research to strengthen the evidence for interventions that effectively target the determinants of oral health, including those that reduce oral health inequalities.	
Action 33. **Consider oral health in policy impact assessments.**	When conceptualising, negotiating, or implementing programmes in related sectors, such as trade, food, environment and finance, ensure that oral health is considered when conducting health and environmental impact assessments so that unintended health impacts can be avoided and mitigation measures be put in place.	
Civil society organizations		
Action 34. **Mobilise support for oral health promotion.**	Facilitate community action with diverse groups, such as nongovernmental organizations, academia, media, human rights organizations, faith-based organizations, labour and trade unions, and organizations focused on poor, disadvantaged and vulnerable members of societies, including those who are on low incomes, people living with disability, older people living alone or in care homes, people who are refugees, in prison or living in remote and rural communities and people from minority and other socially marginalised groups, as well as organizations of patients and	

	people affected by oral diseases and conditions. Support the development of personal, social and advocacy skills to enable all people to achieve their full potential for effective self-care and oral hygiene.	
Action 35. **Advocate for policies and regulations for oral disease prevention.**	Support policies aiming at healthy environments and settings, such as healthy school meals, tobacco-free environments and related sales restrictions for minors. Advocate for the implementation of health taxes, including those for foods and beverages with high sugar content.	
Action 36. **Ensure civil society inclusion in policy development.**	Advocate for inclusion of professional organization and other civil society organizations in the development and implementation of policies related to oral health promotion, common risk factors and the determinants of oral health. Strengthen transparency and commitment by holding all stakeholders accountable to the global oral health action plan's actions on oral health promotion and oral disease prevention.	
Any additional recommended Actions for civil society organizations? Please complete.		
Private sector		
Action 37. **Implement occupational oral health measures.**	Strengthen commitment and contribution to health and oral health by implementing measures at the workplace, including through good corporate practices, workplace health and wellness programmes and by providing health insurance coverage to employees according to country context.	
Action 38. **Improve affordability of fluoride products for oral health.**	Cooperate with governments to improve affordability and quality of fluoride-containing productsfor oral	

	health and ensure that tax reductions or subsidies applied to such products are entirely reflected in lower consumer prices.	
Action 39. **Reduce marketing, advertising and sale of harmful products.**	Prioritise monitoring, transparency and compliance with voluntary and legally binding policies and regulations related to healthy settings, protection of vulnerable population groups, marketing, advertising, and sponsorship. Consider reformulation of products to reduce sugar intake.	
Any additional recommended Actions for private sector? Please complete.		

Strategic objective 3: Health Workforce

Global target 3: Innovative workforce model for oral health

By 2030, at least 50% of countries will have an operational national health workforce strategy that includes workforce trained to respond to population oral health needs.

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
Member States		
Action 40. **Foster innovative oral health workforce models.**	Develop and implement workforce models which enable sufficient numbers of adequately trained health workers to provide oral health services as members of collaborative primary health care teams at all levels of care. Review and update national legislative and regulatory policies for licensing and accreditation to support flexible workforce models and competency-based education and practice. Increase availability of mid-level oral health providers. Ensure career transition	

	pathways between professional tracks to increase flexibility and deployment of oral health providers in underserved areas.	
Action 41. **Increase capacity for universal health coverage for oral health.**	Expand coverage of essential oral health care by planning for and providing an adequate number, availability, accessibility and geographical distribution of skilled health workers able to deliver an essential package of oral health care. Ensure that investment in human resources for oral health is efficient, sustainable and aligned with current and future needs of the population. Include oral health workforce planning in national health workforce strategies. Develop comprehensive investment plans to scale up the oral health workforce. Consider development of a standardised national competency-based training curriculum for oral health aligned with the WHO Global Competency and Outcomes Framework for Universal Health Coverage, which guides the standards of education and practice for health workers in primary care, so they are fully aligned with efforts to achieve UHC.	
Action 42. **Strengthen collaborative, cross-sectoral workforce governance.**	Establish and enable professional councils and associations to develop, regularly review and adapt accreditation mechanisms and regulation, including standards of practice and professional behaviour, under the oversight of the ministry of health and in full alignment with national health workforce planning. Collaborate among the ministries of health, labour, economy, finance and education, and engage with related professional councils and associations, to ensure occupational health and	

	safety, health worker rights and appropriate remuneration.	
Action 43. **Reform oral health workforce training programmes.**	Reform education to prioritise competencies in public health, health promotion, disease prevention, evidence-informed decision-making, digital oral health, service planning and the social and commercial determinants of health. Ensure the curriculum provides oral health workers with competencies to prevent and treat the most common oral diseases with essential oral health care and rehabilitation measures in a primary care context. Strengthen collaborative intra- and interprofessional education and practice towards integration in primary health care. Ensure equitable access to oral health professional education to increase socioeconomic, gender, ethnic and geographic diversity and the cultural competency of the oral health workforce. Encourage professional organizations and dental schools to educate and train oral health professionals and students on the use of mercury-free dental restoration alternatives and on promoting best waste management practices of materials used in oral healthcare facilities.	
Action 44. **Strengthen professional accreditation.**	In accordance with country regulations, create or improve accreditation mechanisms for oral health education and training institutions, including effective oversight institutions as well as standards for social accountability and social determinants of health. Work with professional associations to define oral health specialisations and their training and accreditation requirements, recognizing the priority of	

	primary oral health care and public health specialists while balancing the demand for advanced and specialist oral health care. Make continuous life-long professional education mandatory to retain accreditation and license to practice.	
Any additional recommended Actions for Member States? Please complete.		
	WHO Secretariat	
Action 45. **Explore innovative workforce models for oral health.**	Initiate regional and national workforce assessments to inform the development of innovative workforce models for oral health, based on the WHO Competency Framework for Universal Health Coverage approach and the objectives of the Global Strategy on Human Resources for Health "Workforce 2030". Consider capacity building programmes to support workforce reform, in collaboration with the WHO Academy.	
Action 46. **Provide normative guidance and technical support for oral health workforce reform.**	In collaboration with partners, disseminate best practices on assessment of health system needs, reform of education policies, health labour market analyses, and costing of national strategies on human resources for health. Review and strengthen tools, guidelines and databases relating to human resources for NCDs, including oral health, in collaboration with the WHO health workforce department.	
Action 47. **Strengthen country-level reporting on human resources for oral health.**	Gather, analyse and report oral health workforce data as part of the monitoring framework of the global oral health action plan to track progress in implementation of workforce-related actions. Support country-level data collection on the	

	oral health workforce in the context of national health workforce accounts.	
Any additional recommended Actions for WHO Secretariat? Please complete		
	International partners	
Action 48. **Support the workforce reform agenda.**	Engage international professional, research and dental education associations to align with the workforce reform agenda and support regional and national member associations. Strengthen innovative oral health workforce models by focusing international and regional support to countries on countries with the most critical workforce shortages.	
Action 49. **Provide technical support for health system strengthening.**	Strengthen integrated health and oral health workforce planning, including technical support for national oral health workforce data collection, analysis and use for improved planning and accountability, in alignment with the national health workforce accounts framework.	
Action 50. **Improve oral health training and accreditation.**	Under the oversight of the ministry of health and in collaboration with professional associations, integrate basic oral health competencies for oral health in health worker training programmes on prevention and management of major NCDs. Promote mutual recognition of professional diplomas and qualifications by regional and national accreditation entities to enable free movement and practice of oral health professionals between countries and geographic areas of need, in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel.	

Any additional recommended Actions for the international partners? Please complete		
Civil society organizations		
Action 51. **Collaborate to accelerate oral health workforce reform.**	Develop appropriate task-sharing and inter-professional collaboration models for the provision of oral health care. Strengthen effective accreditation and regulation processes for improved workforce competency, quality and efficiency, under the oversight of the government and through collaboration with professional councils and associations, and, where appropriate, community and patient organizations. For academic training and research institutions, support implementation of the global oral health action plan by prioritising oral health worker competencies in line with the WHO Competency Framework for Universal Health Coverage and the Global Strategy on Human Resources for Health and by fostering abilities to minimize the environmental impact of oral health services.	
Action 52. **Strengthen oral health in primary care.**	Foster continuous self-reflection of the dental profession with a goal to improve access to and quality of primary oral healthcare as a societal responsibility within and beyond dentistry.	
Action 53. **Improve quality of care through continued education.**	Continuously improve quality of care through oral health workforce education. Develop or review codes of practice and similar frameworks to enhance management of potential conflicts of interest and undue influences, including when dental and pharmaceutical companies and other private sector entities sponsor	

	professional education and conferences.	
Private sector		
Action 54. **Align private and public oral health workforce training.**	Ensure alignment of all oral health workforce training institutions with national health workforce planning to address population health needs. Adapt concepts and programmes of private oral health education to include competency-based training and strengthen education in the public interest.	
Any additional recommended Actions for the private sector? Please complete		

Strategic objective 4: Oral health care

Global target 4.1: Oral health in primary care

By 2030, 80% of countries will have oral health care services available in primary care facilities of the public health sector.

Global target 4.2: Essential dental medicines

By 2030, at least 50% of countries will have included the WHO essential dental medicines in the national essential medicines list.

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
Member States		
Action 55. **Establish an essential oral health care package.**	Facilitate a national stakeholder engagement process to review evidence, assess current oral healthcare service capacity and agree on cost-effective oral health interventions as part of national UHC benefit packages. Ensure that the packages include emergency care, prevention and treatment of common	

	oral diseases and conditions as well as essential rehabilitation. Advocate that national UHC includes safe, affordable essential oral health care based on the WHO UHC Compendium of health interventions and oral health-related interventions comprised in Annex 3 of the WHO global action plan for the prevention and control of noncommunicable diseases. Support the introduction of remuneration systems that incentivize prevention over treatment.	
Action 56. **Integrate oral health care into primary care.**	Develop and review all aspects of primary health care services and plan for integration of oral healthcare at all service levels, including required staffing, skill mix and competencies. Implement workforce models that ensure sufficient numbers of adequately trained health workers provide oral health services as members of collaborative primary health care teams at all levels of care. Ensure that referral pathways and support mechanisms are in place to streamline coordination of care with other areas of the health system. Consider inclusion of private oral health providers through appropriate contracting and/or reimbursement schemes.	
Action 57. **Work towards achieving universal health coverage for oral health.**	Expand coverage through on-demand care in primary care facilities, using an essential oral health care package. Assess, strengthen and rehabilitate essential clinical infrastructure for oral health services as part of primary care, including the provision of essential oral health supplies and consumables to ensure the quality and scope of needed oral health services.	
Action 58. **Provide financial protection for oral health care.**	Establish appropriate financial protection for patients through expanded public and private	

	insurance policies and programmes, in accordance with national UHC strategies. Ensure that vulnerable and disadvantaged population groups have access to an essential oral health care package without financial hardship.	
Action 59. **Ensure essential oral health supplies.**	Prioritise availability and distribution of essential oral health care supplies and consumables as part of public procurement mechanisms for primary health care. Establish or update national lists of essential medicines that include supplies and medicines required for oral health services, aligned with the WHO Essential Medicines List. Develop guidance on rational antibiotic use for oral health professionals and promote engagement in initiatives addressing antimicrobial resistance. Strengthen standard procedures for infection prevention and control in line with WHO and other national and international guidance.	
Action 60. **Promote mercury-free products and minimal intervention.**	Advocate for the prevention and treatment of dental caries with minimal intervention. Restrict the use of dental amalgam to its encapsulated form. Promote the use of mercury-free alternatives for dental restoration. Discourage insurance policies and programmes that favour dental amalgam use over mercury-free dental restoration.	
Action 61. **Reinforce best environmental practices.**	In collaboration with the ministry of environment, ensure that measures to reduce the environmental impact of oral health services are put in place, including minimising waste, carbon emissions and use of resources. Use best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land.	

Action 62. **Optimise digital technologies for oral health care.**	Support digital access and consultation for early detection, management of oral diseases and referral, and continue the evaluation of effectiveness and impact of such interventions. Integrate digital access and consultation in interprofessional platforms to facilitate access for patients. Draw on the WHO Mobile Technologies for Oral Health implementation guide for guidance on digital technologies related to improving oral health literacy, health worker training, early detection of oral diseases and oral health surveillance within national health systems. Develop and strengthen data protection and privacy policies to ensure full confidentiality, patient access to personal data and appropriate consent to data use in a digital health context.	
Any additional recommended Actions for Member States? Please complete		
WHO Secretariat		
Action 63. **Provide guidance on cost-effective oral health interventions.**	Recommend interventions as part of the updated Appendix 3 to the WHO global action plan for the prevention and control of noncommunicable diseases and the WHO UHC Compendium of health interventions by 2023 and update them routinely. Support Member States to implement cost-effective interventions on oral health as part of other NCDs initiatives. Facilitate learning and sharing of best practices related to primary oral care and UHC.	
Action 64. **Advocate for digital oral health.**	Drawing on the Global Strategy on Digital Health 2020-2025 and the WHO Mobile Technologies for Oral Health implementation guide, provide technical guidance and support on	

	digital oral health. Encourage cross-country learning and promote sharing of best practices related to digital oral health technology.	
Action 65. **Accelerate implementation of the Minamata Convention on mercury.**	In collaboration with the UN Environment Programme, support countries in implementing the provisions of the Minamata Convention on Mercury, particularly those related to the phase down in use of dental amalgam in the framework of the WHO GEF7 project on "Accelerate implementation of dental amalgam provisions and strengthen country capacities in the environmental sound management of associated wastes under the Minamata Convention". Develop technical guidance on environmentally-friendly and less-invasive dentistry.	
Any additional recommended Actions for the WHO Secretariat? Please complete		
International partners		
Action 66. **Strengthen universal health coverage for oral health.**	Consider inclusion of oral health services in the context of programmatic and budget planning for UHC. Support the development and implementation of a package of essential oral health services. Provide platforms to share lessons learned and key success factors to transition UHC schemes to incorporate oral health services.	
Civil society organizations		
Action 67. **Mobilise stakeholders for oral health care.**	Consider establishing multistakeholder advisory committees for NCDs, including oral health, at national and local levels of government, with representation from civil society organizations to strengthen participation and ownership.	

	Encourage new and strengthen existing civil society organizations to serve as advocates and catalysts to increase access to essential oral healthcare and inclusion in UHC	
Action 68. **Empowerment for self-care.**	Strengthen the development of personal, social and political skills of all people to enable them achieving their full potential for oral health self-care. Promote oral health self-care through skills-based oral hygiene education in communities and schools, as well as through inclusion of oral health in population health education campaigns and digital and social media platforms. Advocate for supportive policies to strengthen the availability and affordability of fluoride toothpaste.	
Action 69. **Address the environmental impact of oral health care.**	Advocate for sustainability, environmental protection and preservation of resources in the context of oral health services, including accelerating the phase down in use of dental amalgam.	
Any additional recommended Actions for civil society organizations? Please complete		
Private sector		
Action 70. **Invest in digital oral health for all.**	Amplify research and development of digital oral health care devices and technologies that are low-cost and simple to use, in support of population-based interventions.	
Action 71. **Commit to sustainable manufacturing.**	Develop, produce and market oral health care products and supplies that are cost-effective, environment-friendly and sustainable. Engage with governments to improve availability and affordability of such products through bulk purchasing and other cost-saving public procurement approaches. Accelerate research and	

	development of new mercury-free, safe and effective dental filling materials.	
Action 72. **Establish sustainable public-private partnerships.**	Engage manufacturers and suppliers of oral care products in ethical, transparent and long-term partnership agreements with key national actors to improve access to essential oral health care and supplies, in line with public health principles and the global oral health action plan. Encourage insurance policies and programmes that favour the use of quality alternatives to dental amalgam for dental restoration in the context of implementation of the Minamata Convention.	
Any additional recommended Actions for private sector? Please complete		

Strategic objective 5: Oral health information systems

Global target 5: Integrated oral health indicators

By 2030, 75% of countries will have included oral health indicators in their national health information systems in line with the monitoring framework of the global oral health action plan.

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
Member States		
Action 73. **Strengthen oral health information systems.**	Improve oral health information and surveillance systems, and, depending on country context, integrate into existing national health information systems, such as facilitybased service reporting. Strengthen integrated surveillance of population health by incorporating oral health indicators into national NCD and UHC	

	monitoring frameworks. Monitor risk factors as well as the social and commercial determinants of oral health inequalities. Improve information on the oral health workforce in national health workforce accounts. Consider conducting population-based oral health surveys or other appropriate oral disease-specific surveillance, integrated with existing NCD surveillance systems.	
Action 74. **Integrate electronic patient records and protect personal health data.**	Encourage integration of electronic dental patient records with medical and pharmacological records, as well as public and private providers, to facilitate continuity of patient-centred care as well as population-level health monitoring. Ensure data protection and confidentiality regulations protect patient-related information while allowing anonymized data analysis and reporting in accordance with national regulations. Ensure that patients have access to all information recorded and stored about them.	
Action 75. **Use innovative methods for oral health data collection.**	Participate in periodic global WHO surveys that collect NCD, health system and other health information. Develop and standardize innovative methods for gathering oral health and epidemiological data by using digital technologies for data collection and analysis, including artificial intelligence-supported applications in mobile devices; opportunities provided by more complex and big data sets from new data sources; and novel approaches to generating comprehensive disease estimates.	
Action 76. **Increase transparent use of oral health information.**	Make de-identified information and appropriately disaggregated data on population oral health publicly available to inform research and analysis, planning, management,	

	policy decision-making and advocacy. Ensure alignment of the national oral health monitoring framework with the monitoring framework of the global oral health action plan and regularly report national data, including to WHO as proposed.	
Any additional recommended Actions for Member States? Please complete		
	WHO Secretariat	
Action 77. **Track implementation and impact of the global oral health action plan.**	Gather and analyse country data for the monitoring framework of the global oral health action plan and provide findings as required within broader NCD reporting. Create an oral health data portal as part of WHO's data repository for health-related statistics. Compile health systems information from multiple data sources to routinely update information on implementation of the global oral health action plan. Adapt and update existing global WHO surveys and tools to enable tracking progress on the implementation of the global oral health action plan.	
Action 78. **Build capacity for integrated oral health information systems and Surveillance.**	Develop guidance documents for effective oral health information system strengthening at global, regional, national and subnational levels. Engage with WHO collaborating centres, international partners such as Institute of Health Metrics and Evaluation's Global Burden of Disease group and others, to improve indicators, data inclusion, analysis methodology and interpretation of oral health-related estimates.	
Any additional recommended Actions for the WHO Secretariat? Please complete		

International partners		
Action 79. **Advance oral health metrics aligned with global health metrics.**	Promote the use of oral health indicators aligned with standard global health metrics used to assess burden of disease, such as prevalence and disability-adjusted life years, to strengthen usability of information in the context of the Sustainable Development Goals and other key global health agendas.	
Action 80. **Support the monitoring framework of the global oral health action plan.**	Improve capacities for effective oral health information systems and surveillance, research and data analysis by providing appropriate tools and training opportunities at all levels and for all stakeholders in the context of health system strengthening.	
Any additional recommended Actions for International partners? Please complete		
Civil society organizations		
Action 81. **Advocate for data protection and confidentiality regulations.**	In accordance with country regulations, advocate for protection of patient-related information while allowing anonymized data analysis and reporting for planning, evaluation and research.	
Any additional recommended Actions for civil society organizations? Please complete		
Private sector		
Action 82. **Provide access to insurance data for research and service planning.**	Enable transparent access to private insurance data on coverage, health outcomes and economic information, in full compliance with national data protection policies.	
Any additional recommended Actions for private sector? Please complete		

Strategic objective 6: Oral health research agendas

Global target 6: Research in the public interest

By 2030, at least 20% of countries will have a national oral health research agenda focused on public health and population-based interventions.

Actions

Reference action	Proposed WHO Action	Suggested language changes or additions
	Member States	
Action 83. **Reorient the oral health research agenda.**	Define national oral health research priorities to focus on public health and population-based interventions. Review and establish adequate public funding mechanisms for oral health research, aligned with national priorities. Facilitate the dissemination of and alignment with the national oral health research agenda among all national research institutions, academia and other stakeholders. Foster partnerships within and across countries including multi-disciplinary research, based on the principles of research ethics and equity in health research partnerships.	
Action 84. **Prioritise oral health research of public health interest.**	Support research areas of high public health interest while maintaining a balance with basic health research. Close evidence-gaps for: upstream interventions; implementation and operational research; evaluation of primary oral health care, including workforce models and learning health systems; barriers to access to oral health care; oral health inequalities; oral health promotion in key settings such as schools; digital technologies and their application in oral health; environmentally sustainable practices and mercury-free dental restorative materials; and economic analyses to identify cost-effective interventions. In	

	countries where oral cancer and oro-facial clefts are prevalent, support large-scale population-based epidemiological studies to strengthen the evidence for prevention and control of these diseases and conditions. Consider research on noma's aetiology, prevention, therapy and rehabilitation, to contribute to more effective care and support the review process for integration of noma in the WHO list of neglected tropical diseases. Promote research and development of quality mercury-free materials for dental restoration.	
Action 85. **Translate oral health research findings into practice.**	Ensure that dedicated funding is available for implementation and translation research. Evaluate population oral health policies. Apply evidence generated from innovative public health approaches, such as digital health technologies. Strengthen evidence-informed decision-making. Develop country-specific, evidence based clinical practice guidelines.	
Any additional recommended Actions for Member States? Please complete		
WHO Secretariat		
Action 86. **Guide Member States in oral health research.**	Provide guidance on research priority-setting and research partnerships to support Member States. Promote implementation research focusing on an integrative, life-course and public health approach to improve oral health, in coordination with the WHO Technical Advisory Group on NCD-related Research and Innovation.	
Action 87. **Contribute to noma research.**	Set up a platform for knowledge-sharing and initiate a research agenda on noma, in collaboration with WHO collaborating centres and academia.	

Any additional recommended Actions for the WHO Secretariat? Please complete		
International partners		
Action 88. **Promote equity in all aspects of global health research.**	Support shared agenda-setting for global oral health research, programme planning, implementation and evaluation. Ensure equitable partnerships in priority setting, methodological choices, research funding, project management, analysis and reporting of results and scientific publication authorship.	
Action 89. **Facilitate reorientation of the oral health research agenda.**	Support the prioritization of research on public health and population-based oral health interventions. Promote capacity building and training that meets the needs of new oral health research priorities. Strengthen evidence of the prevalence and incidence of diseases and conditions of public health interest that may be under-researched, such as oro-facial clefts and noma.	
Any additional recommended Actions for international partners? Please complete		
Civil society organizations		
Action 90. **Consider establishing a national oral health research alliance or task force.**	Engage academia, research institutions, professional associations, the government, community representatives, patients and other stakeholders. Ensure alignment and prioritization of the national oral health research agenda and transparent reporting of progress and results.	
Action 91. **Ensure research alignment with national oral health priorities.**	Review research and science training curricula of academic and research institutions to assess whether they address public health, implementation	

	research, and national priorities. Enhance representation of oral health research priorities in relevant conferences and research forums.	
Action 92. **Conduct participatory research to identify oral health needs and interventions.**	When considering interventions for inclusion in essential oral healthcare packages and universal health coverage, enlist the participation of diverse community members, including patients, people living with oral diseases, and people who are poor, vulnerable or disadvantaged. Establish and evaluate patient-public panels for prioritisation of studies, design and management of research, data collection, analysis, reporting and dissemination of findings. Evaluate different social participation and community engagement approaches to improve oral health, such as citizen forums.	
Any additional recommended Actions for civil society organizations? Please complete		
Private sector		
Action 93. **Develop modalities of public-private partnerships for oral health Research.**	Strive to reduce or avoid real or perceived conflict of interest and researcher bias in public-private research partnerships. Foster the public's interest in reforming oral health research agendas.	
Action 94. **Invest in research for mercury-free dental filling materials.**	Accelerate research and development of new mercury-free, safe dental filling materials. Strengthen the production and trade of environment-friendly and sustainable products and supplies.	

Monitoring framework of the global oral health action plan

Core indicators (*refer to pages 26–49 of discussion paper)*

Please complete the table as relevant and add as many rows as needed.

Global target number and description	Proposed core indictors	Indicator definition	Data type, source and years for collection
e.g. 1.1 National leadership for oral health			

Include links to any supporting references.

Συν. 2

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FDI consultation on WHO discussion paper:
Draft Global Oral Health Action Plan (2023–2030)

STRATEGIC OBJECTIVE 1: ORAL HEALTH GOVERNANCE

- New: Global Target 1.3

By 2030, 70% of countries will have dedicated oral health budgets

A guaranteed minimum share of public health expenditure will be directed exclusively to national oral health programmes.

Public health expenditure directed to oral health promotion, prevention and care will form a distinctive budget as a first step to establish a guaranteed minimum share of public health expenditure directed exclusively to oral health.

- New Action: ***National Monitoring Centre for Oral Health***

Member States should improve oral health surveillance, data collection and monitoring to inform decision-making and advocacy, through creating National Monitoring Centres for Oral Health. This includes strengthening integrated surveillance of oral diseases and conditions, as well as analysis of oral health system and policy data, evaluation of oral health programmes and operational research.

STRATEGIC OBJECTIVE 2: ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION

- New Action : ***Oral Health Promoting Schools***

Setting the bases of a healthy school environment is fundamental as it influences the lives of over 1 billion children worldwide.

Initially, teachers should be trained and collaborate with dental care workers in order to be able to provide basic oral health care services at school: oral health care (including oral diseases prevention and treatment of dental injury), oral health education programs, advice for adopting healthy eating habits (avoid sugars, drink water, avoid tobacco and alcohol consumption), physical exercise as a part of school routine.

This action is based on the multidisciplinary approach. Mobile units can be used to implement it.

- New Action Establish (promote) ***Sugar Free Public Settings***

In continuation to the policies and guidelines that need to be introduced by Member States regarding the regulation of sugars' intake, **limiting physical access to sugar sweetened beverages would further decrease their consumption and contribute to the adoption of a healthy lifestyle.**

(According to the New Zealand best practice, no sugar-sweetened beverage will be sold in public places or publicly funded events, such as: hospitals, government buildings, schools, conferences, e.t.c. By this action, people will be encouraged/motivated to switch to the consumption of healthy drinks, reducing the risk of oral and other non-communicable diseases related to the consumption of sugar).[1]

- New Action: ***Train community nurses and caregivers to provide oral hygiene to disable or elder people or people with disabilities.***

- New action: ***Update the protocols for the treatment of people with general diseases and especially patients with diabetes, cancer and cardiovascular diseases and include a referral to a dentist for oral examination and oral hygiene advice.***

STRATEGIC OBJECTIVE 3: HEALTH WORKFORCE

Important note: Greece features the advantage of having, a sufficient number of well-trained dentists that provide affordable services. The dentist is the only health

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[1] In 2014, Nelson Hospital was the first hospital in New Zealand (and the world) to instigate a sugar-sweetened beverage (SSB) free policy noting that selling sugary drinks on its premises was inappropriate. Successful advocacy and leadership had a domino effect and within 18 months, all hospitals in New Zealand had a similar policy in place. A significant number of hospitals have also adopted a water-only policy. Advocates also approached the local mayor and city council of Nelson who also instigated a SSB-free policy. Many other city councils across New Zealand followed suit. Following this "settings" model the principals of local schools initiated a water-only policy.
Again, leadership in one setting provided a positive role model for other schools.

- The Ministry of Education was encouraged to show leadership, by urging schools throughout New Zealand to adopt a water-only policy.
- In line with this successful advocacy approach, one of the major supermarket chains adopted a policy to limit the sale of energy drinks to youth under 16 years of age and to provide sugary-drink-free checkout aisles.

Advocacy works by offering examples of best practice by scaling up actions from the local to the national level. Challenging the status quo is a key to success.

professional who has the authorization to intervene in the oral cavity. Four-hands dental practice is the prevailing trend.

- New Action ***Establishing clear boundaries of clinical practice between different oral health professionals.***

- New Action ***Introduction of incentives for the establishment of dentists in hard-to-reach, remote, insular and other areas where there is a shortage of dentists.***

STRATEGIC OBJECTIVE 4: ORAL HEALTH CARE

- New Action ***Oral Health Care Quality and Patient Safety Management***

According to the WHO, in the context of UHC health services have to be "***of sufficient quality to be effective***"[2]. Therefore, establishing oral health quality monitoring and management system in private and public sector is necessary aiming to Continuous Quality Improvement of the provided oral health care.

- New Action ***School Dentist***

Creation of dental teams consisting of dentists, dentist assistants and nurses that will be established at school / or visiting schools and will be providing "at school" dental care.

Establishment of school-based oral health teams consisting of dentists, dental assistants and nurses to provide dental care (including prevention, oral health promotion and treatment) 'in school'.

- New Action ***At home dental care for medically vulnerable people (bedridden, e.t.c.)***

[2]Universal Health Coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, etc) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user in financial hardship (Source: https://www.who.int/healthsystems/univer sal_health_coverage/en/)