

Advocacy in Action

THE ROLE AND VALUE OF INDUSTRY



Partnerships to achieve oral health for all

TABLE OF CONTENTS

Background	3
Executive summary	4
Introduction	6
What is oral health?	8
The burden of oral disease	9
The determinants of oral health	10
Industry contributions to addressing challenges and gaps in delivering oral health for all	12
Overcoming barriers and ensuring the sustained impact of multistakeholder collaborations	28
Recommendations and call to action	30
Acknowledgment	31
Glossary	32
References	36

BACKGROUND

This report was independently commissioned by FDI World Dental Federation (FDI). It was prepared based on a comprehensive review of existing literature and policy documents on the role of the private sector in addressing oral diseases and achieving universal coverage for oral health by 2030.

A series of interviews was also conducted to inform the report. These encompassed discussions with members of FDI's Vision 2030 Industry Action Group to gather industry insights, as well as with leading experts and key opinion leaders from the World Health Organization (WHO), academia, civil society, research, and industry.

The research process was conducted between August and December 2023.

Disclaimer: The report focuses in particular on the role of industry actors involved in the manufacture of oral care goods and services and the value they may bring to advance efforts to ensure optimal oral health for all. Additionally, it provides a global overview and perspective; regional and national nuances may not be exhaustively captured.

INTERVIEWEES AND CONTRIBUTORS

FDI Vision 2030 Industry Action Group

- Dr Gillian Barclay, Senior Vice President, Global Public Health and Scientific Affairs, Colgate-Palmolive
- Ms Ann Bruck, Director, Scientific Affairs and Education, 3M
- Mr David Kochman, Vice President, Chief Corporate Affairs Officer, Henry Schein
- Mr Elliot Langley, Senior Global Public Affairs Manager, Wrigley Oral Health Programme
- Ms Eleanor Newman, Director, Policy and Advocacy, Haleon
- Mr Jouko Nykänen, Senior Vice President, Planmeca

Key opinion leaders and external experts

- Ms Pam Clark, Former President, International Dental Manufacturers (IDM) and Manager, Cattani Australasia
- Ms Katie Dain, Chief Executive Officer, NCD Alliance
- Dr Christopher Fox, Chief Executive Officer, International Association for Dental, Oral and Craniofacial Research (IADR)
- Dr Benoit Varenne, Lead, Oral Health Programme, World Health Organization (WHO)
- Prof. Richard Watt, Co-Chair, Lancet Commission on Oral Health and Professor of Dental Public Health, University College London (UCL)

EXECUTIVE SUMMARY

The World Health Organization's (WHO) [Global Strategy on Oral Health](#) and [Global Oral Health Action Plan 2023–2030](#) (GOHAP) align with FDI World Dental Federation (FDI)'s [Vision 2030: Delivering Optimal Oral Health for All](#) (Vision 2030) in setting out an ambitious agenda for achieving universal coverage for oral health by 2030.

However, no single actor can address oral diseases effectively while working alone; without effective collaboration across different sectors and among different stakeholders, it will not be possible to achieve universal coverage for oral health.

Although recent policy initiatives underscore the need for private sector involvement and multistakeholder collaboration, persistent gaps remain in defining their specific roles in contributing to the global oral health agenda. In fact, there are as many opportunities to engage as there are types of private sector actors but limited guidance on how they can be engaged effectively, and in a sustainable way. This publication aims to support and guide both the efforts of the private and public sector actors towards achieving universal coverage for oral health by 2030.

Private sector is defined as entities that are neither owned nor directly controlled by government. For oral health, this includes professionals in private practice, pharmaceutical, medical, and oral care product manufacturers, educational and training institutions, oral health institutions and donors. This report focuses on industry actors who are involved in the manufacture of goods and services that promote oral health only. Such companies are key actors in the oral health space. They can and are making concrete and impactful contributions, leveraging their expertise and global capacity. On the other hand, the impact of industries that manufacture and promote unhealthy commodities remains concerning and is noted in this report.

This report aims to catalyze effective collaboration across various sectors and amongst different stakeholders to achieve universal coverage for oral health by 2030. To accomplish this, it:

- Describes the role and value of industry in the global oral health agenda.
- Highlights how industry, in particular by engaging in multistakeholder collaborations, can effectively help to achieve universal coverage for oral health by 2030.
- Suggests ways by which industry actors can effectively collaborate with public sector to reduce oral health inequalities and diseases burden.
- Presents evidence-based strategies for engaging industry actors and showcases examples of industry leadership in achieving universal coverage for oral health by 2030.
- Describes the lessons learnt in private sector engagement towards oral health goals.

This report finds that industry actors can bring specific added value depending on their expertise and resources to:

- Increase access to quality oral health services.
- Reduce health inequalities by prioritizing underserved populations.
- Deliver oral health promotion and prevention.
- Address shortages of appropriately trained professionals.
- Increase policymakers' understanding of oral health.
- Develop and deliver appropriate, quality, and affordable products and technologies.

The report emphasizes the importance of multistakeholder collaboration and partnerships for achieving optimal oral health for all. It:

- Identifies significant obstacles to harnessing industry's potential, including challenges involved in the development of meaningful engagement and perceived lack of trust between the public and private sectors.
- Delivers recommendations on how to overcome these obstacles to maximize the added value of industry engagement in multistakeholder collaborations.



In particular, FDI calls on national governments and other public sector actors involved in oral health to:

- Work with the industry to develop clear guidelines, frameworks and toolkits for private sector engagement and collaboration to promote oral health, based on the principles of transparency, the avoidance of real or perceived conflicts of interest, and accountability.
- Prioritize oral health within national health plans and strategies and recognize industry's potential to act as a trusted partner.
- Create and support data-sharing and joint research initiatives between public health authorities and industry entities to facilitate data collection, analysis, and evaluation, and encourage evidence-based policymaking.

In addition, FDI encourages industry actors to, where relevant:

- Observe, support, and engage with oral health policymakers at global, regional, national and local levels.
- Prioritize corporate social responsibility initiatives focused on improving oral health outcomes in alignment with global and national oral health objectives.
- Seek Memorandums of Understanding or other frameworks to formalize their collaboration with public and other relevant entities, in order to ensure the sustained impact of their initiatives, avoid real or perceived conflicts of interest, and foster transparency and accountability.
- Strive to reduce all negative commercial determinants of health.
- Ensure transparency and compliance with voluntary and legally binding policies and regulations related to healthy settings, the protection of vulnerable population groups, marketing, advertising, and sponsorship.



This report comes at a crucial time for global oral health.¹ Oral diseases represent an urgent public health challenge with far-reaching social, economic, and environmental impacts.^{2,3,4,5,6,7,8} Affecting almost half of the world's population, oral diseases are some of the most prevalent noncommunicable conditions worldwide.⁸ Toothache, which accompanies many of the major oral diseases, is consistently rated among the most intense pains, and oral disease impacts are often experienced on a repeated basis, resulting in serious physical, social and mental health consequences.⁸ The direct cost of oral healthcare causes financial strain directly on individuals and on health systems, as well indirectly through reduced participation in economic activities.⁸ Additionally the severity of the global burden of oral diseases is increasing, particularly in low- and middle-income countries (LMICs).^{8,9}

While it is generally accepted that oral health has historically been overlooked from a national and international health policy perspective – including being neglected in the global health agenda; the landscape is changing.¹⁰ Several recent initiatives have vitalized the global oral health policy space. In particular, the World Health Assembly's (WHA) 2021 [Resolution on Oral Health](#),¹¹ the first WHA resolution on oral health in 14 years, requested that oral health be embedded within the Noncommunicable Disease (NCD) and Universal Health Coverage (UHC) agendas. WHO's subsequent [Global Strategy on Oral Health](#)¹² contains six strategic objectives which have been translated into 100 specific actions for achieving oral health for all in the [Global Oral Health Action Plan \(2023–2030\)](#).²

WHO's Global Strategy and Oral Health Action Plan align with [FDI's Vision 2030: Delivering Optimal Oral Health for All \(Vision 2030\)](#)³ in recognizing the global burden of oral disease and providing a vision of universal coverage for oral health by 2030. Vision 2030 outlines how the oral health community can tackle actual and anticipated transformational changes that will confront dentistry and the oral health community over the next decade. It proposes strategies for how these challenges can be turned into opportunities to improve oral health, reduce oral health inequalities, and contribute to reducing the global burden of oral disease. Vision 2030 is organized around three pillars, each with a 2030 target.

FDI's Vision 2030 pillars and targets

Pillar 1. Universal coverage for oral health

By 2030 essential oral health services are integrated into healthcare in every country and appropriate quality oral healthcare becomes available, accessible, and affordable for all.

Pillar 2. Integrating oral health into the general health and development agenda

By 2030 oral and general person-centred healthcare are integrated, leading to more effective prevention and management of oral diseases and improved health and well-being.

Pillar 3. Building a resilient oral health workforce for sustainable development

By 2030 oral health professionals will collaborate with a wide range of health workers to deliver sustainable, health-needs-based, and people-centred healthcare.

However, no single actor can address oral diseases effectively while working alone; without effective collaboration across different sectors and among different stakeholders, it will not be possible to achieve universal coverage for oral health.¹³

The United Nations' Sustainable Development Goal (SDG) 17 recognizes effective partnerships as a key driver of health and sustainable development and calls for cooperation, collaboration and partnership between government, civil society, and business.¹⁴ The 2019 and 2023 United Nations High-Level Meetings (UN HLM) on Universal Health Coverage (UHC)¹⁵ similarly recognized the "private sector" as 'relevant global development and health actors', noting that the private sector could 'support national efforts towards achieving universal health coverage.'¹⁵ In 2020, WHO's advisory group on the Governance of the Private Sector Engagement for UHC released a new strategy acknowledging 'a strong imperative to find ways to effectively harness the public and private sectors to achieve the SDG health goals and targets, including UHC.'¹⁶ Finally, the WHO Global Oral Health Action Plan's 100 actions are assigned to various stakeholders, including the private sector.

That said, while recent policy initiatives underscore the need for private sector involvement and multistakeholder collaboration, persistent gaps remain regarding their precise role in achieving oral health goals. Specifically, the role of the private sector involved in the manufacture of goods and services that address oral health (hereafter referred to as 'industry') has not been documented systematically or in a comprehensive way, literature and policy documents often limit themselves to problem statements without exploring concrete solutions.

The goal of this publication is to describe how industry, especially by engaging in multistakeholder collaborations, can effectively help accelerate the delivery of optimal oral health for all. It presents evidence-based solutions to inspire relevant industry and public sector actors and showcases examples of industry leadership in supporting the delivery of oral health for all. In describing how industry can effectively help accelerate the delivery of optimal oral health for all, the report aims to contribute to effective collaboration and partnerships across public and private sectors and amongst different stakeholders.

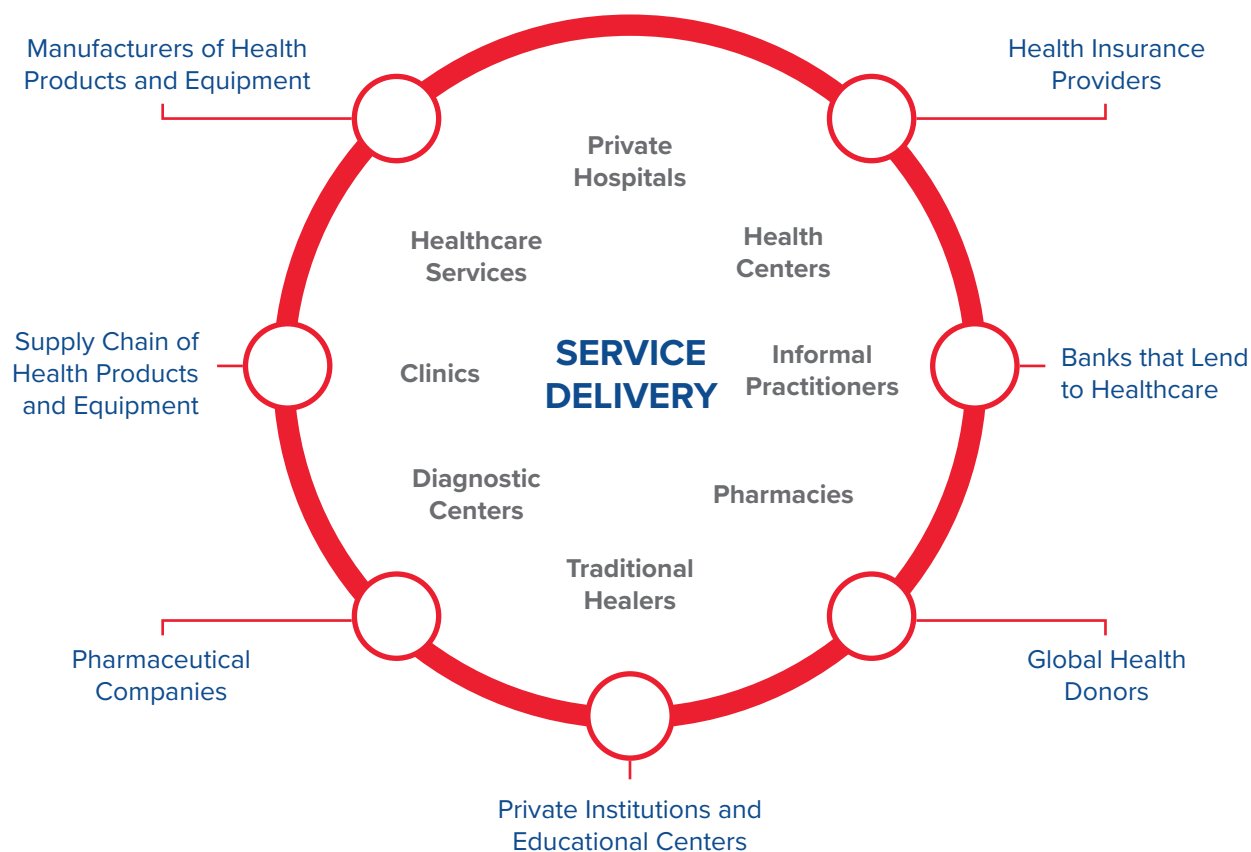


Figure 1. Health Related Private Sector

According to WHO, the private health sector consists of "individuals and organizations that are neither owned nor directly controlled by governments and are involved in provision of health services". The private sector can be classified in many ways. For example, we can separate them into those 'for profit' and 'not for profit', or describe them as 'formal' and 'informal'. As such, the private sector for oral health includes all private actors within the oral health workforce (e.g., dentists, periodontists, hygienists), pharmaceutical and medical product manufacturers, educational and training institutions, oral health institutions and donors.¹⁷ **To ensure a thorough analysis of their role, this report addresses the industry actors who are involved in the manufacture of goods and services that address oral health only.**



WHAT IS ORAL HEALTH?

Oral health is indivisible from general health and well-being, it varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential.

FDI definition of oral health

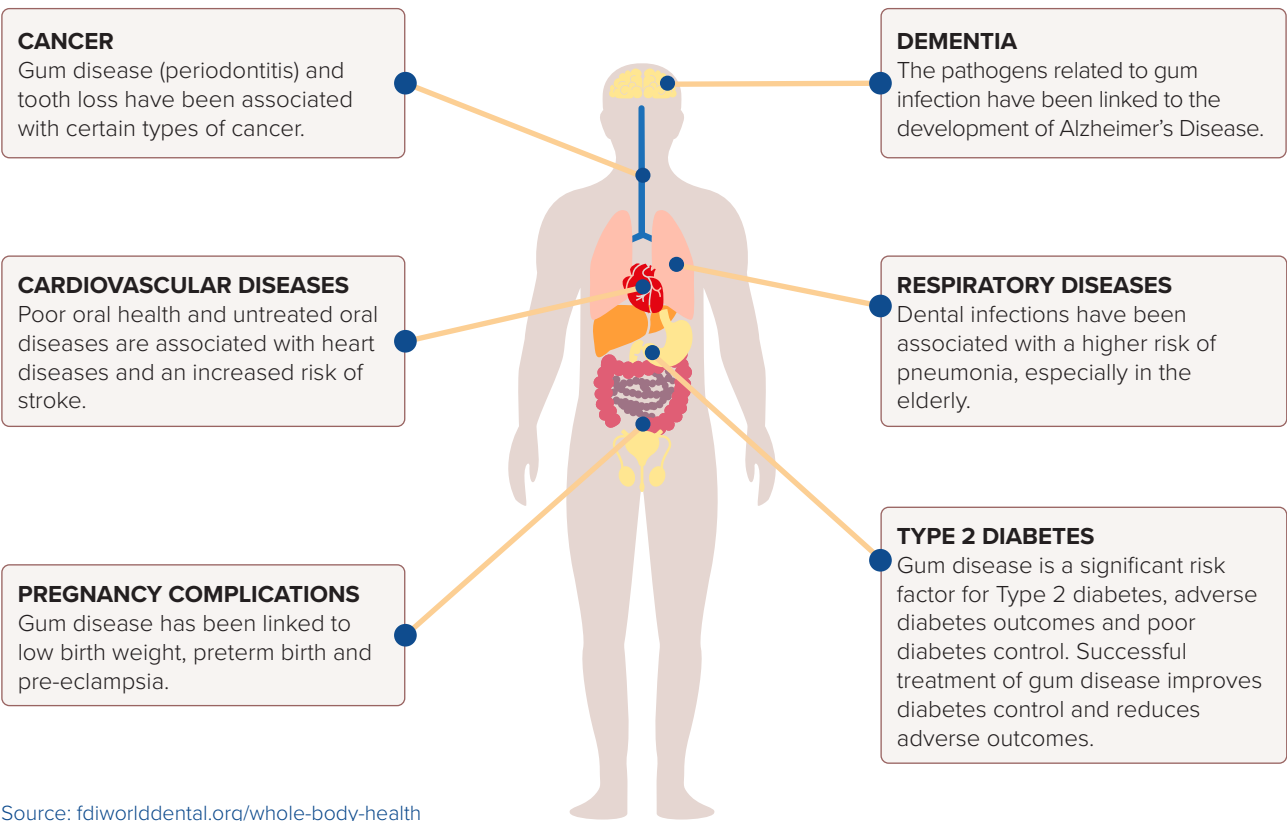
Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex (head, face, and oral cavity).

Oral health is a key indicator of overall health, well-being and quality of life.

Oral diseases encompass a range of diseases and conditions that include dental caries, periodontal (gum) disease, tooth loss, oral cancer, oro-dental trauma due to accidents or traumatic incidents, necrotizing diseases such as noma, and birth defects such as cleft lip and palate. Oral health both impacts and is impacted by general health. Oral diseases share common risk factors with, and contribute significantly to, the NCD burden.⁸ In addition, there is growing evidence that periodontitis, which is the severe form of gum disease, has associations with diabetes, cardiovascular diseases and over 50 other NCDs.⁷

Most oral health conditions are largely preventable and can be treated in their early stages.¹⁸ Many clinical and population-based interventions are available, and integrated programmes for the prevention of oral diseases and promotion of good oral health exist and are cost-effective. Practicing a good oral hygiene routine and reducing risk factors combined with regular oral health check-ups are important to maintaining overall quality of life and well-being.¹⁹

Poor oral health can be the result, as well as the cause, of poor general health.



Source: fdiworlddental.org/whole-body-health



THE BURDEN OF ORAL DISEASE

Oral diseases are a global public health challenge with far-reaching social, economic, and environmental impacts. According to WHO’s 2022 Global Oral Health Status Report,⁸ oral diseases affect around 3.5 billion people globally, almost half of the world’s population. Since 1990 – the first-year oral disease data was available for overall comparison – oral diseases have remained some of the most common conditions globally.⁸ Furthermore, due in part to the changes in demographic profiles, including the ageing population, the cumulative burden of oral diseases and conditions has increased significantly: the number of people with untreated oral conditions increased from 2.5 billion in 1990 to 3.5 billion in 2019. Between 1990 and 2019, the estimated case numbers of oral diseases grew by more than 1 billion, representing a 50 per cent increase, higher than the population increase of about 45 per cent during the same period. In LMICs, the burden is increasing significantly.⁸ According to a recent Economic Impact report, even in Western Europe, “a region which offers some of the most advanced healthcare services to the general public,” progress on oral diseases appears stagnant.⁷

The global burden of oral disease and conditions is an urgent public health challenge with social, economic, and environmental impacts.

The burden of oral disease includes direct financial strain on individuals, alongside social consequences such as stigma and mental health implications. Out-of-pocket dental treatment costs are often some of households’ highest health expenditures, exacerbating health issues and contributing to poverty.^{8,9} The cost of oral healthcare puts financial strain on health systems and has indirect economic consequences through reduced economic participation.⁸

While oral diseases affect various age groups differently, most are chronic, progressive, and cumulative, affecting individuals and populations across the entire life course and impairing different population (sub-)groups in specific ways.⁸ Oral diseases are often experienced on a repeated basis, resulting in physical, social, and mental consequences (Figure 2). Toothache, which accompanies many of the major oral diseases, is a common individual experience and is consistently rated among the most intense of pains.^{8,20} Severe and untreated oral diseases can also negatively affect employment opportunities and reduce productivity, as well as impact on self-confidence and self-esteem, often leading to reduced social interaction, isolation or even stigmatization.⁸

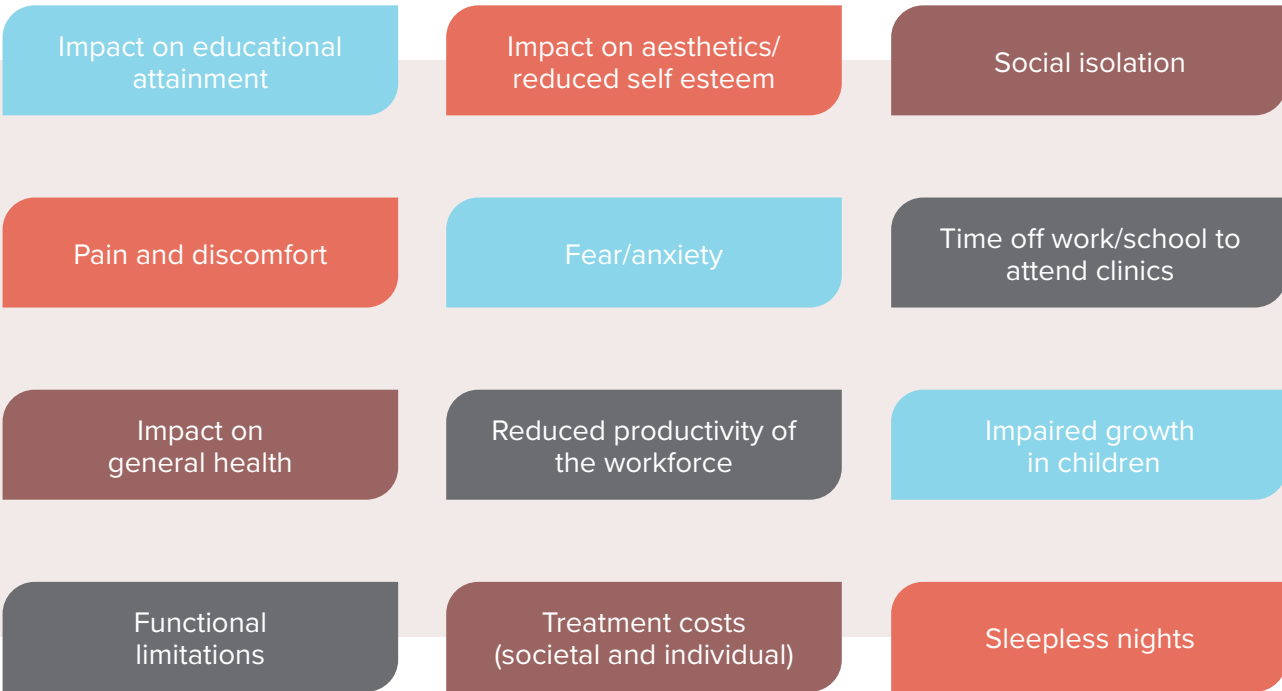


Figure 2. Selected impacts of oral diseases. From: WHO. Global Oral Health Status Report. Geneva: WHO; 2022. p.22



THE DETERMINANTS OF ORAL HEALTH

Oral health disparities exist both between and within countries, disproportionately impacting poorer countries, and vulnerable members of society.⁸ The burden of oral diseases is driven by the determinants of oral health, including the oral health system and wider social and commercial determinants (Figure 3).^{3,4,8}

The oral health system encompasses all the organizations, institutions, peoples, and actions whose primary intent is to promote, restore or maintain oral health.²¹ Under WHO's health system building blocks framework, the oral health system can be said to include the public and private sector actors involved in oral health leadership and governance structures, oral health service delivery, oral health system financing, the oral health workforce, oral health-related medical products, vaccines and technologies, and oral health information systems.²²

The oral health system has an important influence on the quality and structure of the delivery of dental care. Most oral health systems are mixed systems, meaning goods and services are provided by both the public and private sector. Indeed, oral healthcare is delivered in a wide variety of public and private settings (within teaching and general hospitals, in private single-dentist or multi-dentist practices or by public dental (only) services).²³ That said, even in more characteristically "public" health systems, privately owned dental practices are, by a considerable margin, the most common setting for dentistry. Also, with 69 per cent of the world's dentists serving 27 per cent of the global population, there are risks of simultaneous over- and undersupply of oral healthcare.²⁴ While population-to-dentist ratios are blunt instruments – particularly as they do not capture auxiliary provision, they do highlight existing global disparities.²⁴ Having a well-trained workforce, and "the right staff in the right place", remains key.

Oral health systems are still largely based on a medicalized and interventionist clinical model, rather than a primary care model where oral healthcare is integrated into primary healthcare system. On top of the oral health system, oral health outcomes and disease burden are driven by the wider social determinants for oral health,^{3,4,8} which can include:

- Structural determinants beyond the oral health system (meaning the socioeconomic, political and environmental context), including macro-economic policies; social and welfare policies; trade policies; overseas development policies, including development and health related aid; globalization or urbanization.
- Intermediate determinants (social position and circumstances) can include an individual's social position (including social class, income, education, gender, or ethnicity) and circumstances (including material circumstances, social relationships, psychosocial factors, health service availability or use, or environmental settings).
- Other so-called 'proximal' determinants, including diet, alcohol consumption, tobacco use, physical activity, and hygiene.

For example, in many high-income countries (HICs), intervention-focused oral health systems struggle to address root causes and underserved populations, meaning communities that receive less than adequate healthcare services due to social, economic, cultural, and/or linguistic factors, such as a lack of familiarity with the healthcare delivery system or living in locations where providers are not readily available or physically accessible. Underserved populations can include children, the elderly, or socioeconomically disadvantaged populations.

In many LMICs, coverage, availability, and access to oral healthcare — including early diagnosis, prevention, and basic treatment — are sometimes inadequate or simply absent. According to WHO, three quarters of people affected by oral diseases live in lower- and upper-middle income countries, followed by 16 per cent in high-income countries and 9 per cent in low-income countries.⁸ No matter the economic situation of a country, the number of people affected by oral diseases have significantly increased between 1990 and 2019.⁸

A category of determinants gaining increasing attention, and relating to the private sector, is the new field of commercial determinants of health. This refers to "corporate-sector activities that affect people's health positively or negatively."²⁵ This can include political and economic power and influence, lobbying to influence policy, corporate social responsibility strategies, targeted and tailored marketing and promotion strategies, influence on research agendas, influences on social norms and local policies, media influence to distract attention and cause confusion, and influence on consumers' choices and behaviours.

Commercial determinants of health

Commercial determinants of oral health are a key social determinant, and refer to the conditions, actions and omissions by commercial actors that affect health. Commercial determinants arise in the context of the provision of goods or services for payment and include commercial activities, as well as the environment in which commerce takes place. They can have beneficial or detrimental impacts on health.

This is especially significant in oral health with the sugar industry and [FDI's new Position on Free Sugars](#) outlines key principles to address this global public health challenge.

FDI. [Policy Statement: Social and Commercial determinants of oral health](#). September 2023.

However, there is a need to distinguish between companies and sectors related to unhealthy commodities and those involved in personal oral hygiene and self-care. Whereas corporations from the tobacco, alcohol and unhealthy food and drinks industries (particularly those producing foods high in sugar, salt and fat and sugar-sweetened beverages), often with transnational or global reach, promote products that are detrimental to population health, particularly in the areas of oral health and other NCDs, the commercial promotion of fluoride toothpaste and other personal oral hygiene products has an overall positive impact on oral health. Also, some companies support efforts to increase access to oral health but manufacture both products that promote oral hygiene and self-care and those that are detrimental to health. Partnerships with such becomes challenging.⁸

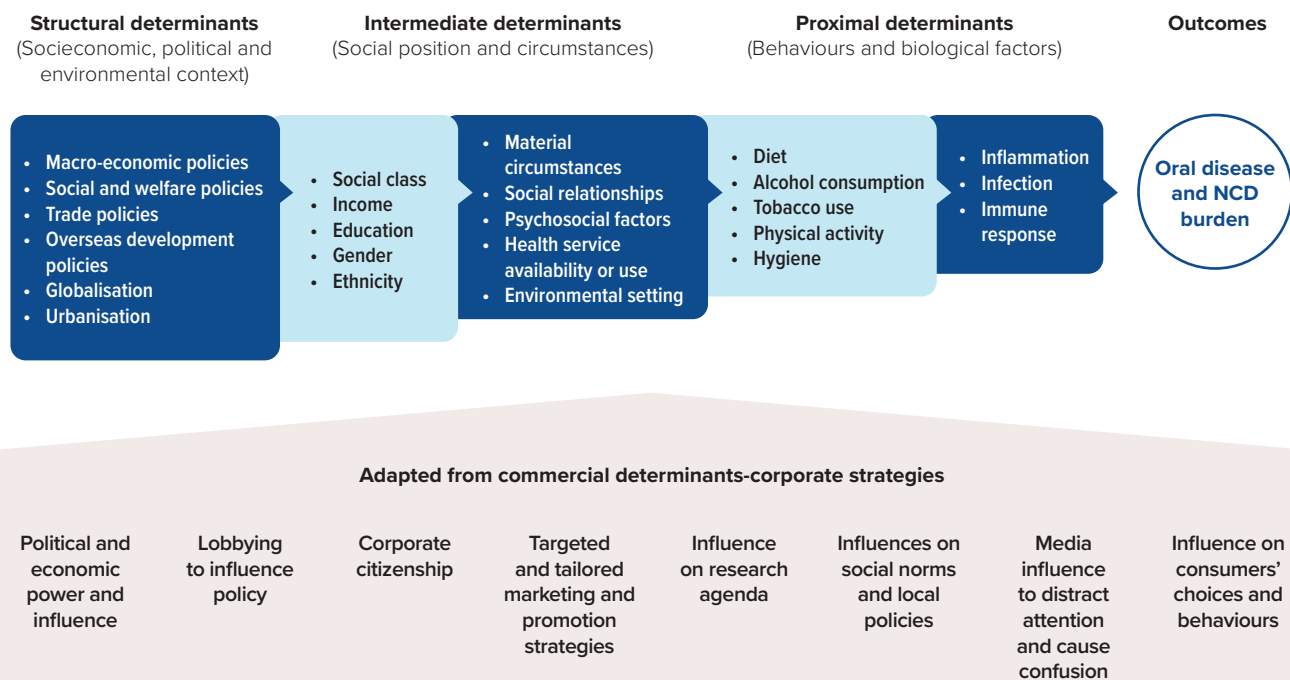
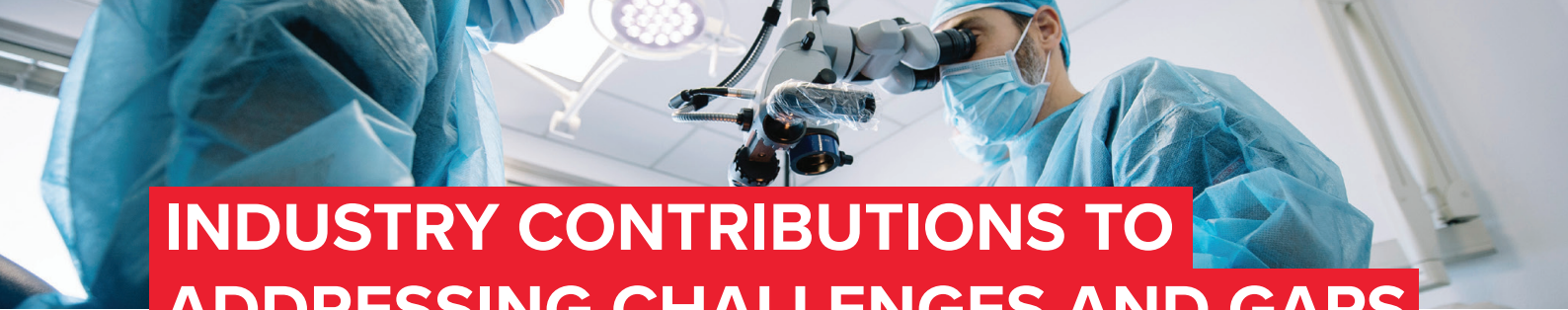


Figure 3. Determinants of Health. From: Glick M, Williams DM, Ben Yahya I, et al. Vision 2030: Delivering Optimal Oral Health for All. Geneva: FDI World Dental Federation; 2021, cited as 'Social and commercial determinants, reproduced with permission from The Lancet. Peres MA, Macpherson LM, Weyant R et al., Oral diseases: a global public health challenge. Lancet. 2019;394:249260.



INDUSTRY CONTRIBUTIONS TO ADDRESSING CHALLENGES AND GAPS IN DELIVERING ORAL HEALTH FOR ALL

Progress towards achieving the global oral health goals and targets set out in the global oral health agenda is faced with significant and overlapping challenges. Many of these challenges are set out in both FDI's *Vision 2030: Delivering Optimal Oral Health for All*³ and in WHO's *Global Oral Health Status Report*.⁸ They include shortages of oral health personnel, barriers to affordability, the need to emphasize prevention and integrate oral health into primary care systems, a lack of physical access to care, of data on oral health, of political prioritization and chronic underfunding more generally. Indeed, there is currently no country in the world where the public sector has the financial resources, trained personnel or infrastructure needed to provide acceptable levels of oral healthcare to its entire population.^{3,8}

Public and private sectors need to be synchronized to help address these challenges and, within this, industry actors also have a role to play. In fact, there are as many opportunities for industry actors to contribute to achieving optimal oral health for all as there are types of actors. Each has a specific added value depending on their expertise and resources. Such contributions can take multiple forms, including direct dental care delivery, oral health literacy and education programmes, awareness-raising and advocacy campaigns, product or financial donations and contributions to research. For example, whereas companies manufacturing a high volume of prevention products (such as fluoride toothpastes) might be more enthusiastic about different prevention activities such as product giveaways; low volume manufacturers of orthodontic or dental devices can engage by ensuring their products are accessible and appropriate in low-infrastructure settings.

Also, the role of industry actors in the development and scaling up of new technologies that enhance precision, care delivery and improve patient outcomes remains important. When properly structured, such technologies can also reduce both healthcare system costs while mitigating health provider workloads.

Using WHO's Health Systems Framework^{22,26} (Figure 4) this section sets out specific challenges and the role and value of industry in contributing to overcoming these challenges for each of the six interrelated health system "building blocks": service delivery for oral health; the oral health workforce; oral health information; oral health-related medical products, vaccines and technologies; oral health financing; and oral health leadership/governance.

The WHO health system framework

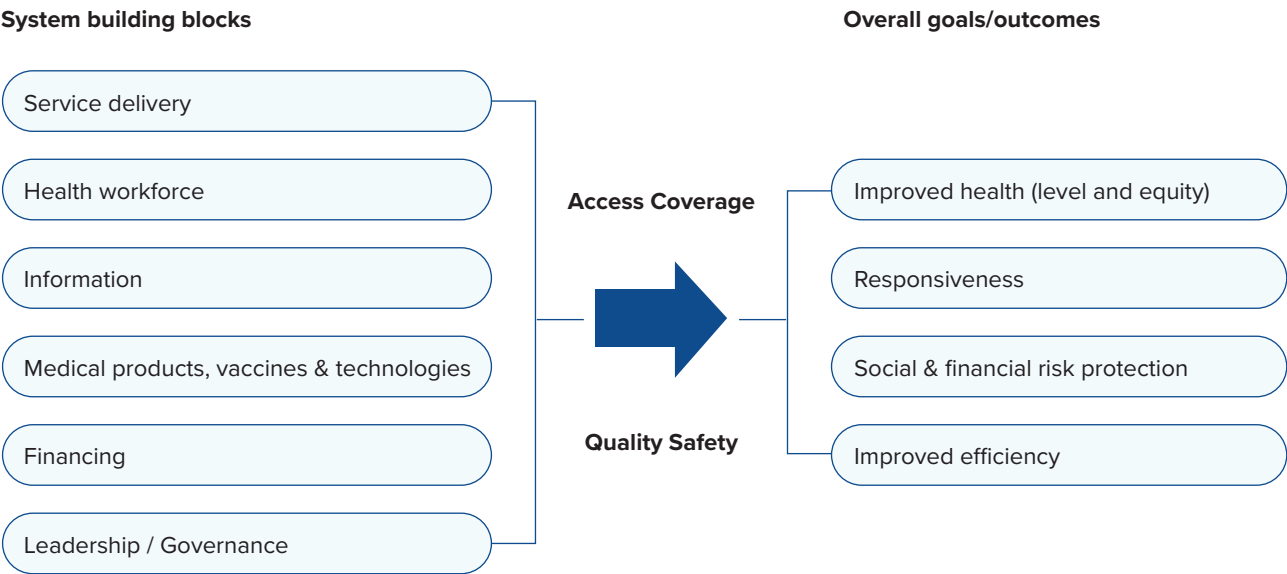


Figure 4. The WHO Health System Framework. From: WHO. *Everybody's Business: Strengthening health systems to improve health outcomes—WHO's Framework for Action*. Geneva: WHO, 2007, p. vi.

1. Service delivery for oral health



Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.

WHO. Everybody's Business: Strengthening health systems to improve health outcomes – WHO's Framework for Action. Geneva: WHO, 2007, p. vi.

Challenges: Ensuring equity through an appropriate care model

Most health systems are designed to deliver services rendered in response to illnesses rather than preventing illness or enhancing well-being. For dentistry, making the shift from care delivery models that emphasize intervention to ones that recognize the importance of the whole continuum of care, requires strengthening policies that focus on oral disease awareness and prevention, and looking beyond the traditional oral health workforce to the role of multiple stakeholders including individuals, communities, other sectors of government and industry actors.

As with other NCDs, inequalities remain widespread, not only in oral health outcomes but also in access to oral healthcare services. In many parts of the world, coverage, availability, and access to oral healthcare – including early diagnosis, prevention, and basic treatment – are grossly inadequate or completely lacking, including in HICs.⁸

More generally, ensuring access to vulnerable and underserved populations, in rural contexts or for persons with special needs (e.g., older people, people with disabilities), requires overcoming barriers such as inadequate transport systems, a lack of appropriate technologies or appropriately trained personnel.

Vulnerable population definition

Persons who are at a higher risk of disparity in health care due to their general condition or state such as being a member of ethnic, religious, or linguistic minorities, children, elderly, socioeconomically disadvantaged, underinsured or those with certain medical conditions. Members of these vulnerable populations often have health conditions that are exacerbated by inadequate healthcare.

FDI World Dental Federation. Access to oral healthcare for vulnerable and underserved populations: Adopted by the General Assembly: September 2019, San Francisco, United States of America. *Int Dent J.* 2020 Feb;70(1):15-16.

The role and value of industry

Building global public capacity to deliver oral healthcare requires time, especially considering political attention to the issue is still in its early days. In the meantime, industry led initiatives can aim to bridge that gap and deliver oral health to underserved populations. The ability of these initiatives to impactfully reduce health inequalities is dependent on efficient multistakeholder collaborations, and harnessing the individual strengths and added value of the variety of actors.

Existing collaborations often involve industry actors providing funding, products, and technical support; national dental associations or other specialist groups supporting connections on the ground and providing expertise; and nonprofits facilitating access to communities and providing organizational support. In addition, other collaborations may involve industry supporting medical-focused initiatives to introduce an oral health component. Such programmes have proven to have long-lasting impact especially when national governments are also involved in identifying relevant gaps and needs in their countries. Indeed, the endorsement of national governments also allows for easiest scaling-up of projects and initiatives.

At the same time, it is important to recognize that for certain populations (namely vulnerable populations) access to care will be more challenging.²⁷ Accordingly, strong, and robust policies must be in place to ensure that such populations can access care either via the public or private dental sector.

Case study 1: **Smile Train**

Orofacial clefts are some of the most common human congenital malformations and they manifest as malformations of the face and mouth. They may involve the cleft and/or palate to varying degrees. They affect approximately 1 in 1000–1500 newborns globally, and more than 90 per cent of cases occur in LMICs.⁸ Life can be challenging for children born with a cleft lip or palate. Besides social stigma, untreated clefts affect people's ability to eat, breath, hear and speak.

In 2018, Haleon (formerly GSK Consumer Health) entered a partnership with the nonprofit organization - Smile Train. Together, they have made a tremendous difference for Smile Train's partner cleft teams and for cleft-affected families in 89 countries around the world.

Funding provided by Haleon has:

- Helped 45,000+ patients, including sponsoring non-surgical comprehensive cleft care treatments, such as nutritional support, dental care, and speech services, for more than 7,500 children in need.
- Supported hospital transportation and food for 23,000+ patient families to ensure nothing comes between children with clefts and the care they need.
- Established toll-free cleft care hotlines in India and Nigeria, breaking down the barriers to healthcare access by connecting people with clefts to the treatment they need, even in the most remote areas, and even while in lockdown.
- Subsidized the education of more than 3,900 local cleft professionals, including surgeons, anaesthesiologists, nurses, dentists, speech therapists, nutritionists, and ear, nose, and throat doctors, across 82 countries.

Haleon has further featured Smile Train in in-store campaigns across multiple markets globally. They have also introduced Smile Train's lifesaving work and sustainable model to dental conferences around the world, giving them a seat at the table with major dental organizations. With FDI, Smile Train launched Oral Health in Comprehensive Health Guidelines, educational resources, and Massive Open Online Courses for oral health professionals.

Why is this initiative an example of best practice?

Smile Train allows for the pooling of financial resources and combines capacity building for health professionals, partnership with local hospitals and direct medical interventions (supporting cleft surgeries) to strengthen healthcare infrastructure around the world and ensure sustained access to essential cleft surgeries and care. According to an impact report published in March 2023, Smile Train teams have performed more than 1.5 million surgeries across over 75 countries.



2. Oral health workforce

“ A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e., there are sufficient staff, fairly distributed; they are competent, responsive and productive).

WHO. Everybody's Business: Strengthening health systems to improve health outcomes – WHO's Framework for Action. Geneva: WHO, 2007, p. vi.

Challenge: Shortages of appropriately trained oral health professionals

Serious shortages of appropriately trained dental or oral health personnel constitute a significant barrier to the goal of oral health for all. The number of dentists and other trained oral health professionals that are available is lower than almost any other health professional in any country. However, not only are there very few dentists in the world when compared to other healthcare professionals, but there is large inequality in spread.^{28,29}

There are also issues around dental education and training. Limited evolution in dental training principles has maintained an emphasis on interventionist and reactive paradigms, chairside curative approaches and high-technology interventions over more proactive, preventive approaches, further hindering the shift to prevention.^{8,30}

Despite surges in private dental schools in many middle-income countries, issues around their training, compounded by a brain drain and internal variations in dentist-to-population ratios, does not offer much hope for progress.

The role and value of industry

Addressing shortages necessitates public investment and oral health workforce planning in alignment with populations' needs, as outlined in [WHO's Global Strategy on Human Resources for Health](#) and in FDI's [Vision 2030](#), as well as educating and empowering health workers to provide the oral health services that populations need, as outlined in [WHO's Global Competency and Outcomes Framework for UHC](#). Until this investment and planning is effective, industry actors can contribute to addressing that gap by providing training and educational support for oral health professionals, for example by funding scholarships or providing materials for dental schools. Specifically, providing training and educational opportunities to persons who might have difficulties in accessing "traditional" medical studies (e.g., persons from minority groups or from lower socio-economic backgrounds) can contribute to reducing health inequalities and increase presence of trained professionals in usually underserved communities. Industry actors can develop individual initiatives or pool resources to provide scholarships and such engagement should happen in consultation and alignment with governments and other educational institutions, to avoid conflicts in priorities and the inadvertent reinforcement of inequalities.

Industry actors can also build the evidence for the effectiveness of new models of care delivery. Telehealth combines interactive tools, telecommunications, and healthcare to address both long- and short-term health needs. When properly structured, it can minimize oral healthcare disparities, improve access to professional advice, and shorten the treatment duration without any compromise in quality.³¹ Noting the global shortage of healthcare professionals and that 96.7% of the world's population lived within reach of a cellular network, WHO has developed guidance on delivering disease prevention and management information through mobile technologies. In 2021, it published "[Mobile technologies for oral health: an implementation guide](#)" which describes how mobile and wireless technologies can support health objectives, including providing healthcare support to patients or technical support to health service providers in a direct, cost-efficient, and engaging manner to prevent and control oral diseases.³² Industry actors are already playing a key role in developing and deploying urgently needed teledentistry solutions.



Case study 2: Talk to a Dentist

A global survey of adults in need of oral health services once showed that while 82% of people in high-income countries have access to oral health services, that figure plunges to just 35% in low-income countries.³³ A chronic shortage of formally trained dentists and the difficulty of getting professional dental care in rural areas, combined with prohibitively high costs, means that visiting the dental clinic is too often delayed. As a result, too many people lose teeth to decay, which could have been avoided.

Through #TalkToADentist, Unilever's Pepsodent and P/S brands are providing teledentistry services in Indonesia, Bangladesh, Ghana, and Vietnam. These services help tackle barriers such as cost, distance, and dentist availability on a vast scale. People can check in with a dentist digitally via video call, WhatsApp, or live streaming on Facebook, all completely free of charge.

The service can be used to speak to a dentist who can help identify the causes of an oral issue and provide professional advice to address the problem at home, where possible. If at-home care is not suitable, the patient is given advice about how to seek professional help at a clinic.

Why is this initiative an example of best practice?

#TalkToADentist builds on the successful use of digital technology to educate children and their families. Communities that are often neglected continue to access care through #TalkToADentist. In its second year, and through their World Oral Health Day 2023 Global campaign 'Now everyone can #TalkToADentist', Unilever continued its mission to tackle oral health inequalities. Pepsodent has set out to give over 200 million people the opportunity to access professional oral health advice through its free Teledentistry service and provided dental check ups for communities with limited access to dental professionals.

OUR BIG IDEA

Pepsodent

Driven by this belief, we have set out to bring 200 million people to their first dental visit through Teledentistry.

It's free, convenient and means that everyone can access expert advice wherever they are, from the comfort of your own home. We also offer free dental check ups for communities where Teledentistry is not yet available. Be part of the movement.

Now Everyone Can,

#TalkToADentist

3. Oral health information

“ **A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.**

WHO. Everybody's Business: Strengthening health systems to improve health outcomes—WHO's Framework for Action. Geneva: WHO, 2007, p. vi.

The gaps in oral health information systems are linked to two main challenges: limited oral health literacy and inadequate oral health data.

Challenge: Limited oral health data collection

The lack of political awareness and prioritization has been linked to a lack of systematic data collection on the burden of oral disease and especially the resulting socioeconomic cost, as well as lack of evaluation of the impact of poor oral health on general health and quality of life.

Partly due to oral health's lack of integration into general health systems, national level data collection on oral health and the impact of oral health disease has historically been limited and unsystematic.^{3,8} This is particularly true in LMICs. In turn, understanding of the impacts of poor oral health, be that in terms of comorbidities, patients' quality of life or economic burden, is much more limited than in other areas of health. One central issue is that if a country measures primary health outcomes, but does not include oral health in primary health, oral health and oral diseases are not measured systematically, and data is not extensively gathered.

As such, it appears that governments and policymakers are not fully aware of the impact of oral diseases, both on general health and on the economy, which limits their drive to act. This, coupled with the fact that many public health systems are struggling and in the face of fiscal pressures on governments and patients, leads to a tendency to prioritize other forms of health over oral health.

The role and value of industry

Multistakeholder collaborations between dental associations, and industry actors have aimed at addressing the information gap by launching data collection campaigns in selected practices. Dentists can be trained and commissioned to administer questionnaires to generate data on their clients' oral health behaviours, and needs. However, public sector involvement would be needed to scale up similar initiatives and ensure wide-range data collection to guide public action.



Case study 3: Oral Health Observatory

FDI's Oral Health Observatory (OHO) is a global initiative involving countries from around the world: China, Colombia, India, Italy, Japan, and Lebanon.

Initiated in 2014, its purpose is to collect and analyze standardized data on oral health behaviours, healthcare needs, and the impact of oral health on quality of life globally. Data collection is done through an app and online questionnaires targeting dental practitioners and patients.

For example, in India, data collected through the OHO revealed that only a low percentage of the population brushes their teeth twice daily (45%) and showed a high consumption of sugary food daily (32%), highlighting the critical need for improved oral health awareness in the region. Post data collection, workshops were organized with the government, national dental associations and WHO representatives, to identify key advocacy topics and drive better oral health. Similar workshops were run in Colombia, and the project is focusing on China as a next priority.

The OHO project is an ongoing initiative, with the app and online questionnaires still widely available for data collection, and data collection still active in all of the mentioned countries except Japan (where data collection has been completed). Data collection in Kenya, Poland, and Tanzania is also being planned.

Why is this initiative an example of best practice?

The collaboration between FDI and Haleon highlights the role of multistakeholder partnerships in swiftly addressing identified deficiencies. In particular, the absence of comprehensive data regarding oral health and burden of oral disease, is widely acknowledged as impairing the understanding of oral health issues, often resulting in a lack of public action. In response, FDI and Haleon have initiated the OHO project to bridge this knowledge gap and promote awareness. Public intervention in support of such private sector partnerships are the necessary next steps to scale up these initiatives at national or international scale.



Case study 4: **Integrated Electronic Health Records (IEHR)**

Electronic health records (EHRs) are vital for oral healthcare as they enable a seamless integration of patient information, treatment history, and diagnostic data. By leveraging EHRs, dentists and dental teams can enhance coordination, improve treatment outcomes, and provide personalized care tailored to each patient's oral health needs.

IEHRs have emerged as a fundamental tool, digitally storing patients' medical history, and facilitating access across diverse healthcare settings. Leveraging this technology to its fullest potential can significantly enhance the overall quality of health care and drive impactful research. It can also foster interprofessional collaboration through sharing of information across healthcare settings, leading to better continuity of care, more accurate diagnoses and timely interventions for better patient outcomes.

FDI, in collaboration with Henry Schein, is launching a new project focused on IEHRs in dentistry. The new initiative aims to effectively understand the requirements of end-users regarding integrated dental medical EHRs by actively engaging with professionals and researchers in the field of dentistry and medicine to establish base level fields of information sharing for a systemic health approach to patient care. The outcomes of this engagement will form the foundation for developing a recommended set of oral health indicators, ensuring that integrated EHRs comprehensively capture the necessary oral health data for optimal patient care and groundbreaking research.

The project further aims to provide guidance on the regular collection of data by dental healthcare providers to facilitate comprehensive healthcare, with the goal of promoting interprofessional collaboration and ultimately enhancing the overall well-being of patients.

Get the latest updates on this initiative as they become available [here](#).



Challenge: Limited oral health literacy

Increasing oral health literacy – an individual’s knowledge of how and why it’s important to take care of your own oral health – is a persistent challenge, as populations might not seek routine preventive services because they do not understand its value. Lower health literacy is strongly associated with socio-economic drivers and has been linked to problems with the use of preventive services, delayed diagnoses of medical conditions including NCDs, and increased mortality risks.³⁴

The role and value of industry

In oral health, selfcare and regular toothbrushing with fluoride toothpaste in particular, is an integral part of preventing oral disease. Industry actors producing such selfcare products have a key role to play in improving individuals’ health literacy by educating on correct preventive habits.

Educational programmes targeting all ages can contribute to promoting the uptake of good habits especially from a young age by children. These programmes are most successful and of most added value when they take the form of collaborations between stakeholders, ensuring different expertise and resources can be leveraged.

Case study 5: Bright Smiles Bright Futures

The Bright Smiles Bright Futures programme was initiated by Colgate-Palmolive in 1991. It focuses on delivering free oral health education and dental care to underserved communities around the world, with activities in over 80 countries, such as the United States, Mexico, the Philippines as well as countries in sub-Saharan Africa. Colgate-Palmolive leads this initiative, providing funding, resources, and organizational structure.

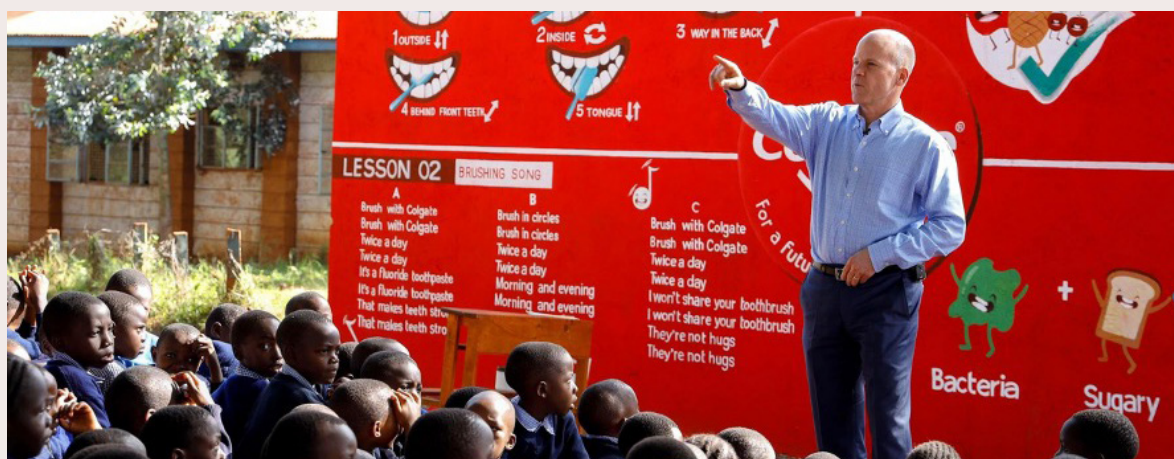
The Bright Smiles Bright Futures programme delivers oral health services through various channels, including mobile dental vans and online platforms. With these activities, Colgate seeks to initiate a modal shift in the delivery of dental services by bringing dentists to people, rather than waiting for people to go to the dentist.

The programme also focuses on prevention, promoting health literacy through a multicultural dental education curriculum freely and readily available on Colgate-Palmolive’s website.

Why is this initiative an example of best practice?

As Colgate aims for the activities under the Bright Smiles Bright Futures to be long-lasting and respond to an identified need, partnerships with public sector entities are always created at country level, notably with Ministries of Education and Ministries of Health. For example, Colgate-Palmolive has been working with the Mexican Government since 2017 to deliver oral health education and toothbrushing kits to 1.2 million school children in Mexico City. The Mexican government is now seeking to extend the programme’s reach to more Mexican municipalities.

Recently, the Bright Smiles Bright Futures programme has extended its focus to rethinking oral care services delivery. For example, in sub-Saharan Africa, Colgate has collaborated with national governments and national dental and nursing associations to develop a training curriculum for nurses in oral health promotion and prevention.



Case study 6: Smile Around the World

Smile Around the World (SAW) is an educational initiative that was supported by 3M Oral Care in China. The programme educated Chinese schoolchildren on preventive oral health measures and was designed to teach good oral hygiene to young children who had limited access to oral healthcare, through cultural and educational programmes that were engaging and entertaining.

Carried out in partnership with FDI and the Chinese Stomatological Association, the programme sought to increase oral health knowledge and skills among students, while teachers were provided with key messages on oral disease prevention.

The SAW programme involved well over 3,000 elementary schoolchildren and 90 teachers in the Chinese provinces of Ningxia, Yunnan and Shaanxi, along with 115 volunteer oral health professionals.

Programme activities included:

- Dentists and teachers using teeth models to demonstrate proper toothbrushing techniques to children.
- Children practicing toothbrushing in groups and checking each other's results using a "Healthy Smile Happy Smile" booklet.
- Children sharing the seven steps to healthy teeth with their parents, as homework.
- Children drawing their image of an ideal smile.

After the programme was completed, 99.1 per cent of children said they believed it is very important to brush their teeth every day, and the number of children who said they were brushing their teeth twice daily increased by 20 per cent. About 3,614 children were impacted positively through the project.

Why are these initiatives example of best practices?

Developing good habits at a young age is the way to grow a generation of people who care about their dental health and running education programmes to achieve this is a documented best practice. Programmes such as the Bright Smiles Bright Futures or Smile Around the World stand out as highly effective initiatives on a global scale for promoting prevention, educating on oral health, and delivering oral health services. They exemplify positive multistakeholder partnerships developed to leverage the skills, knowledge and resources of industry actors to fill gaps and needs identified by governments themselves.



4. Oral health medical products, vaccines and technologies



A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.

WHO. Everybody's Business: Strengthening health systems to improve health outcomes – WHO's Framework for Action. Geneva: WHO, 2007, p. vi.

Challenge: ensuring equitable access to essential products

For many, essential oral health products and technologies are either unaffordable or simply not available. For example, while fluoride toothpaste was recently included in WHO's List of Essential Medicines, a recent study found that it was "strongly unaffordable" in lower middle-income and low-income countries.³⁵ Similarly, under-resourced oral health systems, compounded by poor planning and poor infrastructure, can also lead to a lack of technologies and medical products necessary for ensuring oral health services, particularly in rural and remote areas.⁸

The role and value of industry

Industry actors can contribute to delivering oral healthcare for all and reduce inequalities by bringing health-focused innovation to the table and ensuring that the products and technologies they develop and commercialize can be accessed, used, and maintained in all countries, regardless of income setting or infrastructure capacity. Such initiatives may involve working with national governments directly to help improve access to low-cost, high-quality care delivery methodologies, products, and equipment. Access and innovative commercial approaches that reduce the cost of products, not by compromising on quality, but by developing simplified and reliable configurations that can be scaled up, can contribute significantly to increasing oral health system access to high quality dental equipment, devices, and technologies.



Case study 7: Local solutions to improve access to fluoride toothpaste

The WHO Oral Health Status Report and country profile notes that in Peru, fluoride toothpaste is affordable, which means the wage for one day or less (≤ 1) is needed to buy the annual supply for one individual. This was not the case until the early 2000s. For years, Intradevco Company had nurtured the idea of manufacturing toothpaste, which kicked off with the purchase of equipment and machinery; as well as the hiring of chemists in the year 2000. Intradevco partnered with Peruvian researchers and with a gold-standard biochemistry laboratory in Brazil. This helped to ensure the best quality of their products, with stable fluoride ready to compete with international brands.

Although the Dento brand was born at the end of 2001 with a single product - Dento white cream toothpaste, in 2004, more varieties were launched to make it more affordable to children and adults. The Dento brand is especially preferred by households with lower purchasing power due to its lower price in the market. The acceptance of the toothpaste was so good that additional products such as toothbrushes and mouthwashes were introduced.

Peruvian flavors such as purple corn was used in children's toothpastes and rinses, making them easily accepted and recognized by the local public. The reduction in prices in the market forced other imported products to adjust their prices as well, all of which benefited the consumer. This is a good example of the success of local brands for oral health. For further information on this initiative, click [here](#).

Hecho en Perú: Dento, la marca de todos los peruanos



¿Sabías que Dento cumple con los más altos estándares de calidad para la elaboración de sus productos?

5. Health financing

“ A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient.

WHO. Everybody's Business: Strengthening health systems to improve health outcomes—WHO's Framework for Action. Geneva: WHO, 2007, p. vi.

Challenge: The underfunding of oral health

Health funding tends to make up a small fraction of national budgets particularly in low-income countries. There are recommendations to address this shortfall that include the Abuja declaration by the African Union that tasked every country to use 15% of their national budget on health.³⁶

Oral health has also often been isolated within health systems in many countries, separating the mouth from the body and underestimating the importance of oral health for general health. Consequently, the resources for oral health are often insufficient. Out-of-pocket dental treatment costs and lack of coverage puts financial strain on health systems and individuals in low-income countries in particular, where resources are tight and funding oral health programmes is a major challenge. Furthermore, many countries incentivize intervention and invasive treatment rather than disease prevention and oral health promotion.^{8,9} This represents a missed opportunity because oral diseases are largely preventable, and the global burden of oral disease remains unacceptably high.

Given the scale of the challenge of providing universal coverage for oral health, public funding must promote the inclusion of oral health services in country's UHC benefit packages. Also, creative and non-traditional funding solutions are needed.

The role and value of industry and other private sector actors

Public-private partnerships and multi-stakeholder collaborations are crucial in closing financing gaps in the oral health system. These solutions can and should include blended funding mechanisms, and should be based on environmental, social and good governance (ESG) standards, and investing for impact. The Organization for Economic Co-operation and Development (OECD)'s definition of blended finance is “the strategic use of development finance for the mobilization of additional finance towards sustainable development in developing countries”, with ‘additional finance’ referring primarily to commercial finance.³⁷

The private sector's role as the financier and as the investee are crucial in the context of sustainable health systems. Blended financing in particular, is one key way in which public and private sectors can creatively engage within best practices. The OECD Development Assistance Committee (OECD DAC) Blended Finance Principles provide a framework for maximizing the value of public-private collaboration (Figures 5 and 6).

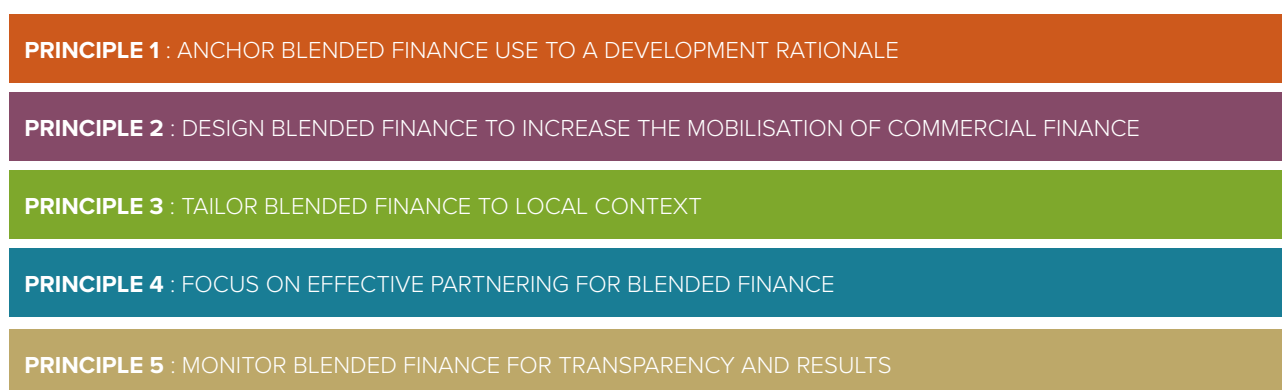


Figure 5. The OECD DAC Blended Finance Principles. From: OECD. OECD DAC Blended Finance Principles for Unlocking Commercial Finance for the Sustainable Development Goals. Paris: OECD, 2018. p. 6

The principles state that blended finance and other forms of public-private collaboration must also be based on transparency of finances and results, including through the use of previously agreed-upon metrics. They also require that blended finance should be used as a driver to maximize development outcomes and impact – meaning that financial partnerships must be focused on impact for users, not other interests, and tailored to local context.

Funds mobilized for oral health should cover a comprehensive range of evidence-based services, including oral health prevention, promotion, basic curative and rehabilitation services. In fact, financing an evidence-based package of primary preventive services and promoting prevention can reduce health care costs significantly as well as improve societal productivity.³⁸



Figure 6. OECD. Blended Finance: Bridging the Sustainable Development Finance Gap. Paris: OECD, 2017. available at: <https://www.oecd.org/dac/financing-sustainable-development/development-finance-topics/Blended-Finance-Bridging-SDG-Gap.pdf>

6. Oral health leadership and governance

“ Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability.

WHO. *Everybody's Business: Strengthening health systems to improve health outcomes—WHO's Framework for Action*. Geneva: WHO, 2007, p. vi.

Challenge: limited political prioritization

Despite progress in recent years in raising the profile of oral health amongst governments and health ministers and departments, due in part to efforts like WHO's focus on oral health and FDI's Vision 2030, as well as partnerships with national dental associations, governments still tend to focus on other areas of public health. Oral health is often isolated from the wider healthcare system or UHC efforts, from other NCD programmes and primary care strategies, and policymakers' willingness to act on oral health can come down to their general awareness of the issue.

In many countries, oral health is attributed to individual, rather than social responsibility.³⁹ Dental care is often seen as a “discretionary benefit” that does not need to be universally covered by national health systems,³³ and maintaining good oral health, notably through personal hygiene, balanced diets and seeking regular dental examinations, is considered as being up to the individual. Furthermore, the widespread view that oral health is dominated by private practice models, centred around dentists, technology, and (expensive) clinical treatments has furthered the exclusion of oral health from public healthcare systems and UHC.⁴⁰

There are nonetheless countries where, for a range of different structural factors, progress is being made in the integration of oral health into broader NCD services. Thailand and Brazil are good examples of integration of primary and oral health care, whereas Mexico and Chile have policies around reducing sugar consumption and improving nutrition that have benefited oral health as well. Furthermore, the [Australian Government's Oral Health Plan 2015-2024](#) recognizes the need for system alignment and integration, including through the inclusion of oral within the general health system. The plan also recognizes the need for more effective collaboration between public, private and non-government sector providers and funders within the oral health system to achieve an efficient and equitable provision of care. However, no specific recommendations or objectives are laid out within it.

The role and value of industry

All actors have a role to play in raising policymakers' awareness and calling for integration of oral health into the broader health system. In particular, industry actors can collaborate with national dental associations to mobilize the necessary skills, expertise and resources to help connect dots and effectively advocate a more unified approach to oral health policy and delivery, especially at country level.



Case study 8: Share a Smile Programme

'Share a Smile' is a nationwide programme established in Poland in 2013 by the Wrigley Oral Healthcare Program. It is an ongoing initiative with plans for further expansion and adaptation.

Launched in response to the very high prevalence of oral health conditions among Polish children, notably the high rate of tooth decay compared to other European countries, the programme initially focused on providing free dental checks and oral health education in schools, later expanding to include broader educational initiatives and materials, notably in national press outlets, and through distribution of dental kits.

Initially focusing on children aged 7 to 10 years old, the programme has ambitions to expand its reach to six-year-olds, reaching more than 150,000 children.

Through the initiative, dental products and materials are provided, along with financial support (allocating 1% of domestic sales of Orbit sugar-free gum in two months to the programme), and communication materials to raise awareness about the importance of oral health.

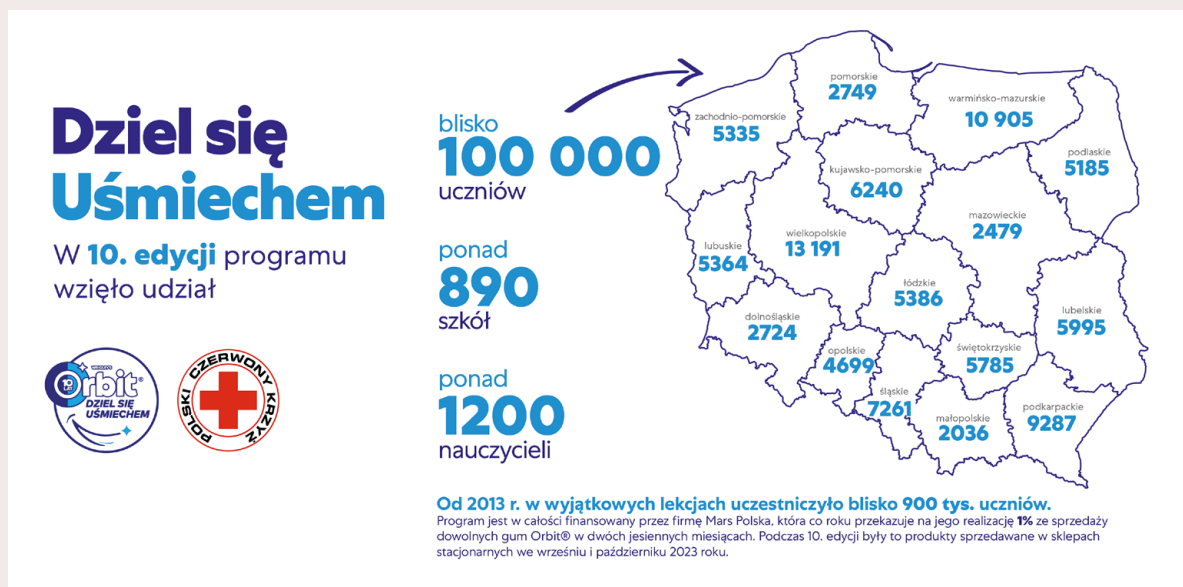
The Wrigley Oral Health Program partners with the Polish Red Cross, which plays a vital role by facilitating access to schools, managing educational programmes, and assisting in communication efforts. The Polish Dental Association and the Polish Paediatric Dentistry Association provide additional expertise and endorse and promote the programme, while the Ministry of Education extends its honorary patronage.

Why is this initiative an example of best practice?

Multistakeholder partnerships at local level have the potential to address specific needs identified by governments, with private sector actors contributing resources and expertise. Such collaborations are reinforced by the support of on-ground actors and effective co-ordination with the oral healthcare workforce.

The "Share a Smile" programme in Poland serves as illustration of positive outcomes that can be reached when the public sector is willing to engage in partnerships and recognizes the multifaceted role that the private sector can play, not only as a funding source but also as a valuable source of expertise, including in communication.

The industry's contribution to improving oral health includes the development of cost-effective, targeted programmes aimed at raising awareness, promoting prevention among the population, and encouraging healthy habits. In the case of "Share a Smile", this involves the promotion of sugar-free gum chewing, which aligns with expert recommendations on the proven oral health benefits.



OVERCOMING BARRIERS AND ENSURING THE SUSTAINED IMPACT OF MULTISTAKEHOLDER COLLABORATIONS

01 The importance of public-private collaboration for sustained impacts

Initiatives involving private sector actors have shown themselves most successful and long-lasting when they have involved multistakeholder collaborations, and in particular public-private partnerships. Rather than happening in silos or being led by a single entity, such initiatives have the most added value when they involve collaboration between a variety of actors, each bringing their own expertise and resources, and in cohesion with governments and other public sector actors.

This collaborative approach ensures that such initiatives have sustained positive impacts, especially as it leads to increased public awareness of oral health and stronger public commitments to oral health goals.

Indeed, while the private sector can play an important role in addressing existing gaps and challenges in the delivery of oral healthcare for all, sustained public commitments and strong leadership are necessary to ensure oral health goals are reached by 2030 and sustained beyond.

02 Barriers to effective multistakeholder collaborations

Despite the many existing best practices in private sector engagement and multistakeholder collaboration, several obstacles and barriers continue to limit the maximization of their added value.

In particular, a lack of trust exists between the private and public sector actors. On the one hand, public entities sometimes view with concern and scepticism collaborations involving commercial actors, mainly due to perceived conflicts between industry's professed genuine support for oral health and their commercial interests. On the other hand, industry actors have expressed concern that their expected contribution will be restricted to financial support, believing that they are perceived as a "wallet" rather than a "real" partner. Furthermore, misalignment among stakeholders regarding who, between the dental profession (represented by dental associations) and industry, should assume the leadership role in defining the strategic direction of their partnerships further impedes progress toward oral health goals. Such concerns prevent the establishment of genuine, equitable multistakeholder collaborations and public-private partnerships built on trust.

Another significant challenge arises from the heterogeneity of industry actors and the difficulty in establishing a common definition of the private oral health sector, which prevents the development of meaningful engagement frameworks. The difficulty of defining a role for industry is moreover reflected in policy documents, including WHO's Global Strategy on Oral Health and ensuing Action Plan. It is often perceived by the private sector that these documents address their contribution to oral health goals in a restrictive manner, without fully recognizing their potential to drive positive actions.

03 How to overcome barriers and fully harness the private sector's potential

There is a clear need to reinforce trust between the public and private sectors - as well as among industry actors. These trust-building efforts would benefit from institutional frameworks and established venues for engagement and collaboration going forward. Putting the impact on communities at the core of partnerships could also be a way to address lack of trust. Also, strategic pilot collaborations targeting pre-agreed geographies, populations or needs can build both trust and the evidence for such frameworks.

A WHO-led framework co-developed with all relevant actors in the oral health system in the context of the [Global Strategy on Oral Health](#) and the [Global Oral Health Action Plan](#) could build on WHO's private sector definition¹⁷ and work on [strengthening private sector engagement for UHC](#), and would provide a template that countries can leverage at a national level to make use of all actors' expertise and added value. However, that framework should not only require changes and adaptations from industry actors, especially commercial actors but also recognize the positive role they can play in contributing to delivering oral healthcare for all.

Initiatives to gather and engage oral health stakeholders are also starting to emerge. Platforms such as the World Economic Forum's UHC2030 facilitate collaboration among private sector entities towards universal health coverage. A newly established [Oral Health Affinity Group](#) within WEF – a consortium of private sector companies engaged in oral health – is trying to promote the need for more resources for oral healthcare to governments and initiators of the Affinity Group would like to see other non-commercial private sector actors involved.

Such initiatives could provide best practices, insights, expertise, and other resources that can support and foster collaboration and trust. They can also provide policymakers with the latest evidence and recommendations on various aspects, such as improving product affordability, incorporating UHC into business models, strengthening the workforce, engaging with countries, supporting research and innovation, and addressing negative commercial determinants.



RECOMMENDATIONS AND CALLS TO ACTION

Achieving universal coverage for oral health and delivery of oral healthcare for all by 2030 requires overcoming key barriers, from the lack of political awareness and prioritization to oral health inequalities, shortages of trained oral health professionals and lack of oral health literacy and prevention.

Overcoming these barriers necessitates a concerted effort from all stakeholders, including the private sector. FDI considers the following as necessary to fully harness industry's potential and engage in multistakeholder partnerships in the delivery of oral healthcare to all by 2030:



Policymakers

- FDI calls on WHO to develop platforms, clear guidelines, frameworks and toolkits to support partnerships with industry to address oral health, in the same vein as the [Global Diabetes Compact](#). Such frameworks should recognize the potential for meaningful contribution of industry actors, and the opportunities to establish sustainable, ethical, and transparent long-term partnerships with such actors. Toolkits could include templates for implementing successful targeted pilot projects, template memorandums of understanding (with relevant provisions for ensuring transparency and avoiding conflicts of interest) or other public-private partnership frameworks to facilitate the conclusion of such partnerships at national level.
- FDI calls on national governments to prioritize oral health within national health plans and strategies, in alignment with the principles of the WHO's Global Strategy on Oral Health and with the actions of the WHO's Global Oral Health Action Plan and to adopt an approach to oral health integrated within overall health systems. National plans or programmes should also recognize the potential of industry actors in accelerating the delivery of oral healthcare for all and map out specific opportunities and recommendations for collaboration, without omitting sustained public policy action towards oral health goals.
- FDI calls for the creation of open access platform data-sharing agreements between public health authorities and private sector entities to facilitate comprehensive data collection, analysis and evaluation of oral health trends and challenges.
- FDI calls for the establishment of mechanisms for joint research initiatives, including cost-effectiveness and return-on-investment (ROI) studies, encouraging the sharing of best practices and insights between public and industry entities for evidence-based solutions.



Private sector

- FDI encourages industry actors to position their efforts to address oral diseases to contribute to existing policy frameworks at the global (FDI, WHO), regional and national or local levels. Such engagements should be multipronged, focusing on overall oral health awareness as well as the achievement of global oral health goals.
- FDI encourages industry actors leading oral health programmes and projects to think long-term, for example, by seeking memorandums of understanding or other public-private partnership frameworks with national governments to ensure the sustained impact of their initiatives. Long term projects should also be based on the evidence generated through successful and relevant pilots.
- FDI encourages industry actors, especially those in the oral care industry, to prioritize corporate social responsibility initiatives focused on improving oral health outcomes especially in underserved communities. This can notably be achieved through prioritization of vulnerable populations and regular consultations with relevant stakeholders.
- FDI encourages private sector actors to strive to avoid real or perceived conflicts of interest in public-private partnerships and multistakeholder collaborations, notably by developing internal transparency guidelines and codes of conduct in such partnerships.
- FDI encourages industry actors to strive to reduce all negative commercial determinants of health, notably through transparency and compliance with voluntary and legally binding policies and regulations related to healthy settings, the protection of vulnerable population groups, marketing, advertising, and sponsorship.

ACKNOWLEDGEMENTS

FDI would like to thank the Vision 2030 Industry Action Group (Colgate, Haleon, Henry Schein, Ivoclar, Planmeca, 3M) as well as the experts and key opinion leaders who agreed to be interviewed for this publication and contributed to its development.

Thanks also to FDI's Vision 2030 Implementation and Monitoring Expert Group (IMEG) – Prof. David Williams (Chair) - Queen Mary University of London, United Kingdom; Prof. Richard Watt - University College London, United Kingdom; Prof. Manu Mathur - Queen Mary University of London, United Kingdom; Dr Margaret Wandera - Makerere University Kampala, Uganda; Dr Rita Villena-Sarmiento - University San Martin de Porres, Peru; Dr Chris Vernazza - Newcastle University, United Kingdom.

Declarations

Harwood Levitt Consulting was commissioned to do the desktop research, perform the interviews and write the report.

Prof. Richard Watt was interviewed for the development of this publication in his capacity as Co-Chair of the Lancet Commission on Oral Health but also serves as a member of FDI's Vision 2030 IMEG.

GLOSSARY

Key terms used in the report will be defined in a glossary, based on commonly accepted definitions.

AVAILABILITY, ACCESSIBILITY AND AFFORDABILITY

Availability

Availability refers to the need to have sufficient quantity of functioning public health and healthcare facilities, goods and services, and programmes.

Physical accessibility

The availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service organization and delivery that allow people to obtain the services when they need them.

Affordability

Economic accessibility, or affordability is a measure of people's ability to pay for services without financial hardship. It takes into account not only the price of the health services but also indirect and opportunity costs (e.g., the costs of transportation to and from facilities and of taking time away from work). Affordability is influenced by the wider health financing system and by household income.

Reference source

World Health Organization. Availability, Accessibility, Acceptability.

Available from: <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

COMMERCIAL DETERMINANTS OF HEALTH

The commercial determinants of health are strategies and approaches used by the private sector to promote products and choices that are detrimental to health.

Reference source

Kickbusch I, Allen L, Franz Ch. The commercial determinants of health. *The Lancet*. 2016;4(12): E895-E896. doi.org/10.1016/S2214109X(16)30217-0.

HEALTH LITERACY

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Reference source

Ratzan SC, Parker RM. 2000. Introduction In: National Library of Medicine Current Bibliographies in Medicine: Health Literacy. Selden CR, editor; Zorn M, editor; Ratzan SC, editor; Parker RM, editor. NLM Pub. No. CBM 2000-1. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.

NOMA

Noma is a severe gangrenous disease of the mouth and face. It mostly affects young children between the ages of 2 and 6 years suffering from malnutrition, living in extreme poverty and with weakened immune systems. In the absence of any form of treatment, noma is fatal in 90% of cases. Where noma is detected early, its progression can be rapidly halted, either through basic hygiene rules or with antibiotics.

Reference source

World Health Organization. Noma. 15 December 2023 , 2016.
Available from: <https://www.who.int/news-room/fact-sheets/detail/noma>

ORAL DISEASES

Oral diseases encompass a range of diseases and conditions that include dental caries, periodontal (gum) disease, tooth loss, oral cancer, oro-dental trauma, noma and birth defects such as cleft lip and palate.

Reference source

World Health Organization, Oral Health Factsheet.
Available from: https://www.who.int/health-topics/oral-health#tab=tab_1.

ORAL HEALTH

Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.

Reference source

FDI World Dental Federation. FDI's definition of oral health. Available from: <https://www.fdiworlddental.org/oral-health/fdi-definition-of-oral-health>.

OUT-OF-POCKET (OOP) EXPENDITURE

Out-of-pocket expenditure is defined as direct payments made by individuals to healthcare providers at the time-of-service use.

Reference source

World Health Organization. Health financing. Out-of-pocket payments, user fees and catastrophic expenditure.
Available from: https://www.who.int/health_financing/topics/financial-protection/out-of-pocket-payments/en/

PRIMARY HEALTHCARE

Primary healthcare is a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families, and communities. It addresses the broader determinants of health and focusses on the comprehensive and interrelated aspects of physical, mental, and social health and well-being.

It provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases. Primary healthcare ensures people receive comprehensive care – ranging from promotion and prevention to treatment, rehabilitation and palliative care – as close as feasible to people everyday environment.

Reference source

World Health Organization. Primary health care. Available from: <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>

SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

Reference source

World Health Organization. Social determinants of health. Available from: https://www.who.int/social_determinants/sdh_definition/en/

UNDERSERVED COMMUNITIES

Communities that receive less than adequate healthcare services due to social, economic, cultural, and/or linguistic barriers to accessing healthcare services, lack of familiarity with the healthcare delivery system, living in locations where providers are not readily available or physically accessible.

Reference source

FDI World Dental Federation. Access to oral healthcare for vulnerable and underserved populations: Adopted by the General Assembly: September 2019, San Francisco, United States of America. Int Dent J. 2020 Feb;70(1):15-16.

UNIVERSAL HEALTH COVERAGE

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. This definition of UHC embodies three related objectives:

1. Equity in access to health services - everyone who needs services should get them, not only those who can pay for them;
2. The quality of health services should be good enough to improve the health of those receiving services; and
3. People should be protected against financial risk, ensuring that the cost of using services does not put people at risk of financial harm.

UHC is firmly based on WHO Constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma Ata Declaration in 1978. UHC cuts across all of the health-related Sustainable Development Goals (SDGs) and brings hope of better health and protection for the world's poorest.

Reference source

World Health Organization. Health financing for universal coverage.
Available from: https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

VULNERABLE POPULATIONS

Persons who are at a higher risk of disparity in health care due to their general condition or state such as being a member of ethnic, religious, or linguistic minorities, children, elderly, socioeconomically disadvantaged, underinsured or those with certain medical conditions. Members of these vulnerable populations often have health conditions that are exacerbated by inadequate healthcare.

Reference source

FDI World Dental Federation. Access to oral healthcare for vulnerable and underserved populations: Adopted by the General Assembly: September 2019, San Francisco, United States of America. Int Dent J. 2020 Feb;70(1):15-16.

WORKFORCE PLANNING

The purpose of workforce planning is to rationalize policy options based on a financially feasible picture of the future in which the expected supply of human resources for health (HRH) matches the requirements for staff within the overall health service plans. The formulation of national HRH policies, and strategies requires an evidence-based planning to rationalize decisions. A range of tools and resources exist to assist countries in developing a national HRH strategic plan.

Reference source

World Health Organization. Models and tools for health workforce planning and projections. Switzerland: World Health Organization; 2010 Available from <https://www.who.int/publications/i/item/9789241599016>

REFERENCES

1. Benzian, Habib, Carol C. Guarnizo-Herreño, Cristin Kearns, Miriam Wamotho Muriithi, and Richard G. Watt. 'The WHO Global Strategy for Oral Health: An Opportunity for Bold Action'. *The Lancet* 398, no. 10296 (17 July 2021): 192–94.
2. WHO. Draft Global Oral Health Action Plan (2023-2030). Geneva: WHO; 2023.
3. Glick M, Williams DM, Ben Yahya I, et al. Vision 2030: Delivering Optimal Oral Health for All. Geneva: FDI World Dental Federation; 2021.
4. Peres MA, Macpherson LMD, Weyant RJ, et al. Oral Diseases: A Global Public Health Challenge. *The Lancet*. 2019;394(10194):249–60.
5. Marcenés W, Bernabé E. Global Burden of Oral Conditions. *Oral Epidemiology: A Textbook on Oral Health Conditions, Research Topics and Methods*. Ghent University; 2021: 23–37.
6. Davies R, Watt R. Time to Tackle Oral Diseases. *The Lancet*. 2019;394(10194):209.
7. The Economist Intelligence Unit. Time to take gum disease seriously: The societal and economic impact of periodontitis. The Economist Intelligence Unit. 2021;7.
8. WHO. Global oral health status report: Towards universal health coverage for oral health by 2030. Geneva: WHO; 2022.
9. Mathur MR, Williams DM, Reddy KS, Watt RG. Universal Health Coverage: A Unique Policy Opportunity for Oral Health. *J Dent Res*. 2015;94(3):3S-5S
10. WHO. WHO highlights oral health neglect affecting nearly half of the world's population. New Release Geneva. 18 November 2022. Available from: <https://www.who.int/news/item/18-11-2022-who-highlights-oral-health-neglect-affecting-nearly-half-of-the-world-s-population> [Accessed 6 November 2022].
11. World Health Assembly. Resolution 74.5 on Oral health. 31 May 2021. WHA74.5.
12. WHO. Global Strategy on Oral Health. Geneva: WHO; 2022.
13. Glick, M, Urquhart, O, Bhosale, AS et al. A unified voice to drive global improvements in oral health. *BMC Global Public Health* 1, 19 (2023). <https://doi.org/10.1186/s44263-023-00019-0>
14. United Nations General Assembly. Resolution 70/1 Transforming our world: the 2030 Agenda for Sustainable Development. 25 September 2015. A/RES/70/1.
15. United Nations General Assembly. Political Declaration of the High-level Meeting on Universal Health Coverage; "Universal health coverage: moving together to build a healthier world". New York; UN; 2019.
16. WHO. Strengthening Private Sector Engagement for UHC. Available from: <https://www.who.int/activities/strengthening-private-sector-engagement-for-uhc>. [Accessed 6 November 2023].
17. Klinton J. The Private Health Sector: An Operational Definition. Geneva: WHO; 2020.
18. WHO. Factsheet: Oral Health. Available from: <https://www.who.int/news-room/fact-sheets/detail/oral-health> [Accessed 6 November 2023].
19. FDI. Factsheet: How to practice good oral hygiene. Available from: <https://www.fdiworlddental.org/how-practice-good-oral-hygiene> [Accessed 6 November 2023].
20. Fisher, Julian, Harry-Sam Selikowitz, Manu Mathur, and Benoit Varenne. 'Strengthening Oral Health for Universal Health Coverage'. *The Lancet* 392, no. 10151 (2018): 899–901.
21. WHO. The World Health Report 2000. Health systems: Improving performance. Geneva: WHO; 2000.

22. WHO. Everybody's Business: Strengthening health systems to improve health outcomes – WHO's Framework for Action. Geneva: WHO, 2007, p. vi
23. National Institute of Dental and Craniofacial Research (US). Oral Health in America: advances and challenges. Workforce, Education, Practice and Integration. 2021.
24. Gallagher J, Hutchinson L. Analysis of human resources for oral health globally: inequitable distribution. *Int. Dent. J.* 2018;68(3):183-189.
25. WHO. Factsheet: Commercial determinants of health. Available from: <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health> [Accessed 6 November 2023].
26. WHO. Systems thinking for health systems strengthening. Edited by Don de Savigny and Taghreed Adam. Geneva: WHO; 2009.
27. FDI World Dental Federation. Access to oral healthcare for vulnerable and underserved populations: Adopted by the General Assembly: September 2019, San Francisco, United States of America. *Int Dent J.* 2020 Feb;70(1):15-16.
28. Ghanbarzadegan, A., Balasubramanian, M., Luzzi, L. et al. Inequality in dental services: a scoping review on the role of access toward achieving universal health coverage in oral health. *BMC Oral Health* 21, 404 (2021). <https://doi.org/10.1186/s12903-021-01765-z>.
29. OECD. Data Portal: Health Statistics 2023. Available from: www.oecd.org/health/health-data.htm. [Accessed on 6 November 2023].
30. Watt RG, Daly B, Allison P, et al. Ending the Neglect of Global Oral Health: Time for Radical Action. *The Lancet.* 2019;394(10194):261–72
31. Islam MRR, Islam R, Ferdous S, Watanabe C, Yamauti M, Alam MK, Sano H. Teledentistry as an Effective Tool for the Communication Improvement between Dentists and Patients: An Overview. *Healthcare (Basel).* 2022 Aug 21;10(8):1586. doi: 10.3390/healthcare10081586. PMID: 36011243; PMCID: PMC9408418.
32. Mobile technologies for oral health: an implementation guide. Geneva: World Health Organization and International Telecommunication Union, 2021. Licence: CC BY-NC-SA 3.0 IGO
33. Hosseinpour AR, Itani L, Petersen PE. Socio-economic inequality in oral healthcare coverage: Results from the World Health Survey. *J Dent Res.* 2012; 91(3): 275–281. DOI: 10.1177/0022034511432341
34. Svendsen MT, Bak CK, Sørensen K, et al. Associations of health literacy with socioeconomic position, health risk behavior, and health status: a large national population-based survey among Danish adults. *BMC Public Health.* 2020;20:565.
35. Gkekas A, Varenne B, Stauf N, et al. Affordability of essential medicines : the case of fluoride toothpaste in 78 countries. *PLoS ONE.* 2022;17(10):e0275111.
36. Abuja Declaration on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases. <https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf>
37. OECD DAC blended finance principles for Unlocking Commercial Finance for the Sustainable Development Goals. <https://web-archiv.oecd.org/2022-08-19/469783-OECD-Blended-Finance-Principles.pdf>
38. Institute of Medicine (US) Roundtable on Evidence-Based Medicine; Yong PL, Saunders RS, Olsen LA, editors. *The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series Summary.* Washington (DC): National Academies Press (US); 2010. 6, Missed Prevention Opportunities. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK53914/>
39. Wang et al. Universal health coverage, oral health, equity and personal responsibility. *Bull World Health Organ.* 2020;98(10):719-721.
40. Winkelmann J, Listl S, van Ginneken E, Vassallo P, Benzian H. Universal Health Coverage Cannot Be Universal without Oral Health. *The Lancet Public Health.* 2023;8(1):e8–10.



FDI World Dental Federation

Chemin de Joinville 26 • 1216 Geneva • Switzerland
T +41 22 560 81 50 • info@fdiworlddental.org

Editorial review and support:

Dr Charanjit K. Jagait (Communications and Advocacy Director)
Ms Tolulope Osigbesan (Advocacy and Policy Manager)

fdiworlddental.org

©2024 FDI World Dental Federation

Connect with us

 [FDIWorldDentalFederation](https://www.facebook.com/FDIWorldDentalFederation)

 [fdiworlddental](https://twitter.com/fdiworlddental)

 [fdiworlddental](https://www.youtube.com/fdiworlddental)

 [FDI World Dental Federation](https://www.linkedin.com/company/FDI-World-Dental-Federation)