

Evidence-Informed Oral Health Policymaking

Opportunities and Challenges

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Disclosures

I am:

- Employed by Heidelberg University Hospital and Radboud University Medical Center
- A contributor to WHO's Working Group on Cost-Efficient Oral Health Interventions
- Coordinator of the Horizon Europe research projects DELIVER and PRUDENT

In relation to activities listed above:

- I receive regular payments by Heidelberg University Hospital
- I receive regular payments by Radboud University Medical Center
- My research is supported by funding from the European Union (Horizon Europe)

I have no other relevant financial or non-financial relationships within the services described, reviewed, evaluated or compared in this presentation.

→ Why?

What?

How?



We have a problem

Clear need for improving oral health systems

Slow progress in transformative change

Substantial gaps in collective problem-solving

→ Mismatch: supply vs. demand of evidence

→ Lack of know-how

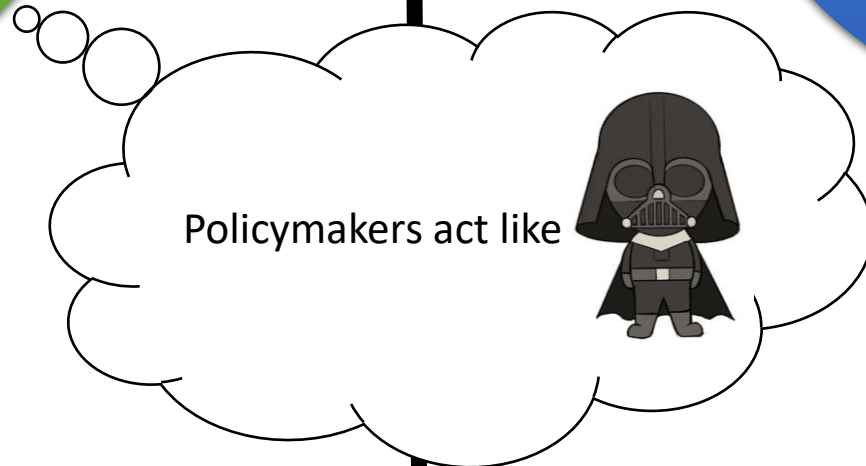
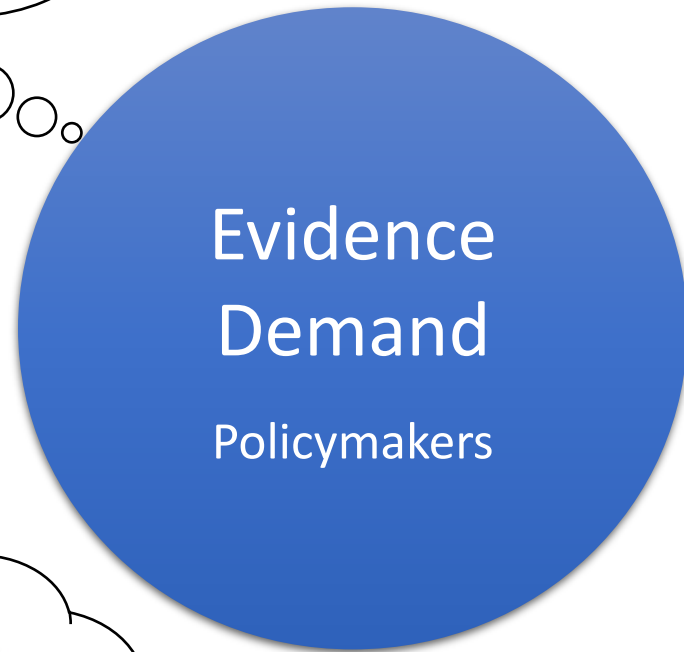
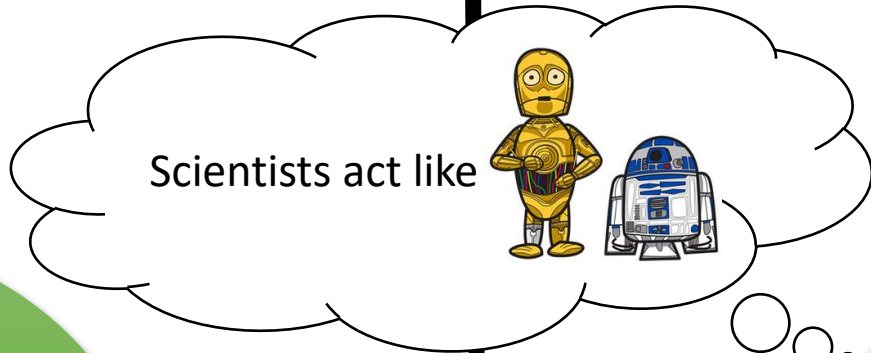
→ Lack of know-do

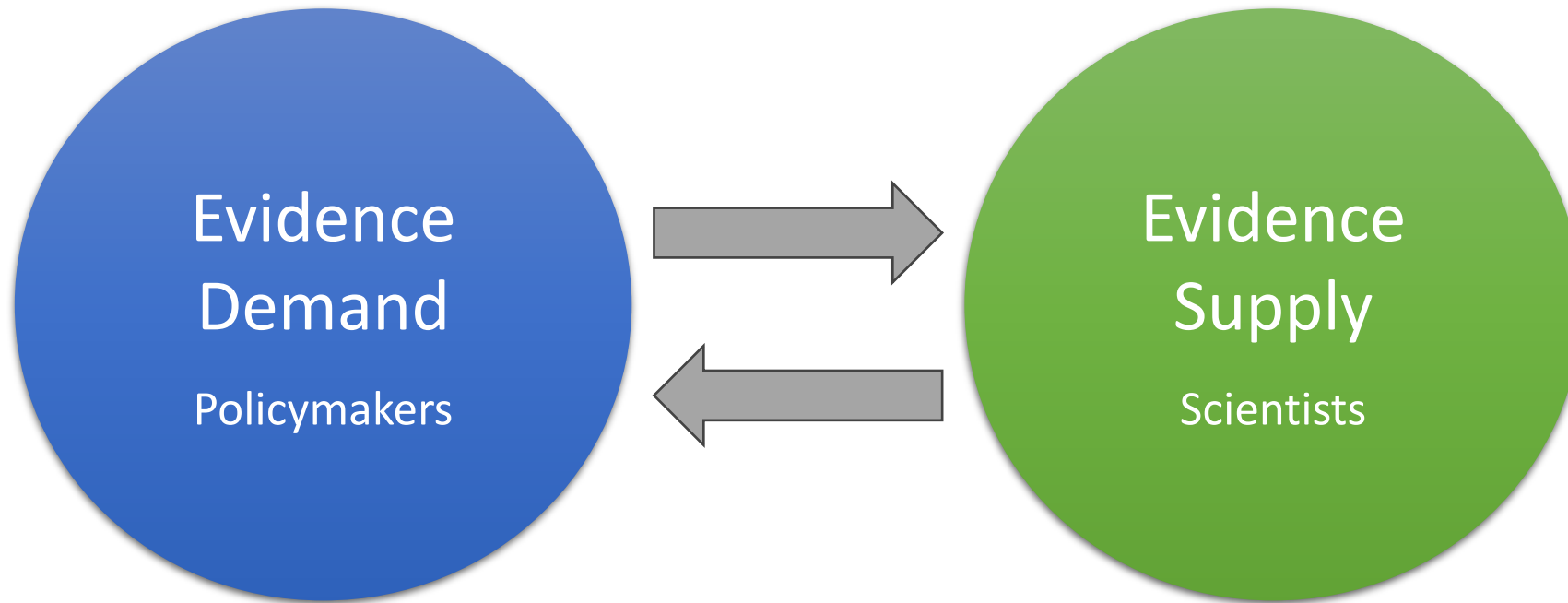
Root causes of oral health systems failures

1. Lack of accountability for citizen values
2. Disconnection of oral health vs. broader health community
3. Path-dependencies within the oral health policy ecosystem
4. Idiosyncrasy of the dental research & academic ecosystem

Galaxy A

Galaxy B





Why?

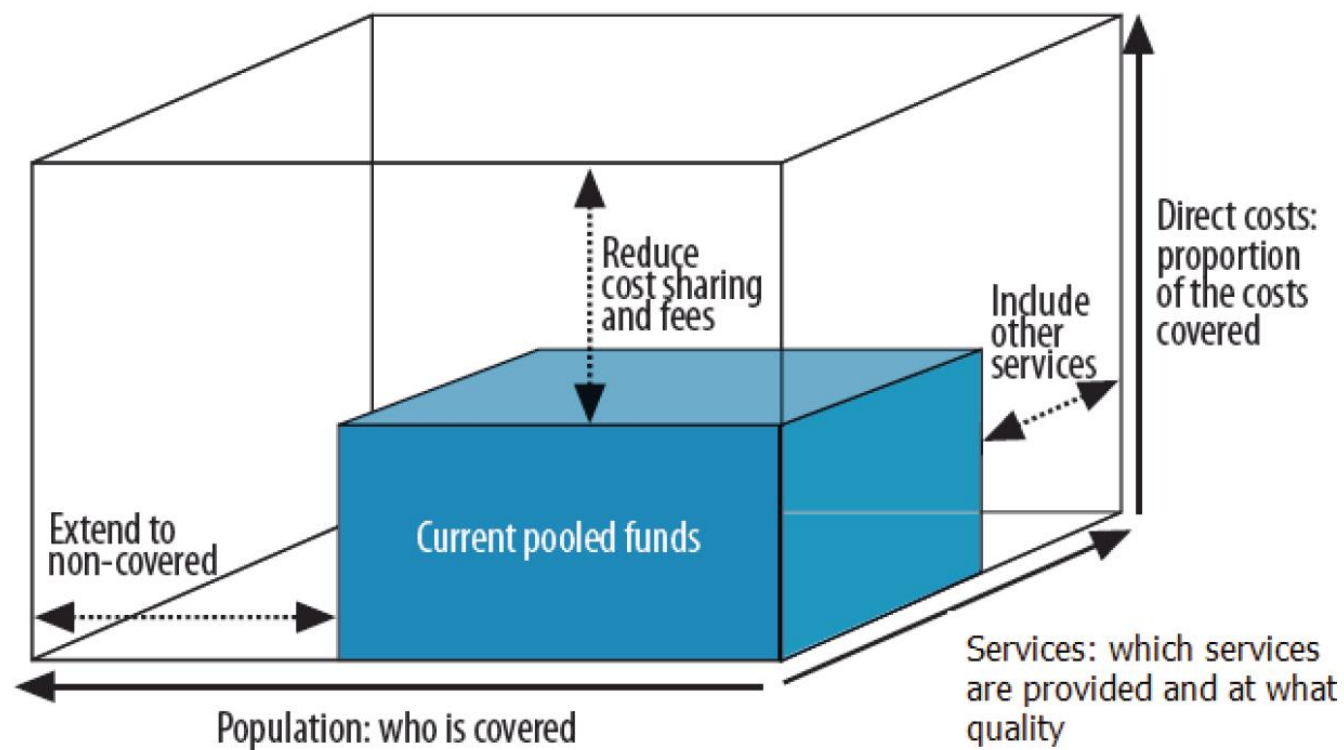
→ What?

How?

Three key ingredients for evidence-informed policymaking:

1. Shared normative goals
2. Shared understanding of health systems
3. Matching evidence with decision-making

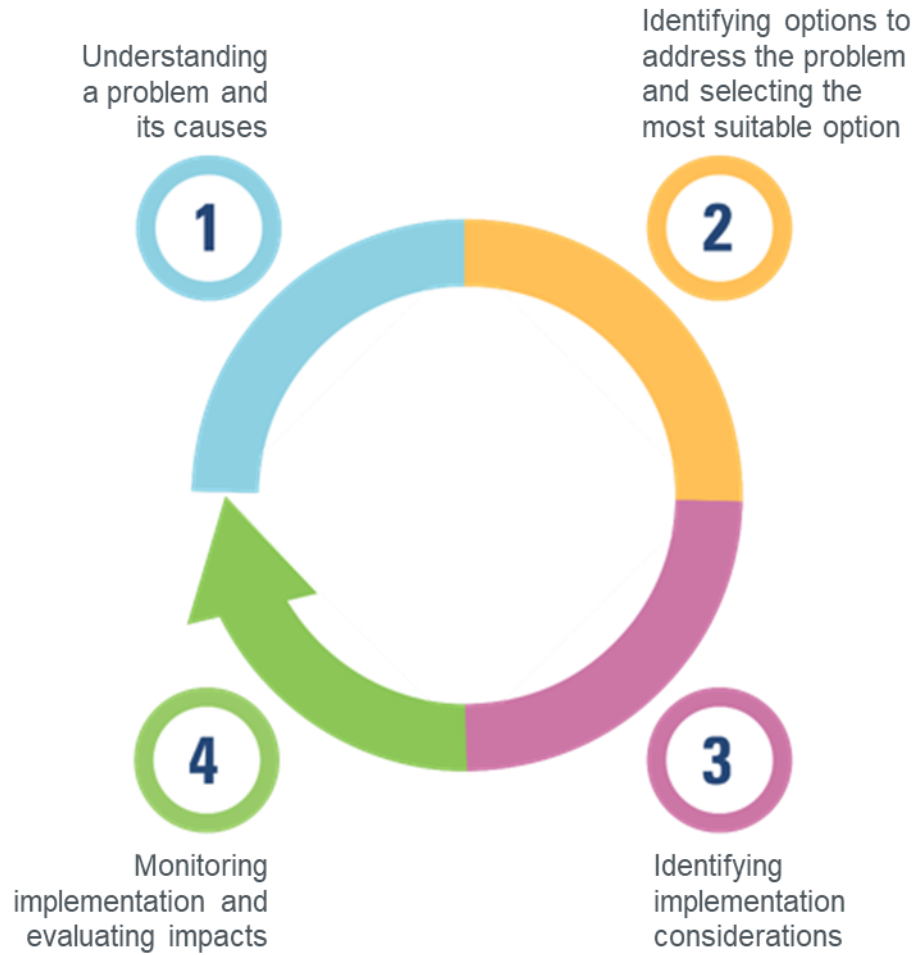
UHC: everyone has access to quality services without financial hardship








Taxonomy of Oral Health Systems

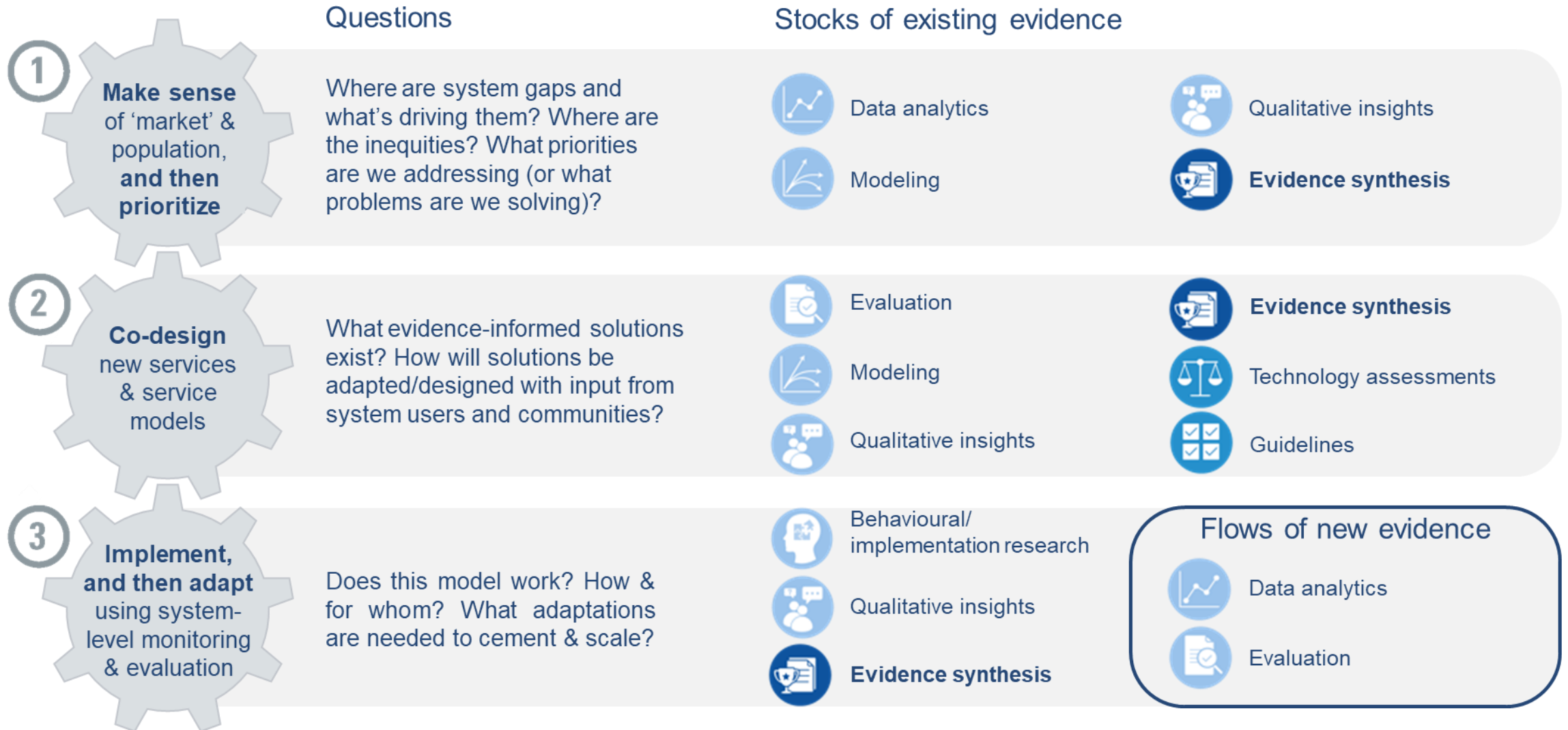
Governance Arrangements	Financial Arrangements	Delivery Arrangements	Implementation Strategies
Policy authority	Financing systems	How care is designed to meet consumers' needs	Consumer-targeted strategies
Organizational authority	Funding organizations	By whom care is provided	Provider-targeted strategies
Commercial authority	Remunerating providers	Where care is provided	Organization-targeted strategies
Professional authority	Purchasing products and services	With what supports is care provided	
Consumer & stakeholder involvement	Incentivizing consumers		

Matching evidence with decision-making



Forms of evidence	Steps where it adds the greatest value			
 Data analytics	1			4
 Modelling	1	2		
 Evaluation		2		4
 Behavioural / implementation research			3	
 Qualitative insights	1	2	3	4

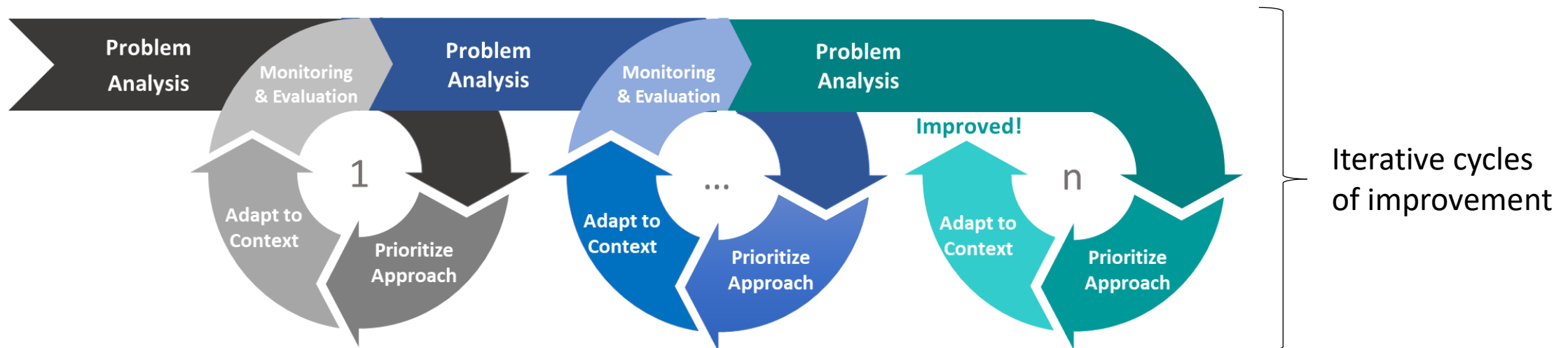
Learning oral health systems



Learning oral health systems are:

- Anchored on stakeholder needs, values, and aspirations;
- Driven by timely data and evidence to inform decision-making;
- Supportive of aligned governance, financial, and delivery arrangements.

→ Culture of collective learning and improvement



Why?

What?

 How?

Prioritization of cost-effective oral health interventions

Cost-effectiveness-analysis

- WHO CHOICE methodology
- Collaboration with WHO

Interventions considered so far:

- Sugar Sweetened Beverage Taxation
- Fluoride Toothpaste
- Atraumatic Restorative Treatment
- Silver Diamine Fluoride
- Tobacco control



**World Health
Organization**

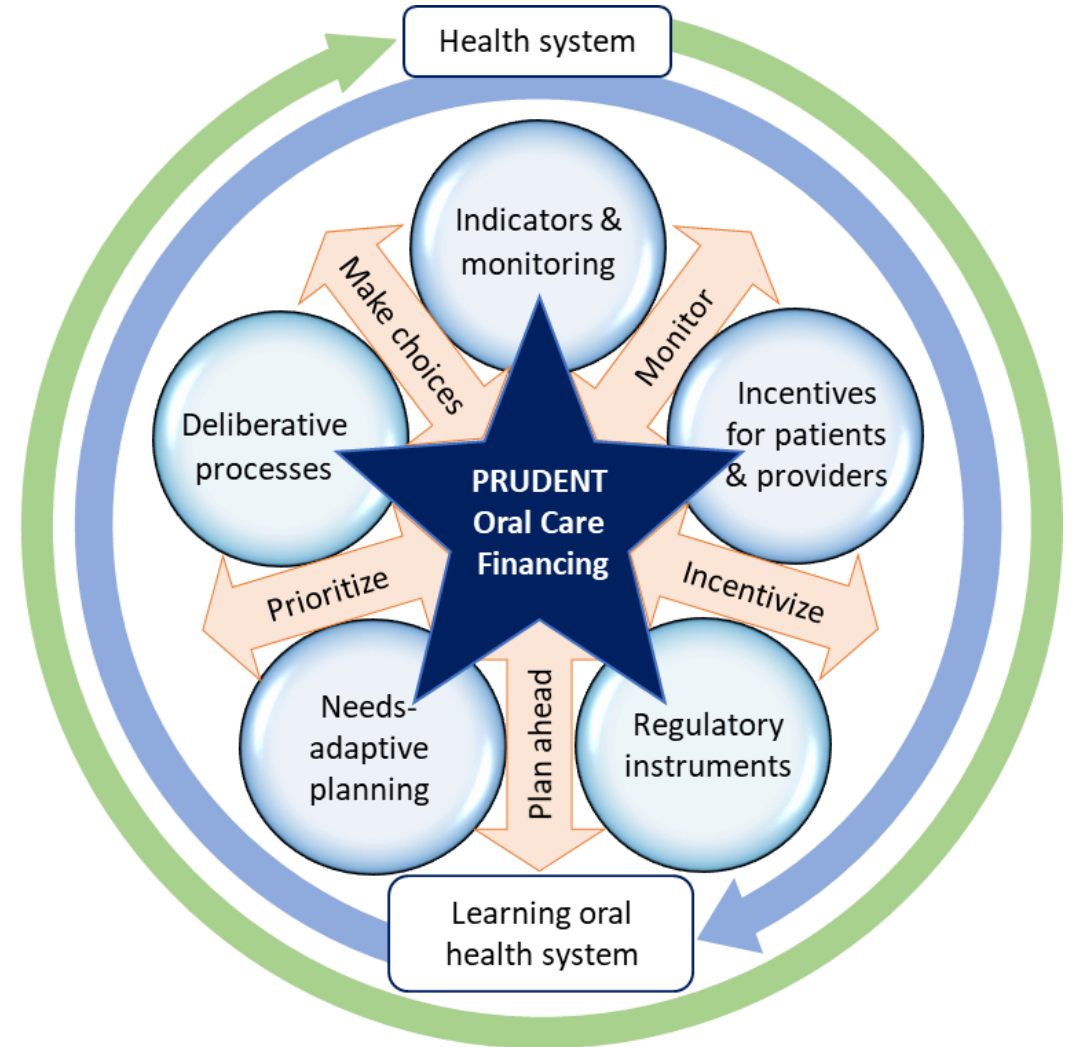
TACKLING
NCDs





Prioritization, Incentives and Resource Use for Sustainable Dentistry

PRUDENT Financing Model



Funded by the European Union

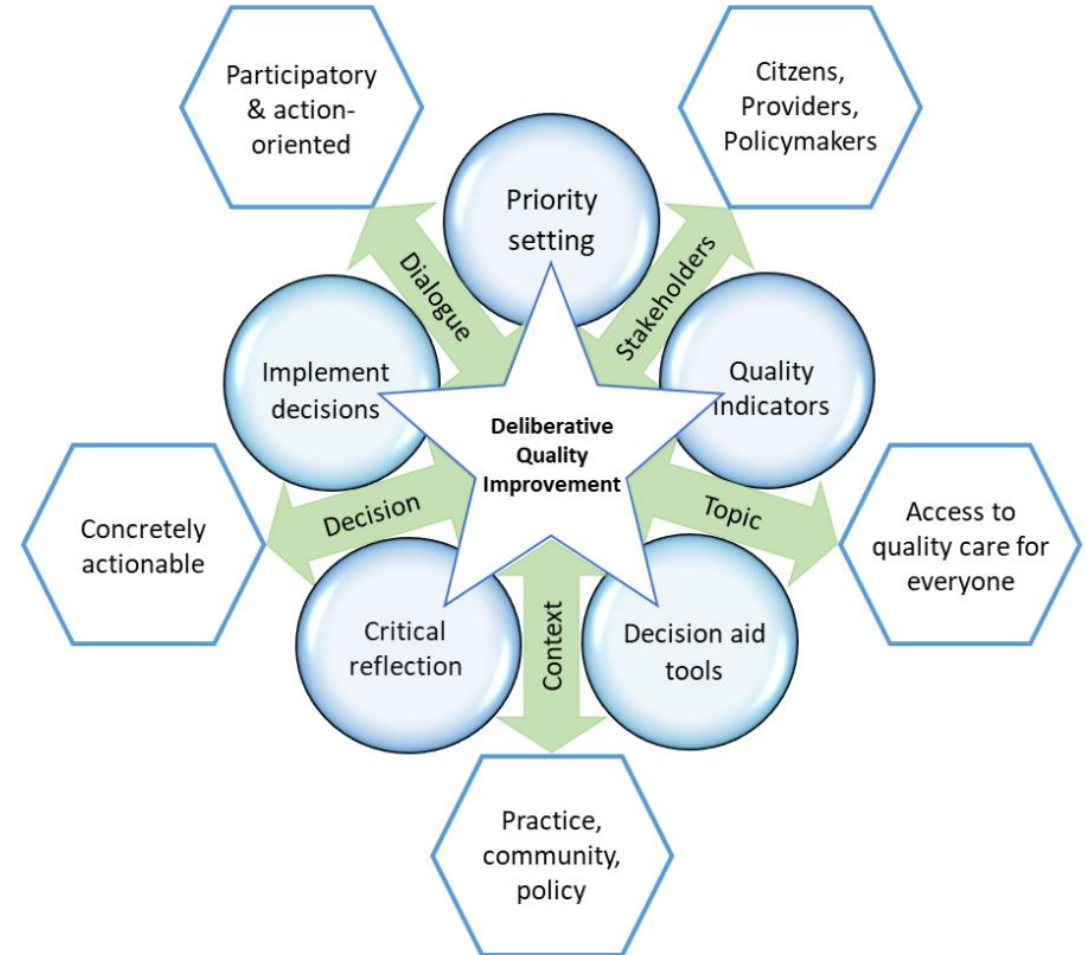
www.prudentproject.eu

 @PRUDENT_project



DELIVER: Deliberative Improvement of Oral Care Quality

DELIVER Quality Improvement Model



Funded by the
European Union

<https://deliverproject.eu>

 @Deliverproject1



We still have a problem.