



FDI Advocacy update



Charanjit (Chaz) Jagait, PhD
FDI Public Health, Advocacy and
Communications Director

How are we going to do that?

FDI STRATEGIC PLAN 2024–2027: AT A GLANCE



OUR VISION

A world with optimal oral health.



OUR MISSION

FDI is the leading global voice of the dental profession, working with members to improve oral health worldwide.



OUR VALUES

Commitment to members | Integrity
Culture of inclusiveness | Service
Ethical behaviour

STRATEGIC PILLARS



KNOWLEDGE EXCHANGE

Build a robust community of skilled, engaged, and informed dental professionals and partners.



ADVOCACY

Mobilize advocacy efforts to increase oral health literacy and achieve political commitment and action on oral health for all.



INNOVATION

Position the oral health community to ensure the dental profession is responsible, sustainable, and responsive to emerging and evolving technologies in dentistry.

MEMBERSHIP



1M+
Dentists



191
Member associations



134
Countries

Delivering Optimal Oral Health for All

Michael Glick, David M. Williams, Ihsane Ben Yahya, Enzo Bondioni, William W.M. Cheung, Pam Clark, Charanjit K. Jagait, Stefan Listl, Manu Raj Mathur, Peter Mossey, Hiroshi Ogawa, Gerhard K. Seeberger, Michael Sereny, Tania Séverin



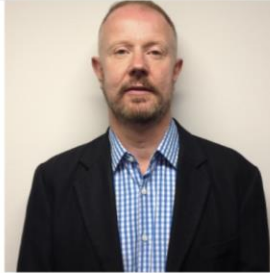
Our advocacy
strategy is driven
by Vision 2030

Vision 2030 Implementation and Monitoring Expert Group



CHAIR

Prof. David M. Williams
United Kingdom



MEMBER

Prof. Richard Watt
United Kingdom



MEMBER

Prof. Manu Mathur
India



MEMBER

Dr Margaret Wandera
Uganda



MEMBER

Dr Rita Villena-Sarmiento
Peru



MEMBER

Dr Chris Vernazza
United Kingdom



MEMBER

Dr Rob Beaglehole
New Zealand

Advocacy strategy pillars and workstreams

Education



Vision 2030 and WHO: targets and indicators

FDI Vision 2030: Appendix 1

APPENDICES

Appendix 1 – Vision 2030: Measuring progress towards realization

Pillar 1: Universal coverage for oral health

Overall target	Overall indicators
By 2030, oral health and quality of life are improved, and the prevalence and morbidity of oral diseases are reduced by one-third through promotion, prevention, treatment and rehabilitation	<ul style="list-style-type: none">• Availability of p• Availability of p• Oral Health-R• Prevalence of d• Prevalence of p• Prevalence of o• Prevalence of a
Additional targets	Additional indic
By 2030, all people, including the most vulnerable, have access to appropriate oral healthcare services	<ul style="list-style-type: none">• Proportion of p• Proportion of p• Number of peop• Percentage of o• Percentage of o
By 2030, investments in primary oral healthcare have been increased	<ul style="list-style-type: none">• Density and dis• Density and dis• primary healthc
By 2030, appropriate legal and regulatory frameworks to deliver fair, equitable and affordable oral healthcare services are executed	<ul style="list-style-type: none">• The call for acc• of care, pricing• technology ass
By 2030, oral health is entrenched as a political priority	<ul style="list-style-type: none">• Availability of a• Presence of a C• Inclusion of oral
By 2030, meaningful multi-sectoral partnerships beyond the oral health sector have been established with other health and development programmes	<ul style="list-style-type: none">• Number of heal• and Non-NCD)• prevention mes• Number of dev• and sanitation) which incorporate oral health promotion and disease prevention messages

Overall target

By 2030, oral health and quality of life are improved, and the prevalence and morbidity of oral diseases are reduced by one-third through promotion, prevention, treatment and rehabilitation

- 1 Overarching target
- 19 Additional targets
- 43 Indicators

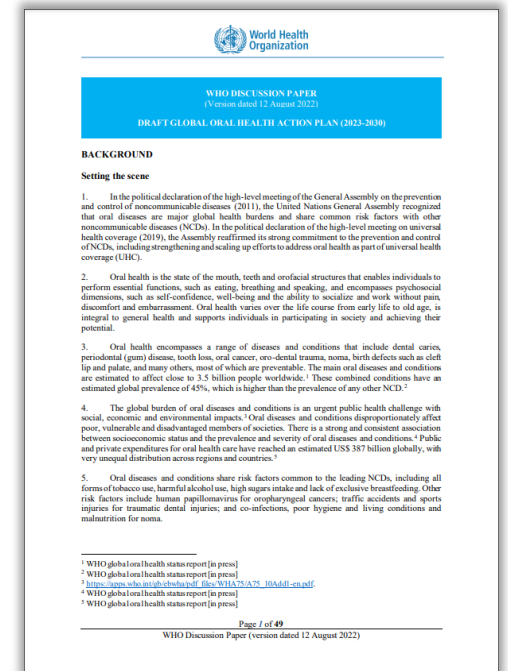
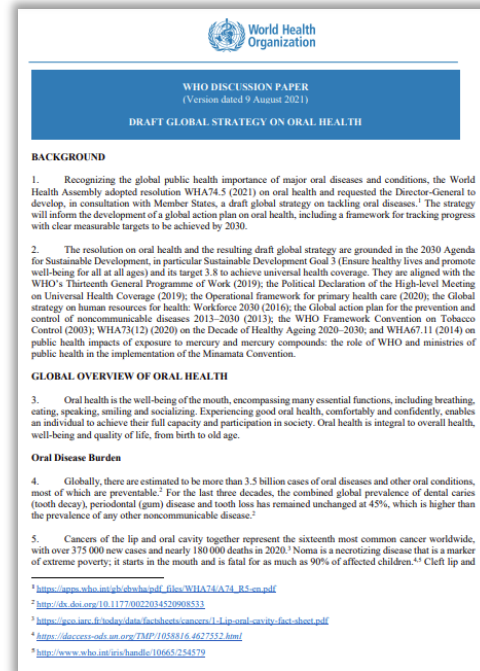
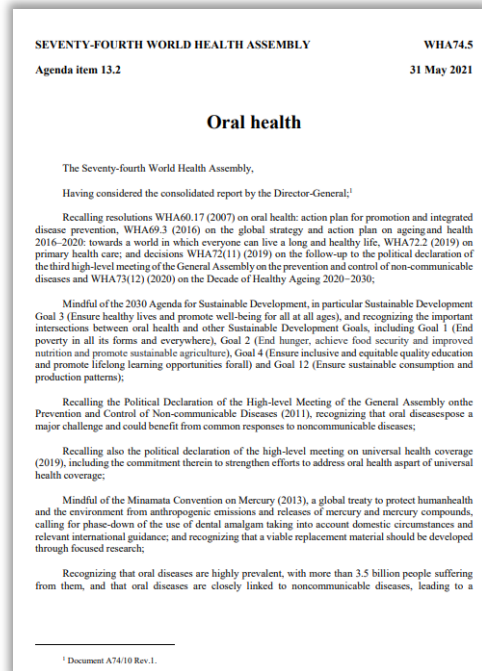
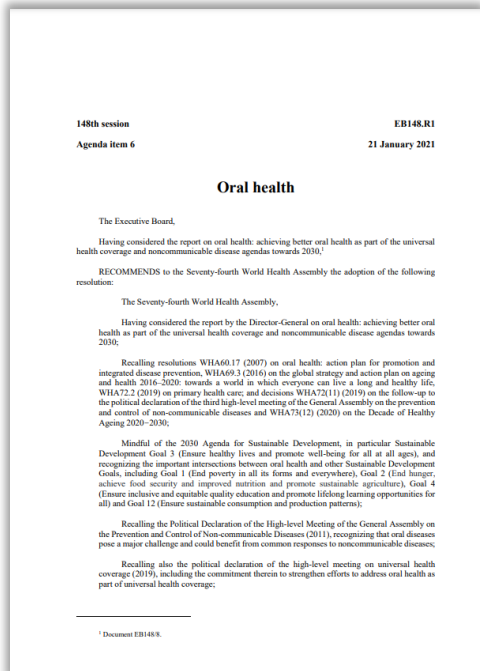
WHO Global oral health action plan (2023-2030)



Alignment

- 11 Global targets
- 100 actions with responsibility spread across WHO Member States, the WHO Secretariat, International Partners, Civil Society & Private Sector

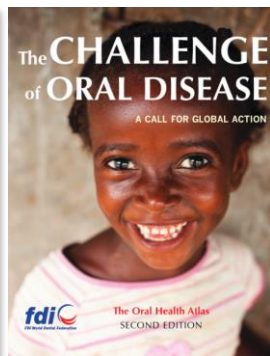
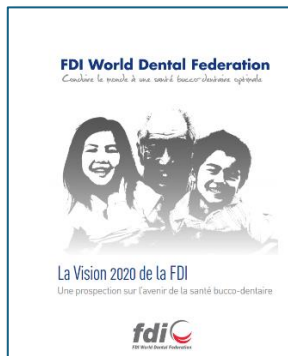
World Health Organization: FDI inputs in key documents



FDI with the support of its members, provided input on several WHO documents including Global Oral Health Resolution; Global Oral Health Strategy; Global Oral Health Action Plan; and more.

FDI's influence can be noted in the final language included in the revised versions.

Oral health policy evolution

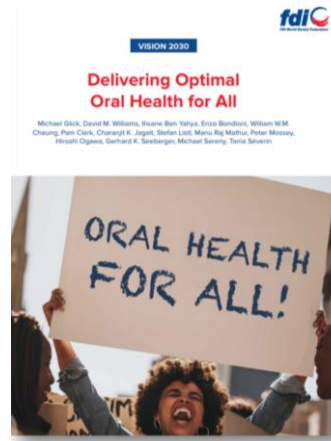


FDI and ICHOM present Standard Set of Adult Oral Health Measures

Over the past 18 months, FDI and the International Consortium for Health Outcomes Measurement (ICHOM) have collaborated to identify a minimum set of adult oral health measures that balance a comprehensive view of adult oral health with a recommendation that is also feasible and reliable to collect in clinical settings. The FDI-ICHOM Standard Set of Adult Oral Health Measures was presented to the FDI General Assembly during the World Dental Parliament on 3 September in Buenos Aires, Argentina. The set will be publicly released here in due time along with a manuscript published in a peer-reviewed journal.

The set of measures was developed through a rigorous consensus-building process that involved almost 50 subject matter experts across five continents, as well as patient representatives. It includes questions on professional status, physiological functioning, disease and condition status, as well as related health outcomes, based on information from both the practitioner and the patient. The set of measures fits within the ICD definition of oral health, and its accompanying theoretical framework. FDI adopted a new oral health definition in 2016 to unite the health community under a common understanding of oral health. The definition paved the way for the second phase, the development of a set of measures. The FDI-ICHOM Standard Set of Adult Oral Health Measures represents the second phase of a multiphase process to help develop baselines and indicators for measuring oral health outcomes.

FDI also plans on conducting a validation study on the set of measures in order to develop a measurement tool for adult oral health. The measurement tool should ultimately score the oral health of an individual patient, a group of patients within a practice, a community or a population. With a measurement tool, FDI will be able to obtain and evaluate oral health data that help shape its advisory work, inform its publications and strengthen its position within the global health community.

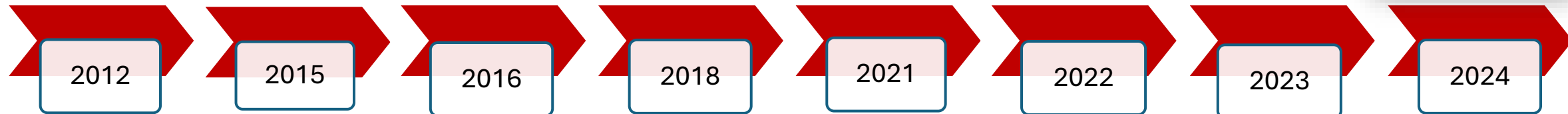


Global oral health strategy approved by WHO World Health Assembly

FDI commends the strategy and tells WHO that we are ready to support the development of the subsequent action plan and monitoring framework by 2023.

We mark a historic moment for the oral health community at the WHO 76th World Health Assembly (WHA76) as Member States officially approved and adopted the **Global oral health strategy**, during an intense week of discussions on a packed agenda, which took place from 22 to 28 May.

The strategy is the outcome of a long process that was kickstarted in 2020 and spearheaded by the Member State from Sri Lanka, who in a statement – supported by 17 other Member States – to the WHO 74th Executive Board, stated that:



SEVENTY-FOURTH WORLD HEALTH ASSEMBLY
WHA74S
31 May 2021

Oral health

The Seventy-fourth World Health Assembly, Having considered the consolidated report by the Director-General;

Recalling resolution WHA60.17 (2007) on oral health: action plan for promotion and improved disease prevention, WHA69.13 (2016) on the global strategy and action plan on oral health 2016-2020, which is a part of the *Global Strategy on Oral Health, WHA72.2 (2019)* on the *Global Strategy on Digital Health, WHA73.2 (2020)* on the *Global Strategy on Non-communicable Diseases and WHA73.11 (2020)* on the *Global Strategy on the Prevention and Control of Non-communicable Diseases and WHA73.12 (2020)* on the *Health of Health Ageing 2020-2030*;

Noting that the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing the important connections between oral health and other Sustainable Development Goals, including Goal 3 (Ensure healthy lives and promote well-being for all at all ages), Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and Goal 12 (Ensure sustainable consumption and production patterns);

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the *Prevention and Control of Non-communicable Diseases (2011)* recognizing that oral diseases are a major challenge and could benefit from common responses to communicable diseases;

Recalling also the political declaration of the high-level meeting on *universal health coverage (2019)*, including the commitment to strengthen efforts to address oral health aspects of universal health coverage;

Noting that the *Millennium Commission on Morbidity (2015)*, a global body to protect households and the environment from antimicrobial resistance and diseases of priority and severity, especially calling for plans to drive the use of dental antibiotics taking into account disease, transmission and clinical, antimicrobial, and resistance; and recognizing that a viable replacement model should be developed through research and innovation;

Recognizing that oral diseases are highly prevalent, with more than 3.5 billion people suffering from them, and that oral diseases are closely linked to non-communicable diseases, leading to a



Draft Global Oral Health Action Plan (2023-2030)

BACKGROUND

Setting the scene

1. In the Political Declaration of the High Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), the United Nations General Assembly recognized that oral diseases are major health burden and other communicable, non-infectious and metabolic diseases (NCDs). In the Political Declaration of the High-level Meeting on Universal Health Coverage (2019), the General Assembly reaffirmed its strong commitment to the prevention and control of NCDs, including strengthening and setting up efforts to address oral health as part of universal health coverage (UHC).

2. Oral health remains one of the most neglected and underfunded areas in global health. Oral health services are often fragmented, unevenly distributed, and often do not meet the needs of the most vulnerable and underserved populations. Oral health is also a key area for addressing the health and well-being of people living with non-communicable diseases and other chronic conditions. Oral health is also a key area for addressing the health and well-being of people living with mental health conditions and other NCDs.

3. The global burden of oral diseases will continue to increase unless concerted action is taken to address oral health. Oral diseases are a major public health challenge with social, economic and environmental impacts. Oral diseases and conditions disproportionately affect poor, vulnerable and marginalized groups. Oral diseases and conditions also have a significant impact on people's quality of life and productivity, and on their ability to work and learn. Oral diseases and conditions also have a significant impact on people's ability to eat and drink, and on their ability to communicate and interact with others. Oral diseases and conditions also have a significant impact on people's ability to smile and to enjoy life.

4. Oral diseases and conditions also have a significant impact on people's ability to work and learn. Oral diseases and conditions also have a significant impact on people's ability to communicate and interact with others. Oral diseases and conditions also have a significant impact on people's ability to smile and to enjoy life.

WHO Global Oral Health Meeting: 26 to 29 Nov 2024, Bangkok Thailand

Why alignment is strategically important

The political declarations adopted by the General Assembly of the United Nations and resolutions and decisions adopted by WHO's World Health Assembly are global agreements and provide strategic guidance for international cooperation in the areas of interest.⁵ These global agreements, however, will only improve the oral health of populations when they are translated into action at a local, national, or regional level.

Planning and carrying out advocacy campaigns at these levels is how you, alongside other oral health champions, can capitalize on global achievements to mobilize action so that your specific challenges and priorities are addressed, and ambitious national oral health policies are implemented.

Why alignment is strategically important

First-ever global oral health meeting in Bangkok, Thailand from 26–29 November 2024.

All 194 WHO Member States and relevant non-State actors will be invited.

Target participants: Chief Dental Officers and Universal Health Coverage Leads.

Main anticipated outputs: 1) development of each country's national roadmap on oral health aligned with GOHAP 2023–2030; 2) Bangkok declaration; 3) Global coalition for oral health.



Key preparatory meeting for the 4th United Nations High-Level Meeting on NCDs 2025

Refugee oral health: resources

Advocacy briefing: joint with IADR and input from WHO

The cover page features the FDI logo on the left and the IADR logo on the right. The title is 'Oral Health for Refugees and Displaced Persons'. Below the title is an 'Introduction' section with three paragraphs of text. The first paragraph discusses the global forced displacement crisis. The second paragraph provides a definition of refugees. The third paragraph discusses the challenges faced by displaced populations. The fourth paragraph discusses the barriers to accessing oral healthcare. The fifth paragraph discusses the need for oral healthcare for refugees.

Oral Health for Refugees and Displaced Persons

Introduction:

The global forced displacement crisis has reached unprecedented levels, with millions of individuals being uprooted from their homes due to various factors such as persecution, armed conflicts, and natural disasters (1).

Definition: Refugees are people who have fled war, violence, conflict, or persecution and have crossed an international border to find safety in another country and are unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.

Among these displaced populations, refugees represent a particularly vulnerable and marginalized group, often facing significant barriers in accessing healthcare, including oral health services. (2) The delivery of health interventions in conflict settings is often hindered by numerous challenges, including limited resources, population displacement, and a shortage of skilled healthcare professionals (2).

Refugees may seek oral healthcare only when they experience pain as they face multiple barriers to access timely and affordable oral health care, including language and cultural barriers, financial constraints, trust issues, and provider availability, as well as lack of safety, population displacement, limited resources and services, and skilled health workforce. (3)

Oral health is a fundamental aspect of overall well-being, yet it often receives insufficient attention within the primary healthcare provisions for refugee

Policy brief: joint with UNHCR with WHO and IADR input

The cover page features the FDI logo on the left and a 'POLICY BRIEF' label on the right. The title is 'Addressing oral health needs in refugees policy and collaboration strategies'. Below the title is a 'Background /' section with a photograph of a young boy covering his mouth. The text discusses the global refugee population and the challenges faced by refugees in accessing oral healthcare. At the bottom, it states 'The global refugee population reached 36.4 million in mid-2023.'

Addressing oral health needs in refugees policy and collaboration strategies

Background /

According to the United Nations High Commissioner for Refugees (UNHCR), the global refugee population reached 36.4 million as of mid-2023, marking a doubling in just seven years. Along with displacement comes a myriad of challenges, among which access to healthcare, including oral health services, remains a significant concern. In addition to barriers known among disadvantaged populations, limited resources, displacement, cultural and language barriers, trust and a shortage of skilled healthcare professionals frequently contribute to the absence or inadequacy of such services for refugees².

The global refugee population reached 36.4 million in mid-2023.

Joint webinar with GOHIRN

The registration page features the GOHIRN logo and a 'Webinar' title. Below the title is a 'DESCRIPTION' section with two paragraphs of text. The first paragraph discusses the challenges faced by dentists in unstable environments. The second paragraph discusses the session's focus on cultivating networks of research and support. Below the description is a 'Register' button and a 'System Requirements' section. At the bottom, there is a 'For Webinar Technical Support' section with an email address.

GOHIRN
Global Oral Health Inequalities Research

Webinar

This webinar aims to discuss the distinctive challenges confronted by dentists operating in unstable environments and humanitarian crises. Through open discussions, we will shed light on the increased prevalence of oral health conditions and disparities encountered in these regions. While outlining the obstacles faced by dental professionals, including limited resources, complex dental needs, infrastructure deficiencies, and safety concerns - with a view of considering solutions. We would like this session to cultivate networks of research and support to address these challenges. The session will feature dentists and dental researchers actively engaged or collaborating to promote the provision of oral healthcare or research in these environments.

Our panel comprises experts working across various regions currently grappling with such crises, including Sudan, the Middle East, Latin America and other areas.

Register Already Registered? Sign In

System Requirements

For Webinar Technical Support
virtual@iadr.org
If you are having difficulties with connecting to a live webinar, reach out to IADR for assistance.



<https://www.pathlms.com/iadr/courses/68148/webinars/46167>

The value of partnerships

Through alliances and partnerships, FDI collaborates with a wide range of stakeholders and organizations, playing a key role in integrating oral health into broader agendas for NCDs and UHC.



FDI strategic relations and alliances



Advocacy: a spotlight on some priority areas

FDI sugar reduction strategy

FDI Position on Free Sugars and strategy

LEADING THE WORLD TO OPTIMAL ORAL HEALTH

fdi
FDI World Dental Federation

FDI Position on Free Sugars

Background

Oral diseases affect some 3.5 billion people worldwide and have an estimated prevalence of 45% - the highest of any noncommunicable disease (NCD)¹. They include a range of conditions such as dental caries, periodontal disease, edentulism, oral cancer, trauma, noma and congenital differences including cleft lip and/or palate². Among the major oral diseases, untreated caries is the most prevalent with 2 billion cases affecting permanent teeth and 510 million cases affecting deciduous teeth³.

Oral diseases are increasingly associated with chronic NCDs and share risk factors including unhealthy diets high in free sugars, alcohol consumption, tobacco use and exposure to environmental pollution⁴. They also have common social and commercial determinants of health which include the political, social and economic conditions and strategies employed by the private sector that influence unhealthy choices⁴.

Excessive consumption of sugars from snacks, processed foods and sugar-sweetened beverages (SSBs) is one of the major factors causing worldwide increases in oral disease, cardiovascular disease⁵⁻⁹, cancer¹⁰⁻¹⁴, obesity¹⁵⁻²¹ and diabetes²²⁻²⁷.

Free sugars offer little nutritional value and many countries have implemented public health strategies and taxes and/or levies to reduce their consumption²⁸. FDI published a policy statement in 2015 to emphasize the urgent need to reduce dietary sugars to prevent dental caries²⁹. Further to that, FDI's Vision 2030 recognizes the importance of policies addressing free sugar consumption as an indicator for monitoring progress in improving oral health³⁰. The draft WHO Global Oral Health Action Plan (2023-2030), which aligns with Vision 2030, also recommends that, by 2030, at least 50% of countries should have policy measures aiming to reduce free sugars intake³¹.

Defining free sugars

The World Health Organization (WHO) defines "free sugars" as monosaccharides (e.g. glucose, fructose) and disaccharides (e.g. sucrose) added to foods and drinks by the manufacturer, cook or consumer and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates³². It does not include naturally occurring sugars in fruits, vegetables and dairy products. Free sugars cause tooth decay and have increasingly been recognized as causes for major NCDs such as diabetes and obesity³².

The WHO guideline recommends that the daily intake of free sugars be limited to less than 10% of total energy intake, which equates to 12 teaspoons for adults and 6 teaspoons for children. A further reduction to below 5% of total energy intake (6 teaspoons for adults and 3 teaspoons for children) would provide additional health benefits and help minimize the risk of dental caries throughout the life course. Worldwide consumption has tripled over the past 50 years, and this

FDI WORLD DENTAL FEDERATION
Chemin de Joratville, 26 • 1216 Geneva-Cointrin • Switzerland
T +41 22 560 81 50 • F +41 22 560 81 40 • info@fdiworlddental.org • www.fdiworlddental.org



LEADING THE WORLD TO OPTIMAL ORAL HEALTH

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FDI World Dental Federation

Vision 2030: Strategy on Sugar 2024–2027

Tackling the leading cause of dental caries

Executive summary

Oral diseases affect some 3.5 billion people worldwide and have an estimated prevalence of 45%, the highest of any noncommunicable disease (NCD)¹. They include a range of conditions such as dental caries, periodontal disease, edentulism, oral cancer, trauma, noma and congenital differences including cleft lip and/or palate². Among the major oral diseases, untreated caries is the most prevalent with 2 billion cases affecting permanent teeth and 510 million cases affecting deciduous teeth³.

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Free sugars offer little nutritional value and high sugar intake is in fact the single most important risk factor for the development of dental caries. There is a clear dose-response relationship between the amount of sugar consumed and the risk of tooth decay, an association much stronger than for any other sugar-related NCD²⁸. The evidence for the role of sugar in the aetiology of dental caries played a crucial role in the WHO Sugars Guideline recommending less than 10% of daily total energy intake from free sugars as well as the conditional recommendation to reduce intake even further to 5% of total energy⁴.

Among the evidence-based policy options to improve food environments is the implementation of taxes on sugar-sweetened beverages (SSBs). Although longer-term data is needed to establish this causal relationship, existing evidence already shows a clear impact of SSB taxes on reducing purchases and increasing government revenue, which are used in many countries to finance health or social objectives. As of May 2022, more than 85 countries (at national or subnational levels) had levied taxes that apply to SSBs²⁹. In addition, systematic, easy-to-understand, food labelling should be implemented to encourage informed consumer choices. Simplified nutrition guidelines, including sugar content of foods, should be provided to promote healthy eating and drinking. Industry compliance should also be enforced.

In support of the WHO Sugar Guidelines³⁰, FDI published a policy statement in 2015 to emphasize the urgent need to reduce dietary sugars to prevent dental caries³¹. Further to that, FDI's Vision 2030

FDI WORLD DENTAL FEDERATION
Avenue Louis Cassi 51 • P.O. Box 3 • 1216 Geneva-Cointrin • Switzerland
T +41 22 560 81 50 • F +41 22 560 81 40 • info@fdiworlddental.org • www.fdiworlddental.org

Re-evaluating our industry partnerships: The role of sugar

2023 – FDI adopted its Position on Free Sugars

- Ended collaboration with sugar-related companies
- Actively seeking partnerships that align with our values and mission



Sugar strategy: Policies to reduce free-sugars intake



FDI global target

By 2030 every FDI member country implements policy measures aiming to reduce free sugars intake.



WHO global target

By 2030, 50% of countries implement policy measures aiming to reduce free sugars intake.

Sugar-related sessions at WDC2024

1. Capacity building workshop:
Effective advocacy on sugar-use
reduction
15 Sept; 10:00– 11:00

2. Session: *FDI Position on Free
Sugars - what have we learnt
one year in?*
15 Sept; 11:30-12:30



Spotlight on some priority areas continued...

Dental Amalgam



Provisions of the EU ban

1. A total phase-out of the use of dental amalgam from 1 January 2025 in light of viable mercury-free alternatives.
 - **Exceptions:**
 - A medically-justifiable and necessary need for dental amalgam use
 - EU countries that have not adjusted their reimbursement system may postpone until 30 June 2026.
2. Prohibition of dental amalgam export from the EU from **1 January 2025**; manufacturing and import into the EU will be banned from **1 July 2026**.

Impact of the dental amalgam ban in the EU: FDI Open Forum 3 discussion item (*time permitting*)
Fri 13 Sept

Preventing AMR and infections

Convened by the UN General Assembly (UNGA), the main decision-making body of the UN representing all 193 UN Member States.

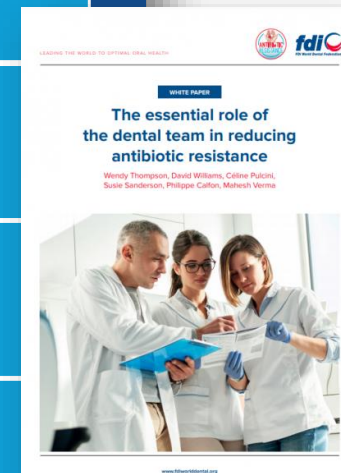
The meeting will take place on 26 September 2024 at the United Nations Headquarters, New York, USA

Organized to secure concrete, specific and bold commitments with aspirational targets for AMR

Main anticipated outputs: the adoption of a concise and action-oriented political declaration

Working with WHO AMR Team. FDI will:

- Play a leading role in the update of the oral and dental infections chapter in the WHO AWaRe book.
- Support the creation of a comprehensive Dental Curriculum on AMR.



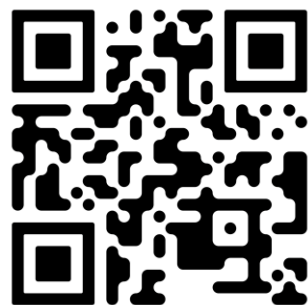
Tools to support advocacy efforts



Vision 2030

Advocacy in Action

IMPLEMENTATION TOOLKIT



How to plan and run successful advocacy campaigns that change policies and transform lives



Vision 2030

Advocacy in Action



THE ROLE AND VALUE OF INDUSTRY

Industry plays an important role in achieving oral health for all by addressing

FDI World Dental Congress 2024



1. World Oral Health Forum: partnerships and alliances to bridge the oral healthcare gap: 14 Sept: 09:00-10:30
2. Session: Reforming health systems through interprofessional collaboration: 14 Sept: 11:00-12:30



Thank you!

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