

WHO's action for continuous improvement in oral health

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The worldwide rapidly growing burden of chronic diseases is closely linked to unhealthy environments and to lifestyles that include diets rich in sugars, widespread use of tobacco and excessive consumption of alcohol (1). Most oral diseases are closely related to these factors and are also dependent on clean water, adequate sanitation, proper oral hygiene and appropriate exposure to fluorides (2). Oral disease control and public health need to take integrated approaches to health promotion and disease prevention based on common risk factors. Mandates which are particularly important for WHO and the work of the Oral Health Programme are: Global Strategy on Prevention and Control of Noncommunicable Diseases (WHA 53); Global Strategy on Diet, Physical Activity and Health (WHA 57); Health Promotion and Healthy Lifestyles (WHA 57); Cancer Prevention and Control (WHA 58); International Plan of Action on Ageing (WHA 58), and Promotion of healthy lifestyles (WHA 58). These World Health Assembly Resolutions provide a supporting framework for Resolutions specific to Oral Health (WHA 42.39).

National programmes which include measures at individual, professional and community levels are effective in preventing most oral diseases (3). Worldwide emphasis on health promotion and primary prevention of oral diseases is insufficient and developing countries and those with economies and health systems in transition face considerable challenges to provide universally accessible or affordable intervention and care.

WHO has identified priority action areas for countries to consider when initiating or strengthening national oral health programmes:

– *effective use of fluorides* for preven-

tion of dental caries: the goal is to implement appropriate means of maintaining a constant low level of fluoride in as many mouths as possible through fluoridated drinking-water, salt, milk or affordable toothpaste (4);

- oral health and prevention of oral disease through a *healthy diet*, i.e. advocacy for reduced consumption of sugars and increased intake of fruits and vegetables (5);
- control of *tobacco-related oral disease* by involving oral health professionals in tobacco cessation and preventing children and youth from adopting the tobacco habit (6);
- oral health through *health-promoting schools* (7), based on the WHO School Health Initiative;
- oral health improvement among *elderly people* (8) through health promotion and age-friendly primary health care;
- integration of oral health into national and community health programmes based on *oral health–general health–quality of life* interrelationships;
- development of *oral health systems* and orientation of services towards prevention and health promotion;
- strengthening the prevention of *HIV/AIDS-related oral disease*, particularly in developing countries (9);
- development of *oral health information systems*: evidence for oral health policy, formulation of goals and targets (10, 11) and measuring progress (12, 13);
- *research for oral health*, oriented towards bridging the gaps in research between developed and developing countries (14).

The guiding principles for oral health promotion and disease prevention are

implemented through WHO regional offices and country programmes. In the Americas, for example, efforts are made to match primary oral health systems development with the needs of people, and to prevent dental caries through, for example, effective salt fluoridation (15). Significant progress has been observed in reducing the dental caries of children in several countries of the region. The PAHO Oral Health Programme has used information on dental caries to classify countries and to tailor its regional strategy to three groups: “emergent” (most needy), “growth” and “consolidation”, with programmes for each. The PAHO strategy and action plan for oral health 2005–2015 stresses development of policies in oral health services and stronger coordination with WHO's work for primary health care and accomplishment of the Millennium Development Goals.

In the African Region, the targets relate to oral health systems development, prevention of noma (*cancrum oris*), oral cancer and oral disease in HIV/AIDS, and establishment of oral health information systems (16). The functions of the Oral Health Programme are to strengthen health facilities through appropriate technologies, equipment and human resources, and training of health personnel in essential oral health-care procedures. The WHO Oral Health Programme at global and regional levels works effectively with WHO Collaborating Centres in oral health and nongovernmental organizations such as the FDI World Dental Federation and the International Association for Dental Research. ■

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Ref. No. 05-024612

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