



Towards a Cavity-Free Future for Children in Brazil

FDI World Dental Congress 2026
CDO DPH Section

Towards a Cavity-Free Future for Children in Brazil

Building on the work of the Brasil Sorridente programme and the latest evidence on effective policy and practice, what local, regional and national actions can measurably improve caries prevention and minimally interventive care for children in Brazil?

Professor Nigel Pitts - *The Alliance for a Cavity-Free Future*

Ross Pow - *Power of Numbers Ltd*



May 2026



ACFF Oral Health Policy Labs

Towards a Cavity-Free Future for Children in Brazil

Outcomes from the National-Level Oral Health Policy Lab
São Paulo • 4-5th March 2026

Actions to measurably improve caries prevention and minimally interventive care for children in Brazil

Based on the ACFF Brazil Policy Lab Report • May 2026



FDI World Dental Congress - CDO DPH Section

5th September 2026



Competing Interests – Prof Nigel Pitts

Chief Executive Officer: *Alliance for a Cavity Free Future*

Global charity registered in Scotland, UK

King's College London, UK roles:

Emeritus Professor of Oral Health and Impact

Formerly - Dean of Research Impact, across all nine of King's Faculties

Formerly - Director of Dental Innovation & Impact, Dentistry, Oral & Craniofacial Sciences

Consultant to:

Colgate

Haleon



The Brazil Policy Lab story

Context

ACFF and the Policy Lab approach

Challenge

Childhood caries, hidden disease and inequality

Opportunity

Global evidence and Brazil's policy platform

Policy Lab

Question, participants and decision process

Breakthroughs

Four ingredients for sustainable improvement

Action

Five proposals and a coordinated delivery model

Who is ACFF?

- The Alliance for a Cavity-Free Future (ACFF) is a global not-for-profit organisation committed to confronting the burden of tooth decay.
- We promote integrated clinical and public-health action to prevent dental caries initiation and progression.
- We bring together experts and supporters across professional, geographic and stakeholder boundaries.
- We are building (with others) a unified global movement that integrates good oral health within general health and wellbeing.

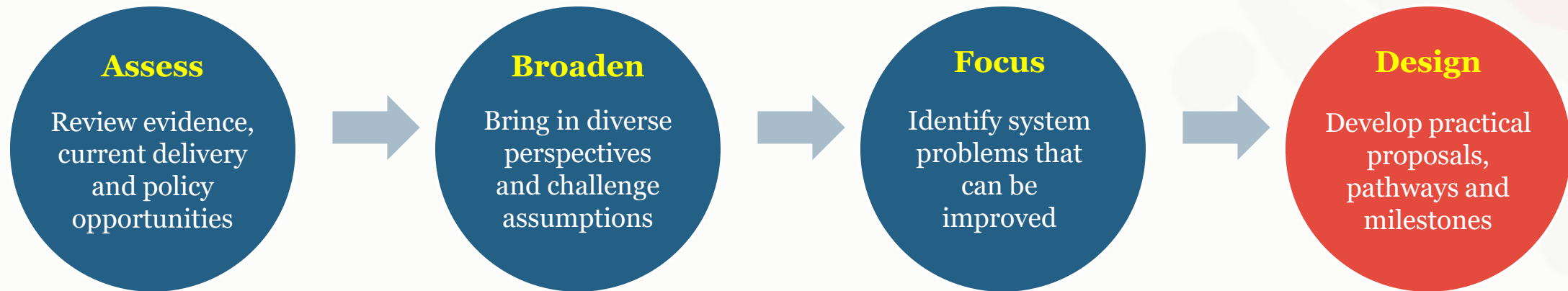
OUR ULTIMATE STRETCH GOAL

Every child should stay cavity-free throughout their lifetime



A Policy Lab converts diverse collective expertise into practical proposals

A collaborative, evidence-informed methodology designed to make a breakthrough on a difficult policy and delivery challenge



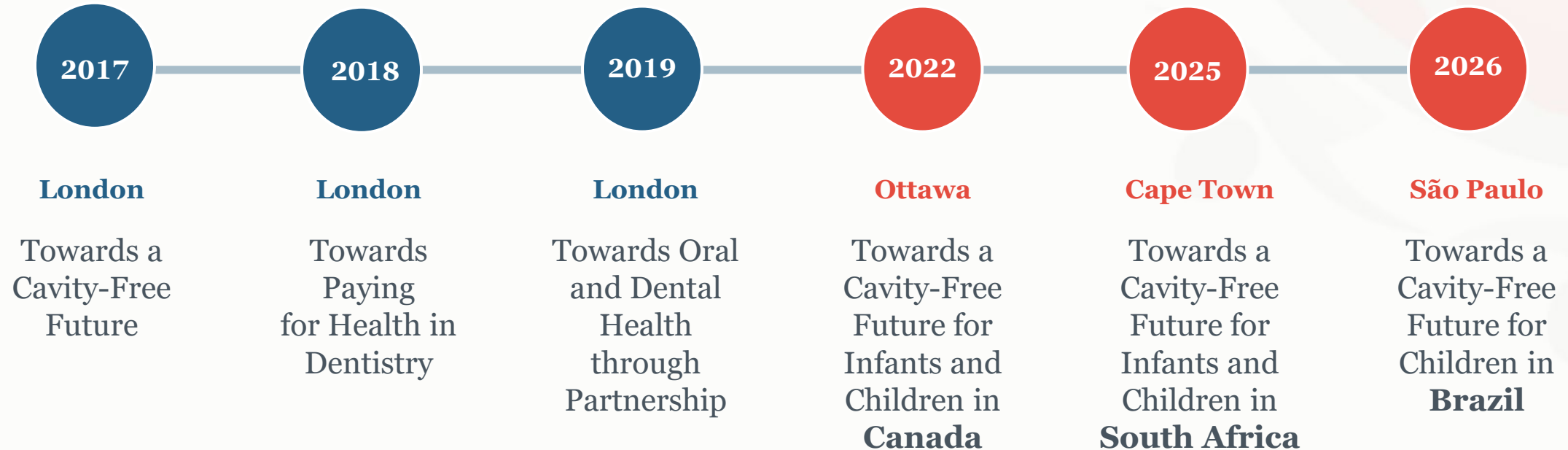
Frequent, fast-paced and interactive discussion creates shared ownership of the result



ACFF Policy Labs: from global questions to national action

GLOBAL POLICY LABS

NATIONAL POLICY LABS



The programme has evolved from global policy questions to locally developed, country-level implementation challenges

Childhood caries remains a major public-health challenge in Brazil

More than 50%

of five-year-olds have at least one tooth affected by caries into dentine requiring treatment.

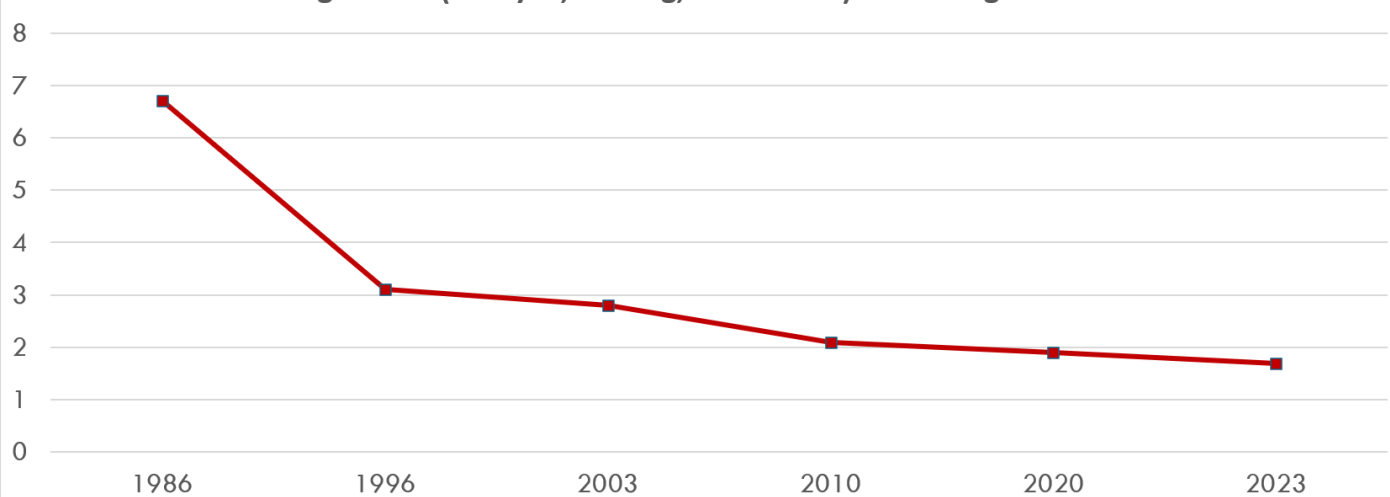
Around 80%

of affected primary teeth in five-year-olds remain untreated.

More than 80%

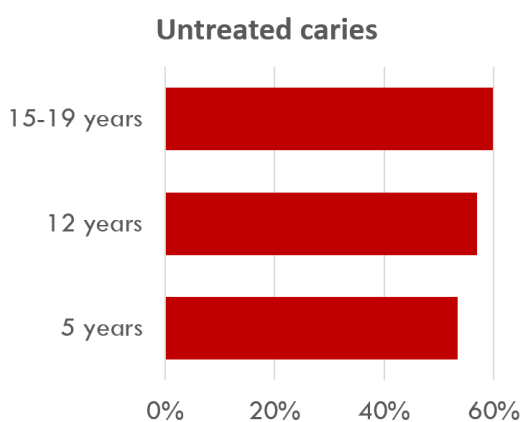
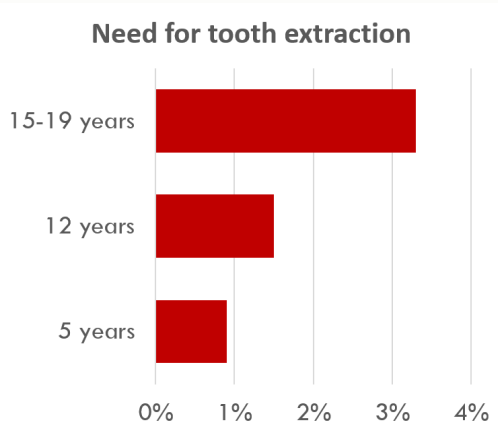
of adolescents have teeth affected by dental caries.

Average DMFT (Decayed, Missing, Filled Teeth) score at age 12 in Brazil



Progress has slowed, and extraction needs are rising as untreated disease progresses

Ministry of Health, National Oral Health Survey – SB Brazil 2023



The disease begins earlier than routine data reveal

Conventional dmft surveillance usually records disease **only** after **visible cavitation into dentine**:

ICDAS 0

Sound

1-2

Early enamel change

3-4

Breakdown /
dentine shadow

5-6

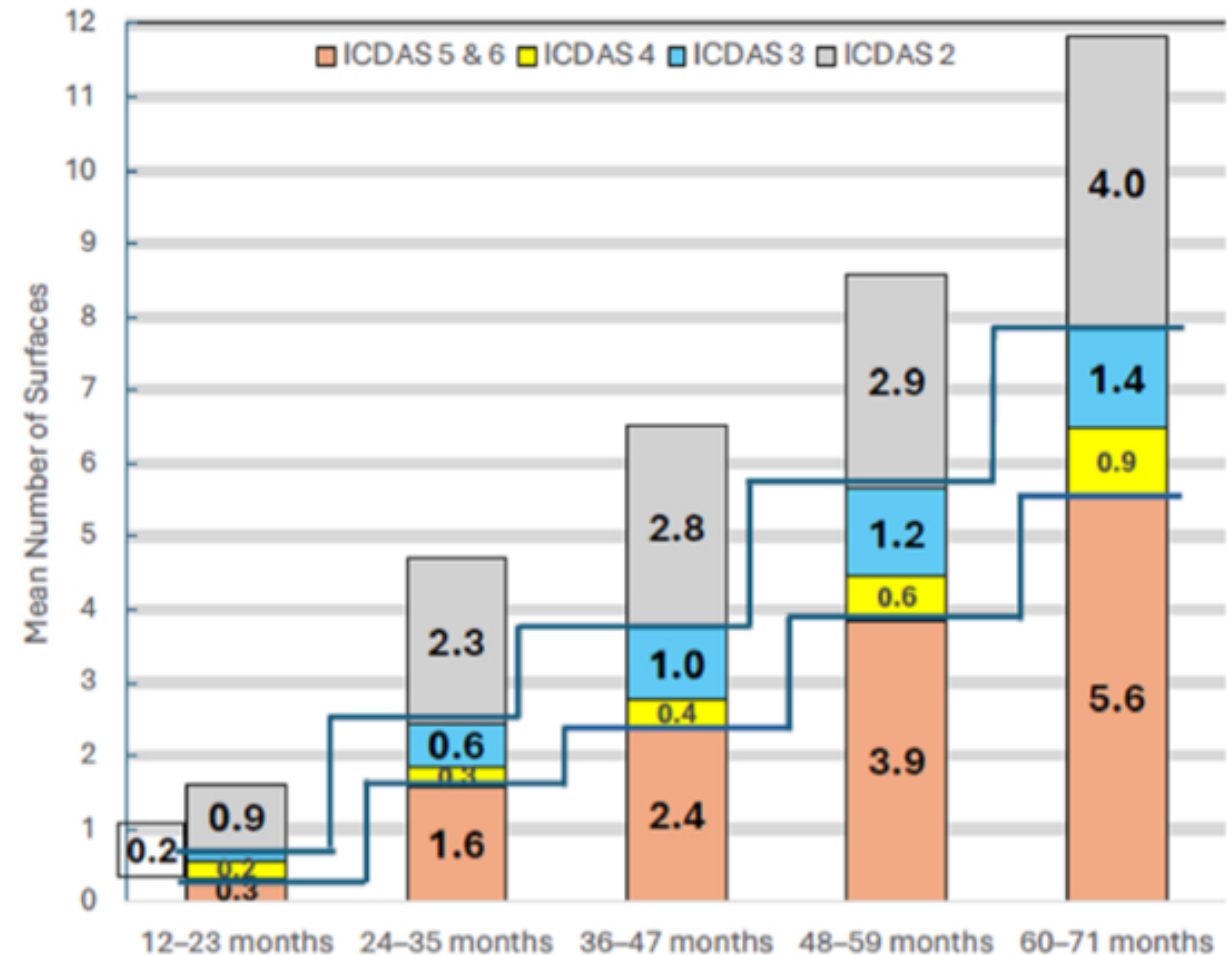
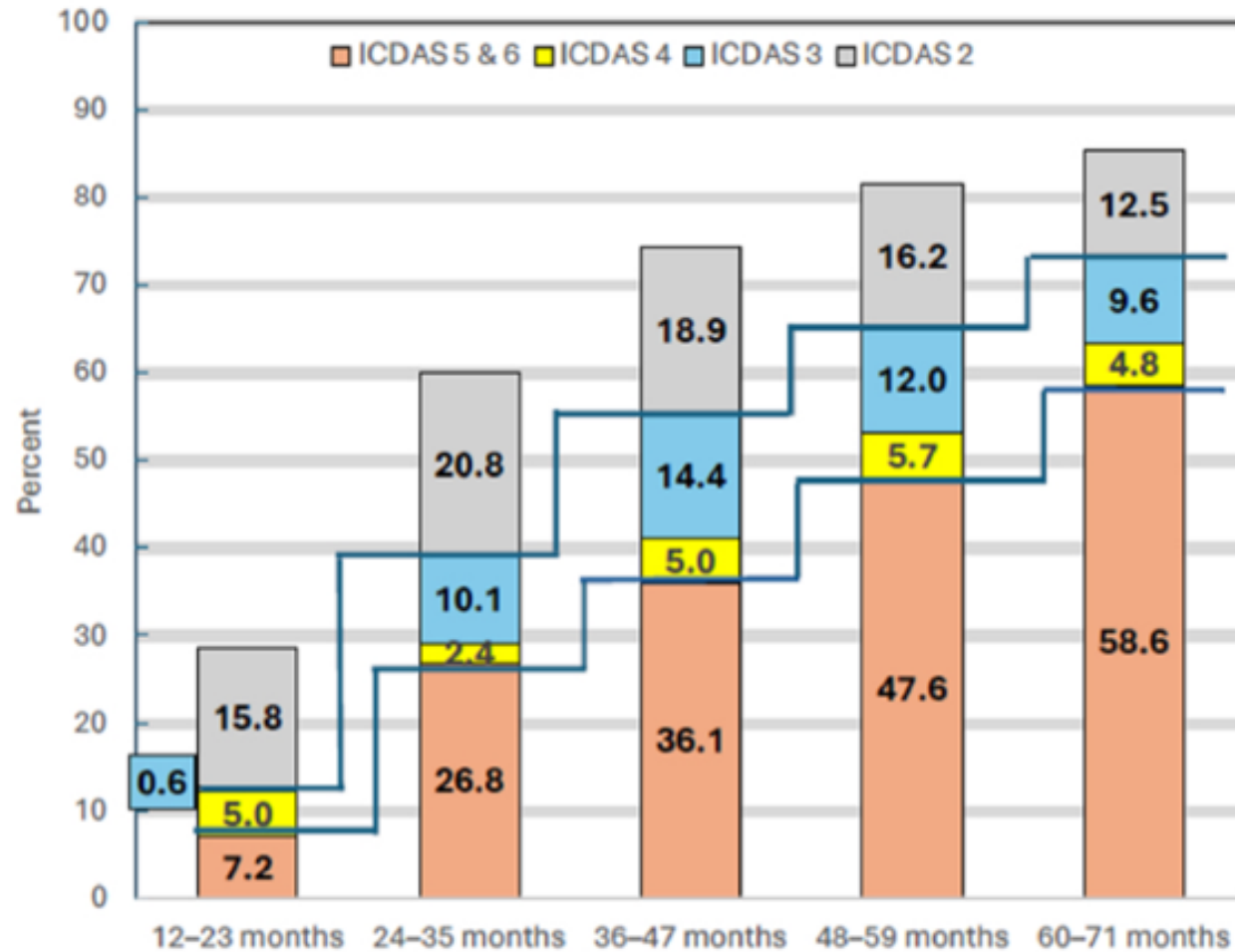
**Visible dentine
cavity**

**Waiting until age five or six can mean the opportunity
to arrest early lesions has already passed**

ICDAS enables earlier detection, risk classification and preventive action

Percentage of untreated decay

Villena, R. S., & Pitts, N. B. et al. (2025). ICDAS adaptation for early childhood caries: An epidemiological study in 11 Latin American countries. JDR Clinical & Translational Research



(Using ICDAS on children aged 12-71 months across all 11 Latin American countries with data aggregated and weighted by age group based on the number of participants in each country)

The burden falls hardest where access is weakest

Geography

In 2023, over half of children in the North of Brazil did not seek needed dental care, compared with 35% in the Central-West.

Local variation

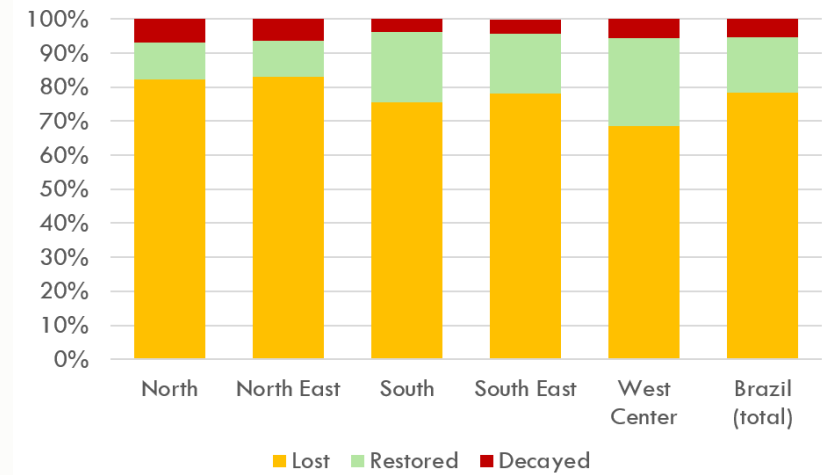
60% of five-year-olds in Piauí and Goiás had untreated cavities, compared with 24% in São Paulo.

Social disadvantage

Remote, Black, Brown, and economically disadvantaged communities experience lower access, later presentation and poorer care. Indigenous populations are also identified as a priority group.

- Lower access means later presentation, more extraction and worse health outcomes.
- Knowledge, beliefs, affordability, trust and health literacy also shape preventive behaviours.

Rates of 5-year-old children with decayed, restored and lost teeth in 2023



Global policy now reinforces prevention-first oral health care

WHO Global Oral Health Action Plan

80% entitlement to essential oral health services by 2030; 10% relative reduction in major oral diseases.

Bangkok Declaration

No Health Without Oral Health - accelerating national implementation.

WHO Guideline

Prevention first, optimal fluoride, sugar reduction, early and less invasive, sustainable, care.

FDI Vision 2030

Maintain health and function, not simply treat disease.

These frameworks support a broader, health-system response to childhood caries in Brazil



Brasil Sorridente provides a substantial platform for change

Universal system

Brazil's Unified Health System (SUS) is public, universal and free at the point of care.

National reach

Brasil Sorridente supports around 35,000 oral health teams and more than 46 million visits each year.

Implementation gap

Strong federal policy must travel through states and municipalities, where capability and consistency vary.

**The challenge is not choosing a direction
– it is making prevention and MI care the normal way local systems work**

Brasil Sorridente = Smiling Brazil

The Policy Lab addressed one locally developed Question:

“Building on the work of the Brasil Sorridente programme and the latest evidence on effective policy and practice, what local, regional and national actions can measurably improve caries prevention and minimally interventive care for children in Brazil?”

The Brazil Policy Lab was the first ACFF Policy Lab to provide live, bidirectional translation, enabling inclusive collaboration throughout



Diverse experience shaped the proposals

Participants came from across Brazil and included:

01

People with lived experience

02

Federal and state policymakers

03

Municipal health-system managers

04

Researchers and educators

05

Oral health professionals

06

Community and wider stakeholders

**The process moved from reviewing reality → drawing on evidence
→ specifying system problems → generating actions**



Participating in the Policy Lab was a recognition that science goes hand in hand with governance. Also, the burning house analogy was powerful in reshaping my thinking towards prevention being fundamental to minimally interventive care: ‘would you repair a house that’s on fire?’ ‘Or would you put the flames out first?’

- **Andrea Regina do Nascimento Vrech Coelho**

Oral Health Coordinator for the State Secretariat of Mato Grosso (Mato Grosso State)



The Policy Lab is a transformative tool and it was very enjoyable to exchange ideas with a diverse group of colleagues from across Brazil.

- **Fernanda Campos de Almeida Carrer**

Professor at University of São Paulo (São Paulo State)



This event was fantastic and through the exchange of knowledge between participants, it was evident we need to focus more on health than on disease.

- **Karina Camillo Carrascoza**

Dentist of SUS in the municipality of Itupeva (São Paulo State)



I was able to learn about the realities of other places and bring some of those experiences back to my work as a community health worker. Together, we have the ability to improve oral health in Brazil.

- **Silvia Rafaela Fernandes Hermogenes**

Citizen and Community Oral Health Agent of SUS (Rio de Janeiro State)





Put the fire out first!

Restoring a tooth with active caries rather than preventing the caries in the first place is the same as trying to repair a house that is on fire.

Four ingredients were seen to be needed for sustainable improvement

1 Maintain health

Reach children earlier, identify initial lesions and value those who remain cavity-free.

2 Define MI care consistently

Move from “wait and treat” to aggressive prevention, review and minimum effective intervention.

3 Change how the system works

Align authority, incentives, workflows and accountability across federal, state and municipal levels.

4 Use indicators to drive change

Measure health, prevention, equity and the full range of MI care - then use the data for improvement.

The Lab produced five connected proposals for action

1

0-4 years

Early childhood prevention and first contact

2

Schools

Schools-based prevention and care pathways through health-education partnerships

3

Equity

Remote, minority and disadvantaged populations at the center of action

4

Municipalities

Stronger planning, coordination, delivery management and accountability

5

Workforce

Municipality-HEI partnerships, training, CPD and a prevention and MI care mindset

Municipality capability and workforce capacity enable the core delivery priorities; equity must shape every adaptation

Proposal 1: Reach children before disease progresses

Problem

Children aged 0-4 are not reached consistently before caries develops; early disease and prevention success are poorly measured.

Mechanism

Link oral health to maternity, vaccination, childcare and community services; use age-based indicators, risk classification, fluoride and repeated family support.

Early milestone

Within six months: early-childhood indicators in place and pilots visibly operating in at least 10 municipalities.

Long-term outcome: a much higher proportion of children remain cavity-free at age five

Proposal 2: Use schools as sustained prevention settings

Problem

Oral health is not consistently integrated into school health education, family engagement or wider child-health promotion.

Mechanism

Formalise health-education cooperation, strengthen PSE priority, share outcome data with schools and standardise joint protocols.

Early milestone

Within six months: a national coalition established and oral health re-emphasised within PSE.

Two-year outcome: fewer high-risk children and fewer urgent-care episodes

Proposal 3: Make equitable access measurable

Problem

Remote, Black, Brown, Indigenous and disadvantaged children receive less prevention, later care and poorer outcomes.

Mechanism

Use active case finding, local population mapping, community dialogue, risk prioritisation and an oral-health equity indicator.

Early milestone

Within six months: a representative working group, draft guidance and public consultation underway.

Five-year outcome: major increases in preventive access, first appointments and completed MI care

Proposal 4: Strengthen municipality implementation capability

Problem

National directives lose force in translation; local systems often lack practical tools, procurement support, workflows and accountability.

Mechanism

Create a stronger federal-state-municipal implementation chain with clear definitions, delivery protocols, quality indicators and coordinator support.

Early milestone

Within six months: 50% preventive-action coverage and 25% MI treatment in participating municipalities.

Three-year outcome: lower caries severity, fewer urgent visits and stronger primary-care resolution.

Proposal 5: Build municipality-HEI workforce partnerships

Problem

Training and CPD do not consistently prioritise prevention and MI care or translate evidence into everyday service delivery.

Mechanism

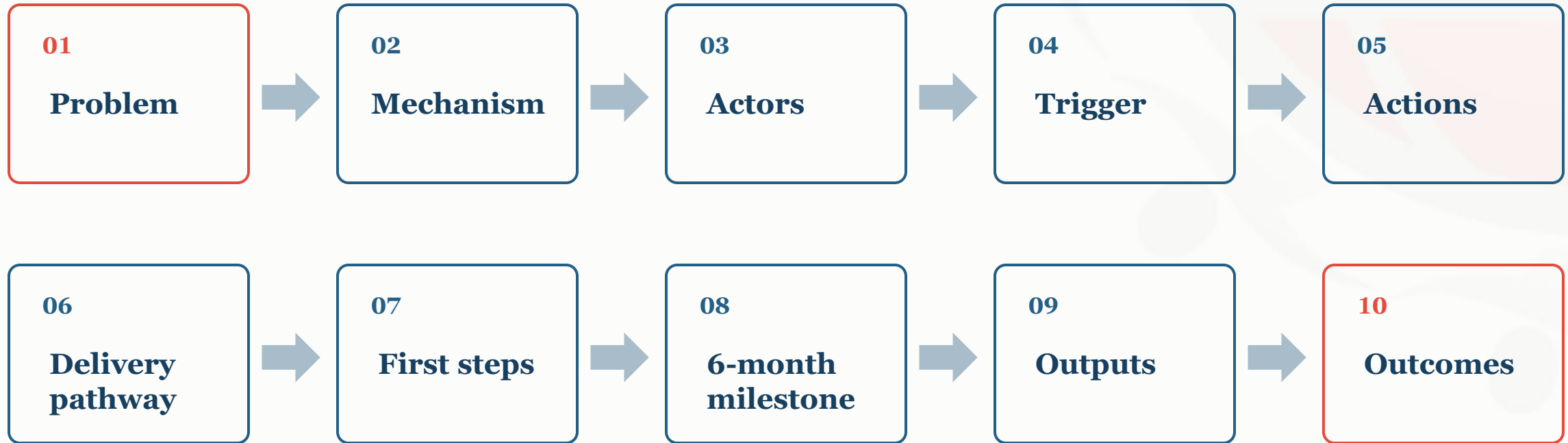
Create durable municipality-higher education partnerships, common evidence-based training and action plans linked to a workforce indicator.

Early milestone

Within six months: a new indicator and at least 250 municipality-HEI partnerships established.

Three-year outcome: 90% of oral-health teams trained in prevention and MI care.

Each proposal follows an implementation delivery chain



This chain connects ambition to named responsibility, measurable delivery and real-world outcomes

Coordinated action is required at four levels

National launchpad

A reconstituted ACFF Brazil Chapter creates shared enabling conditions: indicators, risk assessment, data use, learning and spread.

Five working groups

Time-limited groups refine each proposal, define minimum viable delivery models and identify demonstration sites.

Municipality partnerships

Local partners adapt delivery models to different populations, services and implementation realities.

Cavity-Free Coalition

A multi-sector coalition mobilises oral health, education, child health, communities and families.

The ACFF Brazil Chapter acts as catalyst, convener and steward

The Cavity-Free Brazil Coalition mobilises partners across the system



The immediate task is to mobilise and demonstrate delivery

- Form the national launchpad and re-activate the ACFF Brazil Chapter.
- Establish five time-limited proposal working groups with clear 12-month remits.
- Agree and test oral-health quality indicators and an improved child risk-classification tool compatible with e-SUS and ICDAS principles.
- Select early demonstration municipalities and establish learning between them.
- Build the Cavity-Free Brazil coalition to connect sectors and mobilise resources.

**Future focus can then extend upstream:
sugar exposure, fluoridation, public attitudes and
integration with wider child-health policy**



Summary: Brazil has the foundations to accelerate progress

- 01 Challenge** Caries begins early, is often untreated and falls unequally.
- 02 Opportunity** Brasil Sorridente, global evidence and extensive oral-health teams provide a strong base.
- 03 Breakthrough** Prevention-first, consistent MI care, system implementation and better indicators must move together.
- 04 Action** Five proposals target early childhood, schools, equity, municipality capability and workforce.
- 05 Delivery** National enablement, working groups, local partnerships and a cross-sector coalition sustain change.

NATIONAL ENABLING LAUNCHPAD

Creates the shared conditions for all five proposals to get started

PROPOSAL MOBILISATION

Five working groups refine, test and develop practical delivery models

LOCAL DELIVERY AND SUSTAINABILITY

Local partnerships adapt, deliver, monitor, learn and improve

ACFF BRAZIL CHAPTER

Catalyst, convenor and steward of the post-Policy Lab agenda

ORAL HEALTH INDICATORS
Agree and test a set of oral health quality indicators

ASSESSMENT AND RISK CLASSIFICATION
Develop and implement an improved child assessment tool based on ICDAS, adapted through an existing Brazilian system

DATA USE AND DASHBOARDS
Ensure data is captured, analysed and used for planning, follow-up, equity and improvement

LEARNING AND SPREAD
Support demonstration sites, share learning and build momentum across states and municipalities

FIVE PROPOSAL WORKING GROUPS

Each group develops the proposal, identifies demonstration sites, defines milestones and feeds learning back to the ACFF Brazil Chapter

1

0-4 YEARS
Early childhood prevention and first contact

2

SCHOOLS
Schools-based prevention and care pathways through health-education partnerships

3

EQUITY OF ACCESS
Remote, minority and disadvantaged populations at the centre of action

4

MUNICIPALITY IMPLEMENTATION CAPABILITY
Stronger planning, coordination, delivery management and accountability

5

WORKFORCE CAPACITY AND CAPABILITIES
Municipality-HEI partnerships, training, CPD and a prevention and MI care mindset

MUNICIPALITY-LED LOCAL PARTNERSHIPS

Adapt and implement the proposals to more children


ORAL HEALTH TEAMS


FAMILY HEALTH AND PRIMARY CARE


SCHOOLS AND EARLY YEARS SERVICES


HIGHER EDUCATION INSTITUTIONS


CIVIL SOCIETY AND COMMUNITY GROUPS


FAMILIES AND CARERS

CONTINUOUS IMPROVEMENT AND IMPACT

Data > Feedback > Adaptation > Spread > More children cavity-free and healthier

CAVITY-FREE BRAZIL COALITION

Multi-sector alliance that connects and mobilises partners across the system


ORAL HEALTH


EDUCATION


PAEDIATRIC AND CHILD HEALTH


EARLY YEARS AND MATERNITY SERVICES


COMMUNITY ORGANISATIONS AND FAMILIES

Laboratório de Políticas de Saúde Bucal do
Brasil

4 a 5 de março de 2026
Hotel Blue Tree Premium, São Paulo

Bem-vindos!



Special Thanks

- **ACFF gratefully acknowledges the grant funding provided by Colgate-Palmolive, which enabled the Brazil Policy Lab.**
- **Note: Colgate-Palmolive's partnership with the WHO Foundation supports WHO's oral health programming and aims to elevate oral health as a global public health priority.**
- **This shared commitment aligns closely with the Brazil Policy Lab's aim of translating global oral health recommendations and evidence into coordinated policy and practical action at national, state and municipal levels.**



WHO Foundation Partnership Pillars

Scale Oral Health Education
by
integrating
into existing
infrastructure

Support Policy and Guidance
for national
health
systems and
packages

Build Global Leadership and Awareness
of Colgate's
commitment

Acknowledgements

- The University of São Paulo, Professor Fernanda Campos de Almeida Carrer, the Departamento de Odontologia Social Faculdade de Odontologia and Luana Camila Brisolla Ferreira for their insights and help with the logistics and delivery of this event.
- Planning Group: Professor Fernanda Campos de Almeida Carrer, Luana Camila Brisolla Ferreira, Edson Hilan Gomes de Lucena, Mariana Minatel Braga, Dionatan de Oliveira, Yuri Wanderley Cavalcanti and Silvia Rafaela Fernandes Hermogenes.
- All Policy Lab participants and the Portuguese-English translation team.
- Dr James Taylor and members of the CDO/DPH Section for inviting ACFF to present.

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