

Report of the Informal

Regional WHO Consultation on Oral Health

Mandalay, Myanmar, 24 October 2019



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CONTENTS

Acknowledgements.....	iv
1. Introduction.....	1
1.1 Opening ceremony.....	2
2. WHO Oral Health Programme. The three-year roadmap: Where are we right now?	3
3. Innovative and effective approaches on Oral Health in WHO's South-East Asia and Western Pacific regions.....	3
3.1 Myanmar – Oral Health in Myanmar: Situation and perspectives.....	3
3.2 Development of a new Oral health policy 2019–2023 – Experience from Vanuatu	4
3.3 Oral Health in Universal Health Coverage – Experience from Thailand	5
3.4 Innovative models of oral health service delivery in Australia	5
3.5 Effective use of fluorides in Cambodia	6
3.6 Education and workforce in Fiji	6
3.7 War on diabetes in Singapore.....	7
3.8 mOralHealth development in India	7
4. Overview of the Lancet series on oral health.....	8
5. WHO Collaborating Centres presentations.....	8
5.1 WHO CC for Quality-Improvement, Evidence-Based Dentistry, United States of America	8
5.2 WHO CC for Translation of Oral Health Science, Japan	9
5.3 WHO CC for Research and Training in Preventive Dentistry, China	9
5.4 WHO CC for Oral Health Promotion, India	10
5.5 Open plenary	10
6. Presentation of the draft Global Oral Health Report and the Oral Health Country Profiles	11
6.1 Discussion on the comments and inputs from Member States and CDOs	11
7. Closing remarks, next steps and commitments.....	12
8. Endnotes	12
Annex 1. List of participants.....	13
Annex 2. Agenda	15
Annex 3. Call to action	17

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Furthermore, WHO would like to thank La Trobe University and The Borrow Foundation for their financial support, which made possible the participation of oral health leaders from 22 countries in the WHO South-East Asia and Western Pacific regions.

1. Introduction

The informal Regional WHO consultation on oral health was held on 24 October 2019 in Mandalay, Myanmar, as a WHO side event and informal regional consultation on the sidelines of the 11th Asian Chief Dental Officers Meeting (ACDOM 2019).

The Global Conference on Primary Health Care (1) in Astana, Kazakhstan in October 2018 endorsed a new declaration emphasizing the critical role of primary health care in achieving universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs) of the United Nations 2030 *Agenda*.

UHC encompasses the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care. For oral diseases, this means ensuring integrated essential oral health services, oral health workforces geared towards population health needs and financial protection and expansion of fiscal space for oral healthcare (2).

The Global Burden of Disease Study 2016 (3) (GBD2016) estimated that oral diseases affected more than 3.5 billion people, half the world's population. A research from The Lancet's *Oral Health Series* shows that tooth decay is one of the most common and neglected noncommunicable diseases (4), a disease of inequity disproportionately affecting some of the world's poorest people.

In WHO's South-East Asia and Western Pacific regions, dental caries is the most prevalent oral disease, affecting up to 95% of school-aged children and most adults. In some countries, the incidence of oral cancer (cancer of the lip and oral cavity) is within the top three of all cancers, due to factors related to tobacco use, use of carcinogenic substances, alcohol consumption and dietary factors.

Oral health is important for overall health, well-being and quality of life. In the Political Declaration on NCDs (5) endorsed during the first ever United Nations High-Level Meeting on Prevention and Control of NCDs in 2011 (6), oral health was recognised as a major public health problem that could benefit from common responses to NCDs.

Like many other health services, basic oral healthcare remains out of reach for millions of people. 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. To improve oral health outcomes and reduce inequalities in access, it is necessary to integrate essential oral healthcare into UHC. This would help frame a policy dialogue to address weak and fragmented primary oral health services and substantial out-of-pocket expenses associated with them in many countries which, in turn, would help to achieve UHC.

Within such a context, the WHO headquarters Oral Health Programme has started to develop a new Global Oral Health Report (GOHR), a robust advocacy document needed to reinforce the commitment to oral health at the global and regional levels. The GOHR aims to serve as a reference for policymakers and guide the advocacy process towards better prioritization of oral health in global, regional and national contexts as part of the NCD and UHC agendas.

The objectives of this side event, organized by the WHO regional offices for South-East Asia and Western Pacific in collaboration with the WHO headquarters Oral Health Programme, were to highlight and review the current situation of oral health in South-East Asia and Western Pacific and strengthen the collaboration among chief dental officers (CDOs) of ministries of health, directors of WHO Collaborating Centres (WHO CCs) and WHO officers.

The meeting also included a discussion about making commitments towards oral health strategic priorities as part of the NCD agenda and UHC initiatives in the context of the SDGs and, in addition, presented and discussed countries contributions on the draft GOHR, including its oral health countries profiles.

The expected outcomes of the meeting were a sharing of priorities, experiences and lessons learnt within the South-East Asia and Western Pacific regions; an updated draft GOHR; and a set of recommendations to strengthen collaboration among CDOs, WHO CCs and WHO.

1.1 Opening ceremony

Dr Myint Htain, General Secretary of the Myanmar Dental Association, welcomed the participants to the side event and meeting, giving an outline of the meeting's agenda, its objectives and expected outcomes.

Dr Thar Tun Kyaw, Permanent Secretary at the Myanmar Ministry of Health and Sports, gave the opening remarks. He described the recent transition of the healthcare system in Myanmar, which now combines health and sports under the leadership of Dr Myint Htwe, the Minister responsible. The Ministry of Health and Sports is coordinating and steering the delivery of all health services. He identified untreated tooth decay as the most prevalent disease in the region, followed by oral cancer and severe periodontal disease.

Dr Thar Tun Kyaw welcomed all participants, in particular the Chief Dental Officers and countries representatives from the WHO South-East Asia and Western Pacific regions, for attending the meeting and providing an overview of the oral health situation in the two regions. He wished all participants fruitful exchanges and declared the meeting officially open.

The meeting's official opening was followed by allocutions by Dr Aye Yee Maw of the ACDOM Organizing Committee; Dr Aung Naing Cho, WHO Myanmar; Professor Thein Kyu, president of the Myanmar Dental Association; and by representatives of the two institutions that provided financial support for the meeting: Mr Nigel Borrow from the Borrow Foundation, who outlined the support that the Foundation gave to WHO and countries worldwide, and Dr Bradley Christian, La Trobe University, who spoke of their work and challenged all to become advocates for oral health.

CDOs and country nominee from 22 countries participated in the meeting: Australia, Bangladesh, Brunei Darussalam, Cambodia, China (including Hong Kong Special Administrative Region (SAR)), Fiji, India, Indonesia, Japan, Malaysia, Myanmar, Nepal, Papua New Guinea, Philippines, Republic of Korea, Singapore, Sri Lanka, Thailand, Tonga, Vanuatu and Viet Nam (a full list of participants is in Annex 2).

In their self-introductions, participants outlined common issues and expectations, including the need for improved connection with local WHO offices, the neglect of oral health in general government health

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