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Editorial

The WHO Global Oral Health Action Plan 2023-2030

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Oral health is finally on the global agenda. The World Health Organisation Global Oral Health Action Plan (OHAP) 2023-2030 (WHO, 2022a) has been completed following a public consultation which took place during August and September 2022. As oral diseases are the most prevalent non-communicable diseases; it is good to see that the OHAP will co-exist alongside the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030. This editorial summarises the OHAP and highlights the opportunities and challenges discussed during the September 2022 EADPH congress, held co-jointly with the Council of the European Chief Dental Officers (CECDO).

The OHAP has six strategic objectives:

- Governance: to improve political and resource commitment to oral health, strengthen leadership and create win-win partnerships within and outside the health sector.
- Oral Health Promotion and Prevention: to enable all people to achieve the best possible oral health and address the social and commercial determinants and risk factors of oral diseases and conditions.
- Health workforce: to develop innovative workforce models and revise and expand competency-based education to respond to population oral health needs.
- Oral health care: to integrate essential oral health care and ensure related financial protection and essential supplies in PHC
- Information systems: to enhance surveillance and health information systems to provide timely and relevant feedback on oral health to decision-makers for evidence-based policy-making.
- Research: to create and continuously update context and needs-specific research that is focused on the public health aspects of oral health. (WHO 2022a)

The Action Plan proposes 94 specific actions to help member states achieve the objectives and two overarching and ambitious global targets, which are that by 2030:

- 80 % of the global population will be covered by essential oral health care to ensure progress towards Universal Health Coverage (UHC) for oral health.
- The global prevalence of the main oral diseases and conditions, over the life course, will show a relative reduction of 10%.

The plan includes 11 core indicators to monitor progress with 40 additional indicators including essential care and some clinical and public health measures such as implementing a sugar tax.

A second publication, the WHO Global Oral Health Status Report, Executive Summary and Country Profiles (WHO 2022b) was released in November 2022. It details the current situation with regard to: Oral Disease Burden, Risk Factors for Oral Diseases, Economic Impact and National Health System Response and as such should provide a baseline against which to assess what the Oral Health Action Plan has achieved by 2030. Additionally, the European Observatory on Health Systems and policies has published a report on Oral health care in Europe: Financing, Access and Provision.

So, what challenges are to be overcome if the OHAP is to succeed?

The first is to ensure that the social determinants of health are tackled in line with the WHO's Global Action Plan on the Prevention and Control of NCDs and that oral health is integrated within national policies. Raising the profile of oral health is a priority for all countries, considering the overwhelming burden of oral diseases and conditions across the life-course. The implementation of the OHAP into policy is complicated by different organisational structures and systems and identifying the right people to influence, who may have insight and power to bring policy into action. It is important to recognise the role of Chief Dental Officers in respective countries, alongside other sectors outside health systems. Thus, it will be vital to identify and explore key stakeholders who may have the power to dictate public health policy.

The second challenge is to implement the action plan and achieve the target of UHC within our respective countries with varying political structures and systems of healthcare funding and public health. Funding of general healthcare is universally managed by governments via taxation or social health insurance in Europe. However, for oral health care, one third of spending is funded by public sources and the remainder is paid by voluntary health insurance or out of packet payments (European Health Observatory, 2022). Therefore, statutory coverage is limited to some countries whereas others relying heavily on private healthcare; the most vulnerable and

those on low income are likely to bear the burden of oral diseases exacerbating oral health inequalities. This has implications for integrating oral health care into Universal Health Coverage (UHC) and tackling NCDs, as there is an unlevel playing field between and within countries. A recent *Lancet* editorial emphasised this point 'There is no health without oral health and there is no UHC without oral health care.' (Winkleman *et al*., 2022). Furthermore, public health funding is inconsistent locally and regionally. How do we as professionals advocate for future funding and increase capacity of the workforce to achieve UHC?

There are significant inequalities in oral health and expenditure. Typically, high-income countries spend 800 times more than low-income countries. Put another way, 80% of global oral health expenditure only benefits 20% of the world's population. In addition, workforce and capacity to provide oral healthcare is skewed towards high income countries.

The third challenge is defining what constitutes essential oral health care. One definition sees essential oral health care as maintaining a functional, pain-free dentition and which enables people to eat, speak and be competent to take care of their dental health and their general health. Policy makers will need to take several factors into consideration, including cost, workforce availability and capacity and education of the oral health workforce. They will also need to include sustainability and environmental protection in oral health care. Re-orientation of health services to focus on prevention is essential for improvements in oral health and yet the emphasis seems to remain on delivery of dental treatment.

The fourth challenge is the inconsistent information systems and data on oral health status and systems. The European region the Organisation for Economic Cooperation and Development and Eurostat databases alongside country-based reporting could be helpful. However, they include few, if any oral health data. Existing data cannot be compared between countries, as some were collected over 20 years ago, from nationally unrepresentative samples (Patel *et al*., 2016). The 2022 European Association of Dental Public Health pre-congress workshop (Transcript available at the *CDH* website) suggested that innovative methods could be adopted to estimate the burden of oral diseases, recognising the limitations in the quality of the data. Having an action plan is one thing but if you cannot measure how you perform, it is almost useless.

Undoubtedly, the oral health indicators will pose implementation challenges to at a national level considering the difficulties they have already with other non-communicable diseases. Nevertheless, it is important to integrate oral and general health and use these indicators to highlight oral health inequalities.

Subjective indicators are as important as clinical indicators in advocating for oral health. Therefore, the indicators could be expanded to incorporate a functional dentition, oral health-related quality of life and social and economic impacts. Additionally, process indicators could be included, such as the availability of oral health initiatives. Additionally, it would be beneficial to consider FDI's and the International Consortium for Health Outcomes Measurement (ICHOM) Minimum Adult Oral Health Standard Set (AOHSS) (O'Rioridan *et al*., 2020). Such a long list of indicators is aspirational and countries will need to use a variety of indicators, depending on population needs.

Another working group recognised the relationship between oral and general health. Integration between the two is essential to improve population oral health. This also applies to education and research. Education should be inter-disciplinary in line with WHO's vision of inter-professional practice, with aligned curricula for health, allied health and oral health professionals. Public health needs to be embedded into the curriculum for all oral health professionals to help them understand its importance rather than just focusing on clinical practice. Similarly, an oral public health should be embedded in medical and allied health professional curricula. Quality research is fundamental to achieving the objectives in the OHAP. Research will also need to be multi-disciplinary, with a focus on public health and recognising patient and public involvement, including vulnerable groups. Consideration should be given to social determinants and oral health inequalities. Interdisciplinary partnership between oral and general health professionals is key to maximising improvements in oral and general health. Sir Richard Horton, editor of *Lancet* put all of this in a very succinct statement at the launch of The Lancet series in London, 2019 'Everyone who cares about global health should advocate to end the neglect of oral health.'

The WHO Oral Health Action Plan puts oral health on the global health agenda giving us momentum to improve oral health for our populations. Political influence and advocacy will be key with local, regional and global public health associations having a clear and consistent approach to tackling oral health inequalities. Collaboration with the wider public health agenda and inter-sectoral working will be instrumental in achieving OHAP and its targets.

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