



Vision 2030

Advocacy in Action

IMPLEMENTATION TOOLKIT



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

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FOREWORD

Oral health is a basic human right...

...but one that is enjoyed by all too few. Oral health is of fundamental importance to overall health, well-being, and quality of life and should be available and accessible to everyone, everywhere. The good news is that FDI, with the support of its members and strategic partners, has succeeded in helping to place oral health at the heart of the global health and development agenda. There is no better time to influence governments and policymakers to accelerate action at a country level and turn global commitments into solutions that deliver optimal oral health to all – with no person left behind.

This toolkit will support you in those efforts.

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).¹

FDI's definition of oral health

SETTING THE SCENE:

THE IMPORTANCE OF ACTING NOW



INTRODUCTION

Major inequalities in oral health exist, both within and between countries, and although oral diseases are largely preventable the global burden remains unacceptably high.

Advances in dental care have resulted in major improvements in oral health, but these have mainly occurred in high-income countries and, even then, they have not benefitted the entire population. The poor and disadvantaged in society suffer a disproportionately high level of disease; effective population-wide disease prevention remains to be implemented; and affordable, appropriate care is not accessible to all.²

Together, we have a chance to change this.

There have been some momentous developments in the global oral health landscape since 2021, and there is a united commitment and determination to increase access to affordable and timely oral healthcare for populations everywhere like never before.

Read on to find out what has been happening at the global policy level and how **global advocacy efforts have led to the biggest shifts in oral healthcare to date.** Then see how **on-the-ground advocacy can – and needs to – capitalize on this to ensure change takes place in your country.**

ABOUT THIS TOOLKIT

Aim

This 'how-to-toolkit' highlights strategies that can be implemented to leverage all the significant developments in the global oral health policy landscape. It provides tools and resources to support national advocacy efforts and aims to help inform discussions with governments and policymakers so that oral health challenges are turned into opportunities and solutions, leading to improved oral health.

Audience

It has been prepared with FDI members in mind but can be used by all oral health champions in their strategic advocacy efforts.

Scope

FDI is composed of a diverse membership with different levels of advocacy knowledge and capacity. This toolkit is for guidance only and is neither prescriptive nor exhaustive; advocates are urged to adapt it for use based on the needs, circumstances, and oral health priorities within their countries and regions.

What is included?

- **Snapshot** of the key developments in the global oral health landscape.
- **Guidance** around your role as an advocate.
- **Facts and figures** to contextualize the oral disease burden.
- **Step-by-step guide** to help you plan and carry out strategic advocacy campaigns.
- **Advocacy opportunities and partnerships** that can be leveraged.
- **Sample calls to action** that provide concrete measures that governments can implement.
- **Case studies** that have resulted in positive developments and change.
- **Additional resources** to help inform and support your advocacy activities.



Every action counts, no matter how big or small. Whether you are at an advanced stage in your oral health advocacy efforts or just starting out, this toolkit outlines the approaches that can be taken to effect policy change and make an impact at the local, national, and regional level.

GLOBAL ADVOCACY: THE PROGRESS MADE

It has been a transformative time for oral health; all the determination and hard work that came before it has resulted in historic decisions being taken to improve oral health globally. A timeline of all the key milestones since 2010 can be accessed [here](#). Some of the most recent developments and opportunities are summarized below:

JANUARY 2021

Vision 2030: Delivering Optimal Oral Health for All

The launch of FDI's [Vision 2030: Delivering Optimal Oral Health for All](#) (Vision 2030)² coincided with a major shift in the oral health policy landscape. Vision 2030 is a roadmap report that provides comprehensive guidance to respond to the oral disease burden over the next decade and achieve universal oral health coverage (UHC) by 2030. It proposes strategies to turn challenges into opportunities and advocates for tailored approaches according to national contexts and priorities, with targets and indicators to assess progress.

It also calls on oral health professionals to assume a leadership role within the healthcare community and society more widely.



MAY 2021

A landmark resolution on oral health

The adoption by WHO Member States of a [resolution on oral health](#) at the World Health Assembly was a breakthrough moment. The Resolution recommends that oral health should be firmly embedded within the noncommunicable diseases (NCD) agenda and that oral healthcare interventions should be included in UHC programmes. Further advocacy opportunities, including the development of 'best buy' interventions, will continue to present themselves moving forward.



Oral health has been overlooked for too long in the global health agenda. 14 years after the last consideration of oral health...today's resolution provides a welcome opportunity to address the public health challenges posed by the burden of oral diseases to reposition oral health as part of the global health agenda in the context of UHC."

Dr Tedros Adhanom Ghebreyesus
WHO Director-General



SEPTEMBER 2021

Dental preparations included in WHO's Model List of Essential Medicines

WHO's Model List of Essential Medicines is a list containing medications considered to be most effective in responding to the priority needs of populations.³ Three dental preparations were added to the list for the first time under a new section dedicated to oral health: fluoride toothpaste (1,000–1,500 ppm fluoride), silver diamine fluoride, and glass-ionomer cement.

MAY 2022

Global oral health strategy

Following the landmark oral health resolution, Member States officially approved and adopted WHO's [Global strategy on oral health](#).



The goal of the strategy is to guide Member States to: (a) develop ambitious national responses to promote oral health; (b) reduce oral diseases, other oral conditions and oral health inequalities; (c) strengthen efforts to address oral diseases and conditions as part of UHC; and (d) consider the development of targets and indicators, based on national and subnational contexts, building on the guidance to be provided by WHO's global action plan on oral health, in order to prioritize efforts and assess the progress made by 2030.”⁴



NOVEMBER 2022

Global oral health status report

WHO launched the [Global oral health status report](#), including the first-ever country oral health profiles. The country profiles are scorecards that provide a comprehensive picture of the burden of oral disease for each country, thus highlighting key areas that policymakers must urgently address to accelerate progress towards UHC for oral health.

The report emphasizes the national and regional differences in the oral health challenges faced and reinforces a key message from FDI's Vision 2030: there cannot be a 'one-size-fits-all' approach.

MAY 2023

Global oral health action plan

The WHO global oral health action plan, which includes a framework for tracking progress with targets to be achieved by 2030, provides a real opportunity to build traction by urging governments to take the necessary steps in order to meet them.

DECEMBER 2024

First-ever global oral health summit

Only through our continued and collective efforts will we succeed in improving oral health globally.

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.

UNDERSTANDING ADVOCACY:
HOW YOU CAN MAKE A DIFFERENCE



WHAT IS ADVOCACY?



Advocacy is speaking up to draw attention to an issue and potential ways to address it. Whether it is speaking on behalf of marginalized groups or pushing an issue higher on the policymaker's agenda, advocacy seeks to influence policy processes and establish long-term change.



Effective advocacy goes beyond describing a problem or challenge clearly. Without providing a **menu of relevant, feasible, and evidence-based solutions**, advocacy may not deliver its potential. Therefore, advocacy is not a one-off event or activity but a continuous and strategic dialogue process to achieve consensus and action.



Advocacy projects may be designed to **improve the experience of selected individuals or to produce benefits for populations** by changing public opinion and policy. Irrespective of its scale, advocacy is about seeking positive change.



Advocacy starts with a **detailed understanding of a specific issue** – its scope and impact on those affected, the policy and legal environment, the relevant stakeholders, and ongoing or past efforts to address it.



An advocate working from within the target system may have the advantage of understanding how the system operates, who makes the decisions, and **influence policies and processes faster**.

What are some characteristics of advocacy?⁶



Seeks change

Targets system transformation.



Collaborative (Solidarity)

Promotes collective action and finding common ground.



Strategic

Follows a planned, strategic approach but is also dynamic.



Unpredictable

Frequently carried out in rapidly changing environments, rarely is a linear process.



Timely

Advocates anticipate and leverage windows of opportunity to push policy solutions and draw attention to their issues.



Evidence-based or evidence-informed

Advocates may leverage local evidence or build a case based on relevant evidence from other settings.



ADVOCACY AND THE ROLE OF HEALTHCARE PROFESSIONALS

What is health advocacy?

Health advocacy encompasses activities that promote health and access to healthcare at both individual and community levels.⁷

Health advocates create awareness, inform, and influence health policy, or propose solutions to enhance healthcare planning and delivery. They may also support policy implementation and monitoring.

1

Healthcare professionals as advocates

Professional associations working in the field of health have direct access to patients, their needs, and their preferences. This places them in a unique position to advocate, and support strategies for, positive change in their healthcare systems.

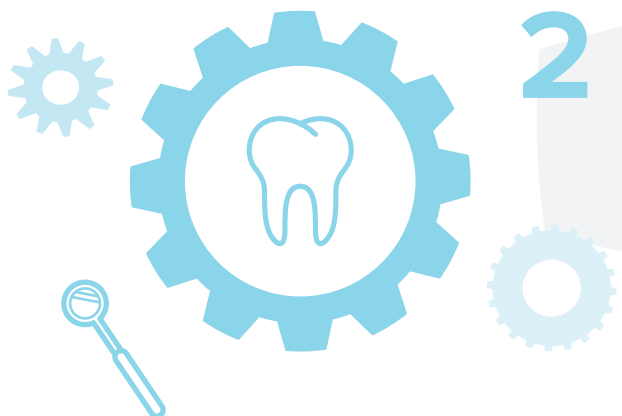


2

Oral health professionals as advocates

Oral health professionals engage people of all ages during their practice and thereby have the greatest potential of any group in society to advocate for access to optimal oral health.

Advocating for systemic change may not be part of the dentist's professional curriculum, but it is a natural progression for the 21st-century oral healthcare provider.



3

Harnessing the power and legitimacy of regional and national dental associations for advocacy

FDI works globally to influence and advance the oral health agenda, however, action on a regional, national, and local level by FDI members, to advise and influence government responses, is key to the joint vision of achieving optimal oral health by 2030.

National dental associations (NDAs) and other FDI members have the expertise and legitimacy required to speak on behalf of communities and support the mobilization of resources needed to bring about change.

NDA-led advocacy efforts can leverage FDI's regional groupings to accelerate change and turn global commitments into actions that impact multiple communities at the same time.



As professional associations working in the field of health, NDAs represent practitioners with direct access to patient care, patient services and, ultimately, the public. It is this proximity that places you in a unique position to advocate positive change in the healthcare system.

FACTS AND FIGURES:

BE INFORMED TO BE IMPACTFUL



UNDERSTANDING THE BURDEN OF ORAL DISEASE

When planning an advocacy campaign, it is important to gather and analyse local data to understand the most pressing challenges, and the policies currently in place to tackle them. Data and evidence play an important part in developing powerful arguments, especially when combined with patient stories.

Use a range of local data sources

National health information systems and local research offices are often good data sources. For example:

- 1** Use local demographic and deprivation profiles to identify groups that may be at high risk of poor oral health.
- 2** Use national surveys of oral health (adult and child) and relevant dental epidemiological programme data to gain an idea of local oral health needs relative to the national picture and comparator areas.
- 3** Use national demographic and socioeconomic data and the established link between these factors and oral disease to determine likely local needs.
- 4** Use local data on oral disease risk factors to understand the key drivers of oral diseases.
- 5** Use local health and comorbidity data to understand oral health in the context of general health.⁸

Access [WHO's oral health country profiles](#).

Picture of global and regional oral health

Oral diseases and conditions are the most common NCDs worldwide, affecting an estimated 3.5 billion people.

Understanding the broader picture will give you a deeper appreciation and perspective, which may enable you to contextualize and frame your advocacy campaign in a more impactful way. A selection of recent global oral health data and regional trends are covered next.

GLOBAL ORAL HEALTH STATUS: 10 KEY FACTS

1

Oral health is a key indicator of general health, well-being, and quality of life and has 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.⁹

Oral diseases share the same risk factors (including sugar consumption, tobacco use, alcohol use, poor hygiene, and their underlying social and commercial determinants) with the most common noncommunicable diseases (NCDs). They can also be caused by other diseases or their treatments.^{9,12}

10

9

Integrating oral health promotion and care into primary healthcare and UHC benefit packages will be key to success.⁹

Oral diseases are the most common conditions when compared to over 300 other diseases and conditions that affect humanity.

2

Even in high-income countries where advancements in dental care have led to improved methods to ensure oral health, they have not benefitted the entire population and the disadvantaged still suffer a significantly higher burden of disease.²

8

3

Oral diseases encompass different illnesses, each with its own distinct prevention, treatment, care, and rehabilitation needs. Oral diseases can be noncommunicable like caries, infectious like Noma, and deadly like oral cancer.

7

Treatment of oral health conditions is expensive and can result in high out-of-pocket costs.⁹ WHO once identified oral diseases as the fourth most expensive condition to treat and the third most expensive in the European Union.^{10,11}

Oral diseases affect people throughout their lifetime, causing pain, discomfort, disfigurement, and even death. Many countries cannot protect their population from the suffering caused by oral diseases.

4

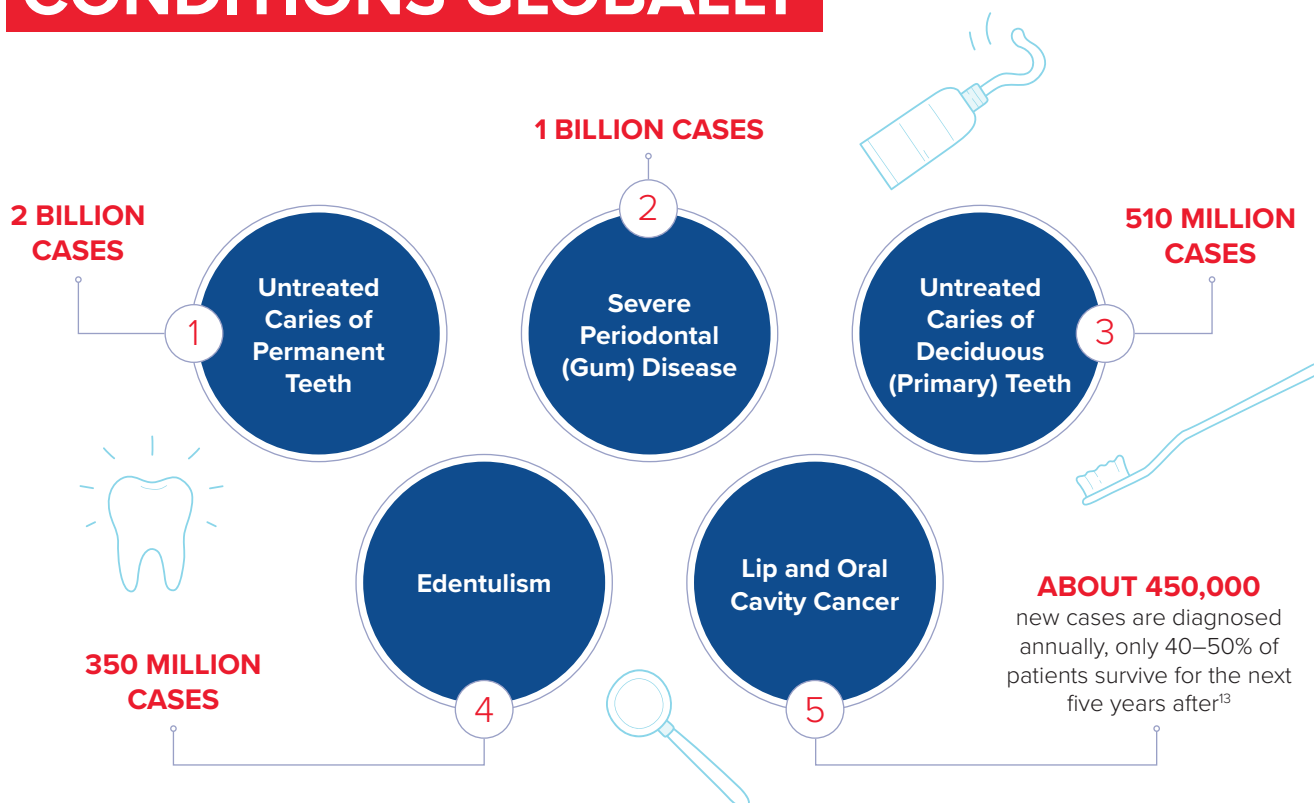
5

Globally, oral diseases affect the disadvantaged and hard-to-reach populations much more. They are a key marker of socioeconomic inequalities.

6

Although 1 out of every 4 people has caries, treatment for oral health conditions is usually not part of UHC packages. Therefore, people seeking oral care often must pay out-of-pocket.

TOP FIVE ORAL HEALTH CONDITIONS GLOBALLY



Apart from the top five oral health conditions, many other diseases and conditions require oral healthcare.¹² These include:

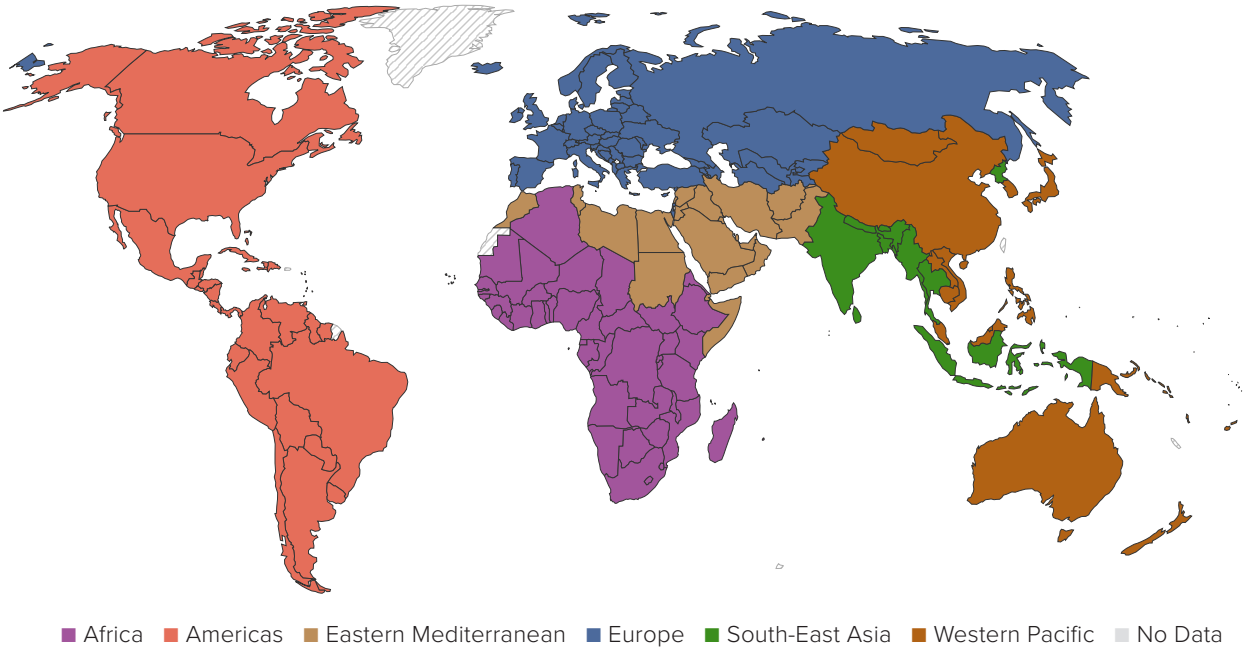
1. Oral manifestations of systemic diseases (metabolic, allergic and immunologic diseases, including HIV infection);
2. Oral mucosa diseases;
3. Erosion and tooth wear;
4. Oral impacts of substance abuse;
5. Noma;
6. Congenital malformations of teeth and the enamel;
7. Viral, fungal, and bacterial infections;
8. Trauma (including physical and chemical injuries) of the teeth, jawbones, and adjacent maxillofacial structures;
9. Cysts and tumours of odontogenic origin;
10. Salivary gland diseases;
11. Molar incisor hypomineralisation (MIH);
12. Fluorosis;
13. Disturbances in the development and growth of oral structures.

Oral diseases and other NCDs share modifiable risk factors, including tobacco use, harmful use of alcohol and unhealthy diets, as well as the same socioeconomic determinants. Accordingly, **it is essential to adopt a common risk factor approach** and fully integrate oral health into NCD prevention and control and broader health strategies. With the growing burden of oral disease and NCDs worldwide, there is an urgent need for local, national, regional, and global action to prevent these diseases.¹¹

REGIONAL TRENDS

The prevalence of the main oral diseases continues to rise globally. This increase has been linked to inadequate exposure to fluoride (in the water supply and oral hygiene products such as toothpaste), availability and affordability of food with high sugar content, and poor access to oral healthcare services in the community.⁹

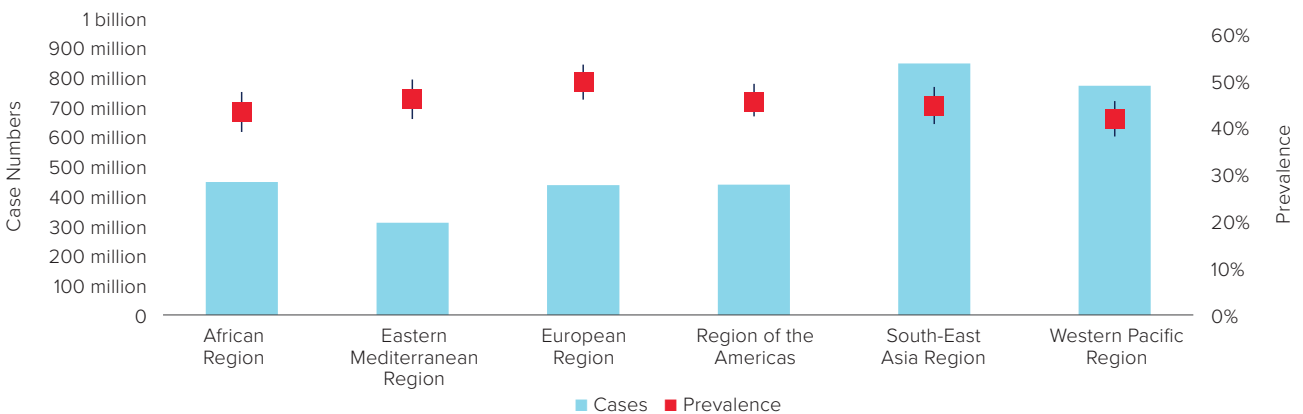
Public financing for oral healthcare varies widely across WHO regions and countries.



Source: World Health Organization

- Regions with the highest case numbers. This is because, among the WHO regions, they include countries with large population sizes.¹²
- The prevalence of oral diseases is similar for these regions relative to their population size. However, the case numbers remain relatively high.¹²
- The lowest total and per capita direct expenditure.¹²
- The highest total and per capita direct expenditure.¹²
- Out-of-pocket (OOP) expenditure for oral healthcare was more than 60% in some countries.¹¹
- In some settings within the same region where oral health is excluded completely from health coverage, OOP payment is nearly 100%.¹¹

Estimated case numbers and prevalence of the major oral diseases combined per WHO region (excluding lip/oral cavity cancer)¹²



GETTING PRACTICAL:
**A FRAMEWORK FOR IMPLEMENTING
YOUR ADVOCACY CAMPAIGN**



GETTING STARTED

Delivering optimal oral health for all by 2030 will require a move from the current predominant curative care model towards population-wide preventive interventions.

FDI's Vision 2030 is constructed around three pillars, each with a major goal, which are supported by a strategy for education.²

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.	These overarching ambitions provide a useful reference point when shaping your own advocacy priorities and campaigns.
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.	

Advocacy can be impactful if carefully planned and implemented and can be approached in many different ways.^{6,14} This section takes you through a **10-step framework** comprising the key elements, followed by opportunities that can be leveraged on a global, regional, and national level.

- 1 Conduct a robust situation analysis
- 2 Select your priority issue(s), goals, and objectives
- 3 Determine your target audience
- 4 Map out your allies and partners
- 5 Determine the most appropriate advocacy tools
- 6 Develop your advocacy plan
- 7 Craft your advocacy messages
- 8 Implement your advocacy plan
- 9 Monitor and evaluate
- 10 Determine the next steps



Further guidance is also available in the [Vision 2030 report](#), which includes approaches for policy and advocacy to support each of its three pillars.

A STEP-BY-STEP GUIDE TO STRATEGIC ADVOCACY PLANNING

1

Conduct a robust situation analysis

Evidence-based research for advocacy can leverage national data on oral health and academic peer-reviewed documents. Combining data from qualitative and quantitative sources with the testimonies of people with 'lived experience of oral diseases' can be more impactful. Present cases that are well researched to understand the scope of the challenge and strengthened with actual patient stories. Document past and ongoing interventions and possible future evidence-based solutions.¹⁵

TIP

Note that both policymakers and the public like to know where they stand compared to neighbouring countries. Any comparative information would therefore be a useful part of your campaign.

2

Select your priority issue(s), goals, and objectives

Irrespective of the number of gaps your analysis reveals, it may be helpful to limit your initial advocacy efforts to one or two key areas where your expertise and capacity will be most impactful. Determine the specific, measurable, achievable, realistic and timebound (SMART) objectives for undergoing the advocacy process. They will guide your impact assessment.

3

Determine your target audience

Identify those who have direct decision-making capacity or influence over your selected advocacy issue, and the relevant policy processes where applicable.

4

Map out your allies and partners

Identify partners who share the same vision with you. Note that you may need to build collaborations with individuals and experts operating outside the health sector.

TIP

Engaging key opinion leaders (individuals who have distinguished themselves due to their expertise and achievements) and influencers (people who can communicate with many people easily) can be a strategic advantage.

5

Determine the most appropriate advocacy tools

Identify the most effective approaches to engage your target audience based on the national or regional context and priorities. Assess your resources to ensure you can deliver.

TIP

An advocacy tool may be as simple as a phone call or as complex as a national or regional conference. The most important element is that they should be designed to influence decisions and translate awareness into action. **See the advocacy tools infographic to consider the mix of methods and techniques available (p. 29).**

Develop your advocacy plan

Based on your selected advocacy tool or mix of tools, develop your advocacy plan, taking into consideration your resources (human and financial) and the relevant advocacy opportunities. **An advocacy plan template is provided on p. 30.**

6

Craft your advocacy messages

They should be evidence-based, brief, and compelling, with a clear action. **Sample calls to action are provided on pp. 31–33.** Testimonies that demonstrate the effectiveness of the approach you are advocating are recommended. Ensure the buy-in of all partners who will support you in the advocacy process.

7

TIP

Co-creating advocacy messages with people living with oral diseases is an example of how to ensure their meaningful engagement. Additionally, leverage best practices or lessons learnt, including from other settings, to build your case. **Take a look at the case studies section for inspiration (pp. 37–43).**

Implement your advocacy plan

Take note of the strengths and the weaknesses of your plan. Gather information systematically to check if the campaign is going as planned. Document as much as possible. Anticipate unforeseen circumstances and be ready to adapt your plans accordingly.

8

Monitor and evaluate

Reflect on the implementation process, and note all the outcomes that are linked to your efforts. Evaluate progress towards the achievement of set objectives and your ultimate advocacy outcome.

9

Determine the next steps

Advocacy is not a one-off event but a strategic process. Based on the outcomes documented, determine the next appropriate steps towards the achievement of your goals. It is perfectly okay to refine your overall advocacy strategy based on lessons learnt.

10

ADVOCACY OPPORTUNITIES TO LEVERAGE

Global

1. World Oral Health Day

About	World Oral Health Day (WOHD) is the largest global awareness campaign on oral health.
Key dates	20 March, every year
Advocacy in action	The effectiveness of WOHD campaigns can be significantly heightened if accompanied by changes at the policy level that facilitate healthy living. Oral health advocates can use the campaign as a platform to advocate policies that foster health-promoting environments and advance oral health within their community, country, or region.

2. WHO Executive Board meeting and World Health Assembly

About	The World Health Assembly (WHA) is the main decision-making process of WHO, and the Executive Board (EB) facilitates its work.
Key dates	The annual EB meeting takes place in January with the main objective being to set the agenda for the WHA, which usually takes place in May.
Advocacy in action	FDI is in official relations with WHO and participates in these meetings to spotlight oral diseases and their risk factors. NDAs can support governments during their preparation for these meetings to spotlight country-level priorities and challenges, share best practices, and report on progress.

3. UN Sustainable Development Goals

About	In 2015, UN Member States adopted 17 Sustainable Development Goals (SDGs). They are an urgent call for action by all countries, which recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth.
Key dates	The UN High-Level Political Forum (HLPF) is the central platform for the follow-up and review of the SDGs at the global level and takes place annually in July. At the HLPF, countries present updates on their implementation of the SDGs through the Voluntary National Review (VNR).
Advocacy in action	Emphasize to your governments that by prioritizing oral health they can support the achievement of several SDGs, including SDG3 for health and well-being, SDG4 for quality education, SDG10 for inequalities, and SDG17 on partnerships. Advocates can also call for the inclusion of oral health in country VNR reports on NCDs and UHC and the integration of oral health and NCDs into SDG strategies and monitoring frameworks.

Advocates may also explore partnering with other UN Agencies and Programmes, such as the:

- United Nations Children’s Fund ([UNICEF](#)), which currently integrates NCD prevention in maternal, newborn and child health programmes;
- United Nations Development Program ([UNDP](#)), which supports governments to implement or strengthen whole-of-government NCD responses;
- United Nations Educational, Scientific and Cultural Organization ([UNESCO](#)), which promotes peace and security through international cooperation in education, sciences, culture, communication, and information.

A schedule of upcoming advocacy opportunities is available [here](#).

Regional

1. WHO Regional Committees

About	WHO Regional Committees (RCMs) present a key opportunity to monitor the implementation of important global commitments, especially the NCD-related Resolutions and Decisions adopted by the World Health Assembly (WHA). They are also used to promote regional collaboration on commitments set out in Political Declarations of the relevant United Nations High-Level Meetings (UN HLMs).
Key dates	The dates for WHO RCMs can be monitored here .
Advocacy in action	FDI members may leverage discussions on oral health and other NCD- or UHC-related agenda items at RCMs to spotlight the urgent need to address oral health.



2. Meetings of FDI Regional Organizations

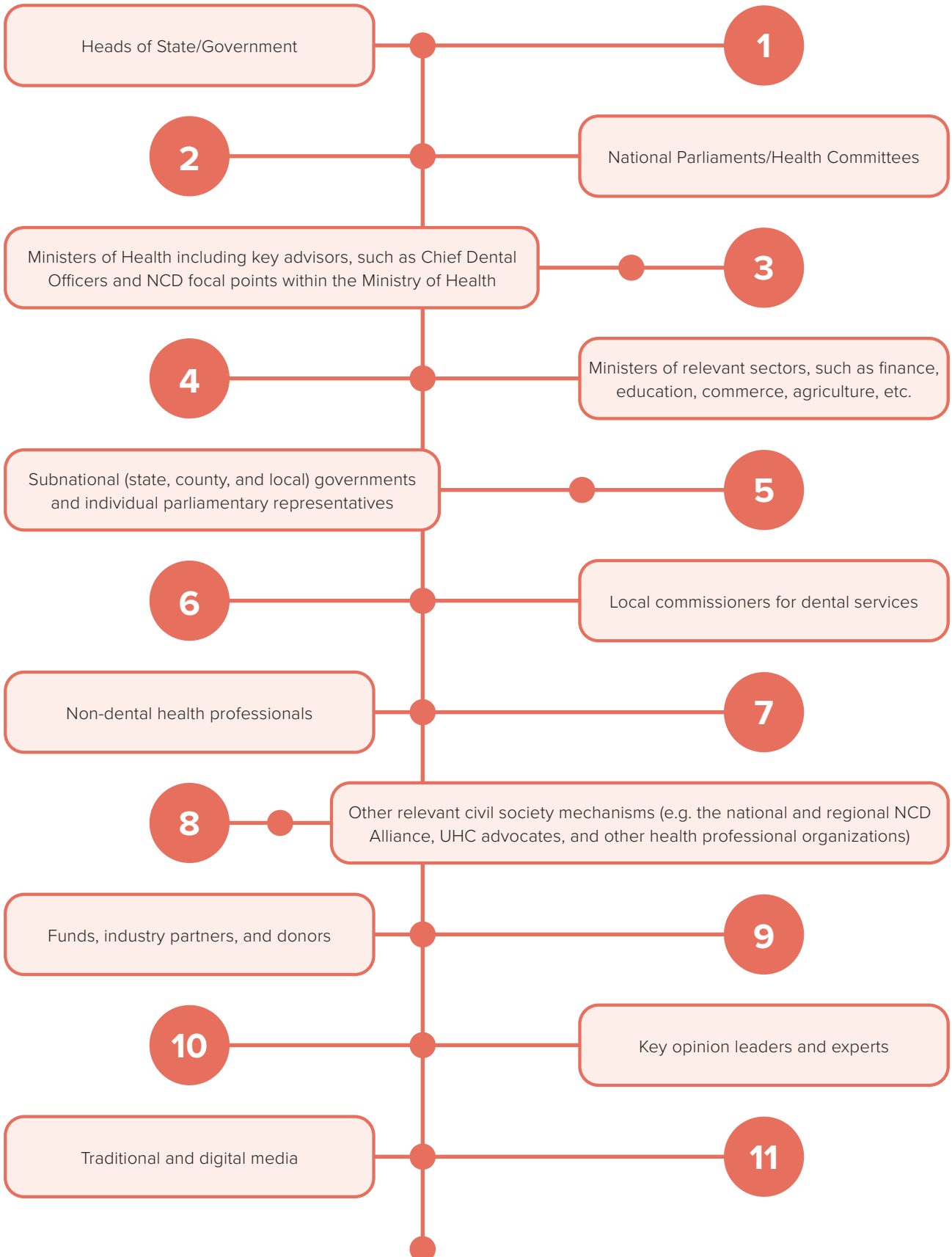
About	FDI Regional Organizations convene and represent member NDAs from the same geographical area. Regional meetings are designed to encourage cooperation amongst national dental organizations of the region in the fields of research, education, practice, and public health to help improve the oral health and general health of the populations of the region.
Key dates	Throughout the year.
Advocacy in action	These meetings can be used as an opportunity to share advocacy best practices and to develop position and policy statements that represent the regional organization's recommendations.

Advocacy efforts may also target other platforms for regional cooperation, such as the:

- European Union, the African Union, and the South Asian Association for Regional Cooperation;
- Regional Development Banks, e.g. the African Development Bank, Asian Development Bank, European Bank for Reconstruction and Development, and the Inter-American Development Bank;
- Regional Centres for Disease Control, e.g. the Africa Centres for Disease Control and Prevention, European Centre for Disease Prevention and Control, and so forth.

National

Explore meetings with different types of stakeholders to promote oral health:



**INTERPROFESSIONAL COLLABORATION:
BUILDING PARTNERSHIPS TO EXPAND
ACCESS TO ORAL HEALTHCARE**



THE ROLE AND IMPORTANCE OF INTERPROFESSIONAL COLLABORATION



Oral health is integral to general health

There is a growing understanding of the oral-systemic health connection, co-morbidities and multi-morbidities, social and commercial determinants of health, common risk factors, and the importance of person-centred care.

See the oral-systemic health infographic on p. 34.

Prevention and early intervention are critical to health and well-being

The global burden of untreated oral disease remains unacceptably high and delivering optimal oral health for all by 2030 will require a move from the current predominant curative care model towards population-wide preventive interventions. This challenging paradigm shift can only be possible through partnerships with all stakeholders currently concerned with oral health. It will also require forging new partnerships with experts operating both within, and outside, the healthcare system.

Education is key to enhancing the capacity of the health workforce

The current medical, nursing, and dental curricula do not impart students with all the knowledge they need about the interconnections between oral and general health.² Integrating oral health services into UHC benefit packages and integrating oral and general person-centred healthcare can only be achieved through innovative oral health education programmes that target the entire health workforce, especially those already in clinical practice.

A whole team approach is necessary for oral and overall health

The role of professional regulatory bodies cannot be over-emphasized. As a member of the [World Health Professions Alliance](#) (WHPA), FDI partners with the global organizations representing the world's nurses, pharmacists, physical therapists, and physicians and continues to explore collaborations to create oral health awareness among these important stakeholders.

Intra- and inter-professional integration and trans-sectoral collaboration present the dental profession with a unique opportunity to offer leadership and evidence for, and subsequent education about, the importance and relevance of oral health to the achievement of overall health and well-being.

Sustainable partnerships, including beyond the health sector, and engagement with communities, civil society and the relevant private sector are essential to mobilize resources, address the determinants of oral health and reach the last mile. NDAs and other FDI members are well placed to lead and support partnerships for access to oral healthcare.

PARTNERING AND ADVOCATING FOR PEOPLE-CENTRED CARE

Unlocking the value of lived experience

Advocacy efforts are most impactful when they seek to address the needs of those affected and amplify their experience. There is a persistent mismatch between the oral health needs of communities and the availability, accessibility, appropriateness, and affordability of oral health services.¹¹ People living with oral conditions should be at the core of advocacy efforts to ensure oral healthcare solutions that are tailored to their needs.

In 2022, FDI endorsed the [Global Charter on Meaningful Involvement of People Living with NCDs](#). This represents a commitment to the following principles:

1. **Rights-based:** realizing their full potential as engaged members of society.
2. **Respect and Dignity:** their meaningful involvement in all decision-making processes concerning them.
3. **People-Centredness:** their needs and priorities are integral to the NCD response.
4. **Equity:** ensuring equitable and fair health and development outcomes for everyone.
5. **Social Participation:** giving them a 'seat at the table' to inform and influence policy.



The experience of people living with oral diseases and other NCDs and their expertise in terms of identifying real gaps in meeting people's needs is a powerful asset in ensuring that NCD and social policies, programmes, and services are effective and relevant to the beneficiaries they are intended to serve.

Unlocking the value of partnerships

FDI members, especially NDAs, are urged to leverage existing coalitions and alliances to increase the impact of their advocacy efforts.

Identifying and collaborating with other public health advocacy groups can be a strategy to align oral health to general health issues and call for unified action. Partnering with advocates such as other NCD civil-society organizations ([NCD Alliance and its national and regional representatives](#)), local associations advocating for other NCDs (such as cancer, diabetes, cardiovascular diseases, mental health) and their risk factors, health and development groups ([UHC 2030](#)), and the relevant private sector who have complementary strengths are examples of strategies to accomplish much more.⁷



Alliance formation is highly recommended for NCD-related advocacy.⁷ By joining the NCD Alliance, FDI has worked with other advocates and experts globally and regionally. FDI members can bolster their advocacy by creating or joining coalitions that bring together the strength, expertise, and resources of diverse groups to create a movement for change.

Unlocking the value of advocacy to achieve oral health for all

Advocacy is a strategic process, not a one-off event or activity. Sustaining the energy and enthusiasm needed can be challenging at times, but as some of FDI and its members' successes have shown, advocacy pays off. Continue to push your messages forward consistently, over time, and through multiple platforms because FDI members, as well as other oral health stakeholders, are best-placed to provide solutions and a roadmap to national governments on how to strengthen oral health systems and enhance oral healthcare.

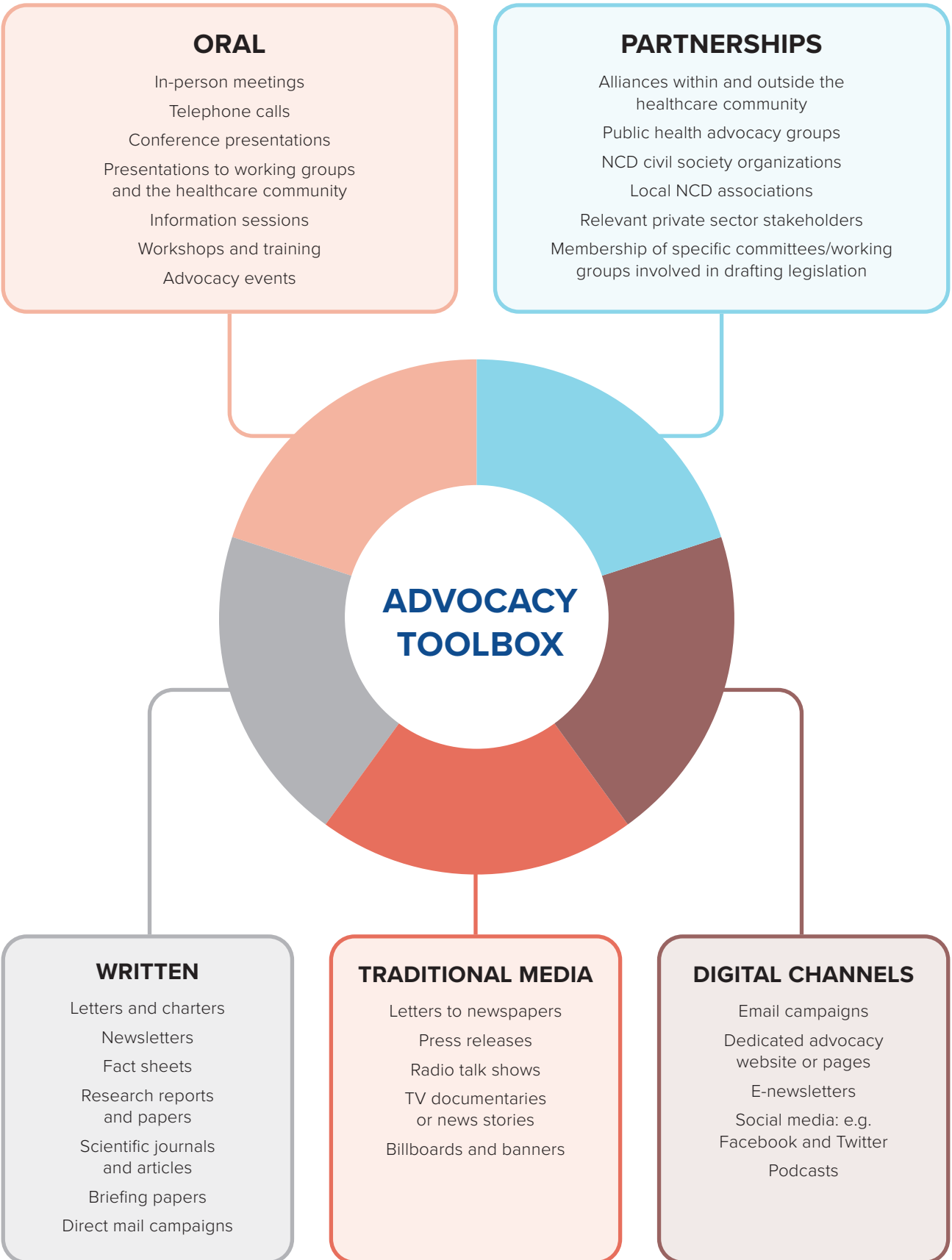
If advocates can voice the same key messages and recommendations to policymakers worldwide, we can amplify our impact and be one step closer to ensuring oral health is integrated into NCD and broader health policies and prioritized on national and global agendas.

PRACTICAL TOOLS:
**PLANNING TEMPLATES AND
SAMPLE CALLS TO ACTION**



ADVOCACY TOOLS INFOGRAPHIC

The most suitable tools for your advocacy campaign will depend on your overall objectives, national circumstances, priorities, and available resources. There are a mix of methods and techniques available, including:



ADVOCACY PLAN TEMPLATE

Once you have determined your priority issue(s), goals and objectives, you will need to develop an advocacy plan. This is a strategic document which stimulates advocates to match each simple, measurable, achievable, realistic and timebound (SMART) advocacy objective with the actions or steps needed to achieve them. It is important to document all actions, whether major or minor, to ensure you understand the full scope of the undertaking.

Sample advocacy workplan template⁶

Goal:					
SMART Objective(s):					
Possible Challenges:			Possible Solutions:		
1.			1.		
2.			2.		
3.			3.		
Activities	Timeline	Target Audience	Lead	Allies	Resources
Additional Information:					

SAMPLE CALLS TO ACTION

Adapt your advocacy messages according to your national context noting language preferences and incorporate data on the local disease burden and impact to communicate urgency.



Recognize that oral health is a key indicator of overall health, well-being and quality of life

In 2004, general and oral health was recognized as a basic human right by [the Nairobi Declaration](#). We call on governments to:

- Recognize that oral health is a basic human right and essential to maintaining a good quality of life.¹²
- Integrate oral health services in UHC benefit packages and implement policies that address the social determinants of oral health.
- Prioritize broader integrative policies that take account of common risk factors and the root determinants of health through an 'oral health in all policies' approach.



Integrate oral diseases into policies addressing NCDs and general health

Oral diseases and other NCDs share modifiable risk factors, and joint prevention is possible through a multisectoral response and existing cost-effective solutions. We call on governments to:

- Consider oral health services as essential and integrate them within health systems with adequate financial and human resource allocation.
- Ensure the implementation of the 2023 Global Oral Health Action Plan to address the associations between oral health, NCDs, and well-being.
- Accelerate the integration of oral health into national NCD action plans and strategies.



Implement cost-effective, evidence-based and population-wide oral health prevention and promotion measures

Population-based public health interventions, such as measures to address affordable access to fluoride and reduce sugar consumption, can positively influence oral health outcomes and decrease costs to the individual and to the economy. We call on governments to:

- Add dental preparations as included during the 2021 review of WHO's Model List of Essential Medicines and Model List of Essential Medicines for Children within their own national medicines' lists.
- Ensure that their national oral health policy addresses common risk factors as well as social and commercial determinants of oral diseases and conditions, in line with recommendations in the updated Appendix 3 of the NCDs Global Action Plan (2013–2030).
- Increase access to safe, optimal levels of fluoride such as the use of quality fluoride toothpaste, topical fluoride application, and access to systemic fluoride.



Prioritize surveillance, monitoring and evaluation of oral diseases

At WHA74, and through the resolution on oral health (WHA74.5), WHO Member States agreed **“to facilitate the development and implementation of effective surveillance and monitoring systems.”** We call on governments to:

- Leverage the Action Plan monitoring framework, its **11 core indicators (for global monitoring and reporting)** and **29 complementary indicators (for monitoring specific actions at the national level)** to develop effective monitoring frameworks for oral health.¹⁶
- Monitor risk factors and oral health needs to develop appropriate interventions and programmes and evaluate their effectiveness for long-term positive health outcomes.
- Submit annual reports on oral health to WHO as part of the comprehensive progress report planned yearly, from 2024–2030.



Acknowledge that oral health is integral to economic and sustainable development

The significant health and economic burden of oral disease makes action on oral health a prerequisite for achieving UHC and NCD targets and the Sustainable Development Goals (SDGs). We call on governments to:

- Recognize that addressing oral health contributes directly to the SDGs, including SDG 1 on poverty, 2 on Zero hunger, 3 on health and well-being, 4 on quality education, 5 on gender equality, 6 on clean water and sanitation, 10 on reduced inequalities, 11 on sustainable cities and communities, 12 on responsible consumption and production, 13 on climate action, and 17 on partnerships.



Build a resilient oral health workforce for sustainable development

The planning of human resources for oral health has been limited to simplistic target dentist-population ratios or constant services-population ratios and has not taken thorough account of the levels of, and changes in, population needs. We call on governments to:

- Deliver people-centred care that is tailored to the needs of the people, accessible across the life course and provided in partnership with communities.
- Prioritize intra- and inter-professional collaborations to improve oral health and thereby contribute to the improvement of general health and quality of life for all.



Prioritize the integration of dentistry into strategies addressing antibiotic stewardship and infection prevention and control

Dentists are responsible for about 10% of antibiotic prescribing for humans (depending on the country). Studies have shown that despite efforts to reduce the number of unnecessary or inappropriate prescriptions, too many are still being written by dental professionals.¹⁷ We call on governments to:

- Promote the optimal use of antibiotics and the integration of dentistry into national action plans addressing antimicrobial resistance and infection prevention and control.
- Consult with national dental associations when developing national strategies and action plans, as well as guidelines and prescribing policies on antibiotic use for dentists.
- Promote research into dental antibiotic resistance and stewardship to encourage the development of evidence-based guidelines and facilitate collaboration and exchange.
- Support education and interventions on oral hygiene and low-sugar diet advice to prevent dental infections.



Promote the efficiency and competence of the private and public oral health workforce

The global shortage of health workers remains a threat to UHC. We will not achieve UHC for oral health without dentists and dental teams which are empowered to perform at the highest level of their expertise and competencies. We call on governments to:

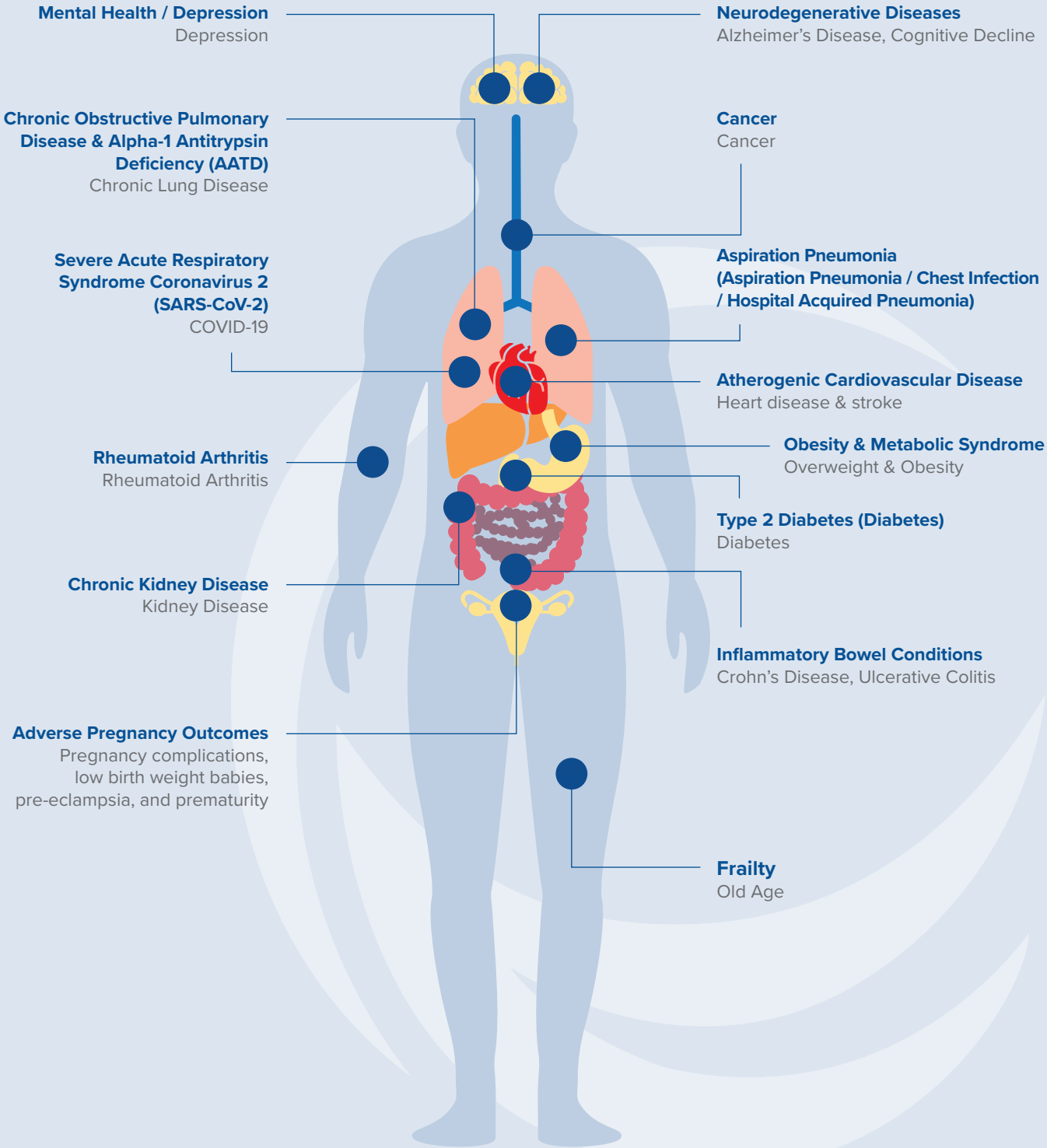
- Measures to monitor the capacity and competence of both the private and public sectors.
- The inclusion of private oral health providers in UHC programmes through appropriate contracting and/or reimbursement schemes.
- Strengthened national reporting on human resources for oral health based on public and private oral health workforce data as entrenched in the Global Oral Health Action Plan.

ORAL-SYSTEMIC HEALTH INFOGRAPHIC

This infographic shares the latest research linking oral health with overall health to support understanding of these relationships. On the following page, each health condition has been graded according to the strength of the supporting research (robust, emerging, early). The impact of poor oral health on the specific condition has been graded as “causal”, “worsening” or “association.”

A digital version can be explored [here](#) and as new research emerges, it will be updated accordingly.

Whole Body Health





Atherogenic Cardiovascular Disease

Heart Disease & Stroke

Level Of Evidence: Robust

Nature of Evidence:

Worsening; Association Periodontitis is a significant and independent risk factor for atherogenic cardiovascular disease (coronary artery disease and stroke). Successful periodontal treatment improves measures of vascular function.



Chronic Obstructive Pulmonary Disease & Alpha-1 Antitrypsin Deficiency (AATD)

Chronic Lung Disease

Level Of Evidence: Early

Nature Of Evidence

Association: Research demonstrates that poor oral health and periodontal diseases are associated with COPD exacerbations. Additionally, patients with AATD are at a higher risk for periodontitis.



Inflammatory Bowel Conditions

Crohn's Disease, Ulcerative Colitis

Level Of Evidence: Robust

Nature Of Evidence

Association: There is strong supporting evidence that people with inflammatory bowel conditions such as Crohn's Disease and ulcerative colitis are at increased risk of periodontitis.



Mental Health / Depression

Depression

Level Of Evidence: Emerging

Nature Of Evidence

Association/Worsening: People with mental health challenges such as depression are more likely to suffer from poor oral health and increased oral diseases such as caries and periodontitis. Additionally, people suffering with depression and anxiety may suffer from increased temporomandibular dysfunction.



Frailty

Old age

Level Of Evidence: Emerging

Nature Of Evidence

Association/worsening: The oral health changes associated with frailty in old age are multifactorial. Including periodontitis experience, loss of dentition, reduced oral function and dry mouth are all associated with increased frailty. Oral health can be used as a predictor of frailty in old age.



Type 2 Diabetes (Diabetes)

Diabetes

Level Of Evidence: Robust

Nature Of Evidence

Causal & bi-directional: Headline "Periodontitis is a significant risk factor for incident Type 2 diabetes, adverse diabetes outcomes and poor diabetes control. Successful periodontal treatment improves diabetes control and reduces adverse outcomes".



Aspiration Pneumonia (Aspiration Pneumonia / Chest Infection / Hospital Acquired Pneumonia)

Level Of Evidence: Emerging

Nature Of Evidence

Association: Oral bacteria is a risk factor for aspiration pneumonia (AP) in the elderly. As people age they are less likely to be able to maintain their own oral hygiene regime and may rely on support from carers. The delivery of regular oral care by either an oral health professional or wider care worker can be effective at reducing the risk of aspiration pneumonia.



Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

COVID-19

Level Of Evidence: Emerging

Nature Of Evidence

Worsening: Evidence highlights a strong association between poor oral health and more severe COVID-19. Periodontitis and high viral load in saliva are independent risk factors for poorer outcomes.



Adverse Pregnancy Outcomes

Pregnancy complications, low birth weight babies, pre-eclampsia, and prematurity

Level Of Evidence: Early

Nature Of Evidence

Association: There is evidence that shows an association between periodontal disease and adverse pregnancy outcomes. Providing periodontal treatment during pregnancy is safe and can support the reduction of inflammatory cytokines.



Obesity & Metabolic Syndrome

Overweight & Obesity

Level Of Evidence: Emerging

Nature Of Evidence

Association: Studies have shown a positive association between obesity and periodontal diseases. Therefore, oral health and medical providers should consider weight management in addition to periodontal treatment.



Chronic Kidney Disease

Kidney Disease

Level Of Evidence: Emerging

Nature Of Evidence

Association & emerging for causality. Periodontitis is an independent risk factor for poorer kidney function and is causally related to chronic kidney disease (CKD). Periodontitis is also a co-morbidity with CKD for premature mortality.



Rheumatoid Arthritis

Rheumatoid Arthritis

Level Of Evidence: Emerging

Nature Of Evidence

Association. Periodontal treatment can provide improvements on Rheumatoid Arthritis (RA) on the short term.



Neurodegenerative Diseases

Alzheimer's Disease, Cognitive decline

Level Of Evidence: Emerging

Nature Of Evidence

Periodontitis is associated with cognitive decline and Alzheimer's disease. Porphyromas Gingivalis is one of the pathogenic bacteria in periodontitis and has been found to contribute to the development of amyloid plaques. Although the causal relationship has not been determined, periodontitis should be treated as a modifiable risk factor in patients with cognitive impairment.



Cancer

Cancer

Level Of Evidence: Emerging

Nature Of Evidence

Association: Periodontitis and tooth loss have been associated with certain types of cancer and the strength of evidence varies between them.

CASE STUDIES:

**HOW ADVOCACY TRANSLATES INTO
REAL-LIFE POLICY AND PRACTICE**



NATIONAL CASE STUDIES

CASE STUDY 1:

New Zealand Dental Association’s award-winning “water-only” campaign for schools

Objective: To improve the oral health of children by encouraging all schools in New Zealand to become water-only.

The New Zealand Dental Association (NZDA) launched its “water-only” project in January 2018. It targets New Zealand schools and encourages authorities to only provide healthy drinks that support oral health and well-being, such as water, unflavoured milk, and non-dairy milk alternatives. It developed resources to encourage NZDA dentists to adopt their local school and provided toolkits to train them as they supported schools to become water-only.

In November 2022, **NZDA reported that teachers and staff in schools that had made the change saw a positive impact on learners.** NZDA has also launched the “Switch to Water” challenge targeting other age groups to address the excessive consumption of unhealthy drinks.



NZDA received the FDI Smile Award in May 2018 for promoting water-only schools.



CASE STUDY 2: Australian Dental Association’s Oral Health Tracker advances accountability on oral health

Objective: To establish clear and measurable nationwide targets for oral health, and to highlight the intrinsic link between oral health and preventable chronic diseases, conditions, and their risk factors to prevent or better manage them over time.

In 2018, the Australian Dental Association (ADA) partnered with the Australian Health Policy Collaboration and a working group made up of academics, researchers, epidemiologists, public health experts, and dental practitioners to identify targets and indicators for tracking national progress on oral health. This collaboration led to the development of Australia’s Oral Health Tracker Children and Young People 2018 and Australia’s Oral Health Tracker Adults 2018.

Each tracker is a national report card that charts progress on preventable oral diseases and their risk factors as part of the efforts to ensure better health in Australia by 2025. The rationale for the targets and indicators adopted in the two trackers is explained in a supporting [technical paper](#).

The draft WHO Global Oral Health Action Plan (2023–2030) recommends the systematic collection of data on oral diseases and their risk factors. ADA’s Oral Health Tracker will support the country’s compliance with these important commitments.



CASE STUDY 3:

The Indian Dental Association inaugurates its first national “No Sugar Day”

Objective: To raise awareness of the health risks caused by sugar consumption with a focus on reducing the burden of oral diseases, as well as other noncommunicable diseases, in India.

In June 2022, The Indian Dental Association (IDA) and FDI held joint workshops to improve oral health in the country by tackling the sugar epidemic. A high-level roundtable took place on the first day and included representatives from the Government of India, World Health Organization, Food Safety and Standards Authority of India, Tata Memorial Centre, and Indian Council of Medical Research, amongst others. Following the success of the roundtable session, two days of workshops focussed on possible policy and advocacy solutions to reduce sugar consumption.

The outcome of these capacity building workshops was the development of the Mumbai Declaration on Sugary Drinks and Healthy Food (Mumbai Declaration), which was supported by several signatories including the Ministry of Health and Family Welfare, Government of India (MoHFW), and the Food Safety and Standards Authority of India (FSSAI). By signing the declaration, organizations committed to several key areas of action. One such area is the observation of a national “**No Sugar Day**”, which was held for the very first time on November 1, 2022, and will be celebrated annually.



REGIONAL CASE STUDY

CASE STUDY 4: The Caribbean Community national dental associations unite to tackle sugar consumption

Objective: To address the consumption of sugary beverages, which are a significant source of sugars, to improve population health.

FDI's Capacity Building Workshops, 'Two Risk Factors Too Many Diseases,' are delivered in collaboration with member NDAs to arm them with the tools to advocate for optimal oral health in their country-specific context. In November 2022, a workshop was held in the Bahamas in collaboration with the Bahamas Dental Association. The participants included leading figures and dental associations from the Caribbean Community (CARICOM), including the Jamaica Dental Association, Barbados Dental Association, Bermuda Dental Association, Colegio de Cirujanos Dentistas de Costa Rica, Federación Odontológica Colombiana, and Alliance for a Cavity Free Future.

Following robust discussions on the region's sugar consumption trends and their impact on oral and noncommunicable diseases, the workshop participants developed and adopted unanimously the CARICOM Declaration on Sugar-Sweetened Beverages (CARICOM Declaration).



The workshop has had a positive impact on the response to oral diseases in CARICOM. In Jamaica, the Chief Dental Officer is developing oral health education and promotional activities to translate the commitments in the CARICOM Declaration into action. He will also mobilize the entire Oral Health Management Services department in the Ministry of Health and Wellness and convene a national team to spearhead national efforts to keep this initiative on track.

Similarly, the President of the Barbados Dental Association believes the knowledge and best practices presented by FDI and allied Non-Governmental Organizations (NGOs) at **the workshop will make it “far easier to educate government and policymakers to do the right thing.”**

GLOBAL CASE STUDIES

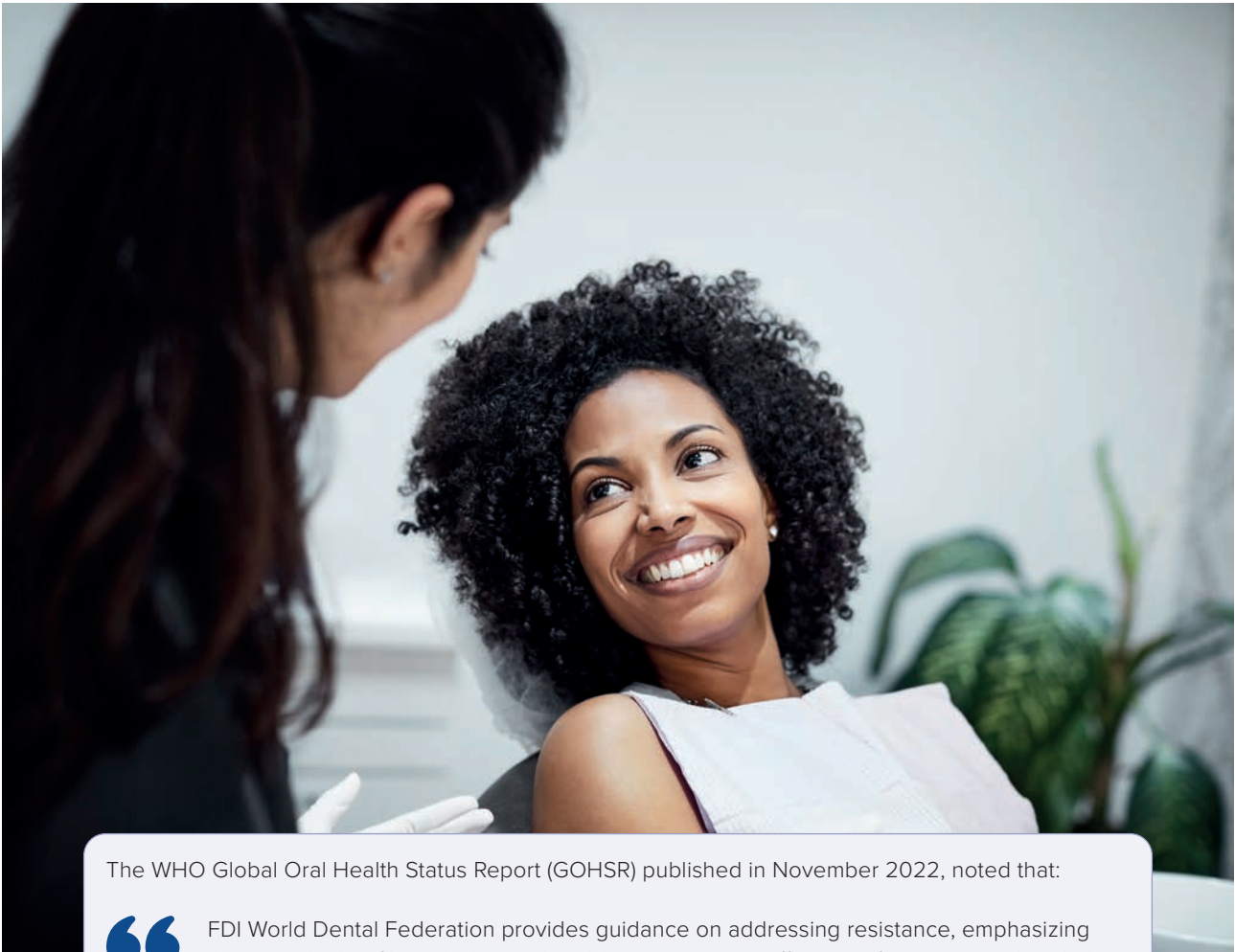
CASE STUDY 5: FDI’s Antimicrobial Resistance in Dentistry Project makes an impact

Objective: To drive initiatives that support the dental community’s response to antimicrobial resistance (AMR), which is recognized as one of the biggest threats to global health by WHO.

Antibiotic resistance (ABR) is of particular concern to dental teams as antibiotics are the class of drugs most prescribed by dentists. Studies have shown that, in some countries, up to 10% of antibiotic prescriptions are issued by dentists and many of these prescriptions are unnecessary.

In 2019, the FDI General Assembly adopted an [FDI Policy Statement](#) that highlights the main ways that dentists can contribute to antibiotic stewardship. To build on this position, the [AMR Working Group](#) released a [white paper](#) the following year on “The essential role of the dental team in reducing antibiotic resistance,” and it curated a supporting [online library of resources](#).

The AMR Working Group also provided significant input at the drafting stages of the [WHO AWaRe \(Access, Watch, Reserve\) antibiotic book](#) published in December 2022. In particular, it held meetings with WHO to provide feedback and input on the chapter focused on oral and dental infections. **Many of the Working Group’s suggestions were taken into consideration in the final publication**, including changing the name of the chapter from “dental infections” to “oral and dental infections.” Furthermore, guidance on which dental conditions and infections are appropriate for antibiotic treatment was provided, and two articles written by FDI experts were cited in the publication.



The WHO Global Oral Health Status Report (GOHSR) published in November 2022, noted that:



FDI World Dental Federation provides guidance on addressing resistance, emphasizing the crucial role of knowledge and problem awareness; effective infection control, including sanitation, water and hygiene; and optimization of the use of antimicrobials and antibiotics.”

(WHO. GOHSR.2022. p. 77)

CASE STUDY 6: Advocacy and collaborations ahead of the UN High-level Meeting on UHC

Objective: To secure oral health language in the Political Declaration of the UN High-Level Meeting (HLM) on UHC in September 2019.

WHO Civil Society Working Group

FDI joined the WHO Civil Society Working Group for the HLM on NCDs to advise the WHO Director-General Dr Tedros Adhanom Ghebreyesus on bold and practical recommendations on mobilizing civil society ahead of the HLM, while also working to secure government commitment to include NCDs in national UHC benefit packages.

Ensuring the voice of the oral health community was heard

- FDI released a [fact sheet on UHC and oral health](#) to help the oral health community better support their conversations with policymakers and other important stakeholders in the global health community.
- FDI also responded to the Zero Draft of the Political Declaration on UHC. After analyzing the draft, which did not adequately address oral health, FDI developed a template letter for its members to share with key policymakers in their countries, outlining amendments to the draft and requesting Heads of State/Government to highlight the importance of oral health during the HLM.
- In the lead up to the HLM, to drum up media interest in oral health and UHC, FDI issued a press release about the oral health commitment in the Declaration. The release was also sent to top tier medical and science media in the US and to UN correspondents in New York.

THE PRESS RELEASE GENERATED 719 ARTICLES AND AN AUDIENCE REACH OF 1.99 BILLION.



World Oral Health Forum dedicated to UHC

The World Oral Health Forum that was held during the FDI World Dental Congress in September 2019 was entitled, “Universal health coverage: The good, the bad, and the necessary for oral health.” A panel of oral health and NCD experts debated the evidence, strategies, and solutions to provide a roadmap for making optimal oral health an essential component of UHC.

MORE THAN 100 DELEGATES ATTENDED THE SESSION.

Political declaration affirms oral health as part of the global health agenda

On September 2019, Member States convened in New York for the first-ever UN HLM on UHC. At the HLM, Member States officially adopted a political declaration which made a strong commitment to strengthen efforts to address oral health. FDI submitted a statement that was then posted on the UHC2030 website.

CASE STUDY 7: Advocacy for a phase-down approach at COP4.2

Objective: To influence the decisions and targets for the phase down of dental amalgam, in order to ensure that the provision of quality treatment for dental caries is not negatively impacted.

The Minamata Convention has nine provisions for the phase down of the use of dental amalgam in Annex A, Part II. At the second in-person segment of the fourth meeting of the Conference of the Parties to the Minamata Convention on Mercury (COP4.2), which took place in Bali (Indonesia) in March 2022, two proposals to amend this section were up for discussion. The European Union proposal ([MC/COP4/2021/27](#)) aimed to further regulate the phase-down approach by adding a series of restrictions on the use of dental amalgam by 2024. On the other hand, the Africa region's proposal ([MC/COP4/2021/28](#)) asked to replace the current Annex A, Part II with a phase-out strategy by 2029. The phase-out proposal focused on the ban of dental amalgam with no actions on prevention, research into mercury-free alternatives for dental restorations, and waste management.



In the lead up to COP4.2, **FDI mobilized its network of NDAs** to raise awareness about its public health concerns among Ministries of Health and Environment. Moreover, on the side-lines of COP4.2, FDI, the International Association for Dental Research (IADR) and the American Dental Association hosted an official COP4.2 side event on [Accelerating the Phase Down of Dental Amalgam](#).

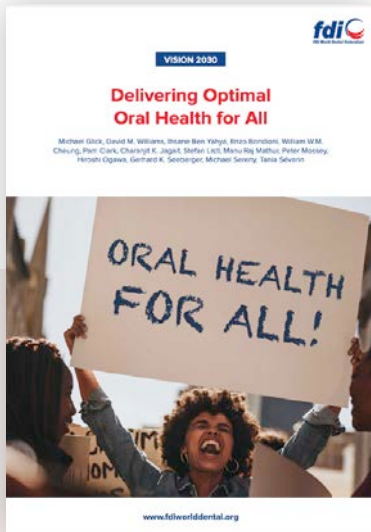
At COP4.2, parties rejected the Africa region's proposal to ban dental amalgam and adopted a decision to further strengthen the current phase-down approach. Two new provisions were approved: to limit the use of mercury in bulk form, and to recommend against the use of dental amalgam for the dental treatment of deciduous teeth, of patients under 15 years and of pregnant and breastfeeding women, except when considered necessary by the dental practitioner **based on the needs of the patient**.

RESOURCE LIBRARY:

**ADDITIONAL MATERIALS TO SUPPORT
YOUR ADVOCACY EFFORTS**



RELEVANT RESOURCES



Vision 2030: Delivering Optimal Oral Health for All identifies challenges that will confront dentistry and the oral health community over the next decade and it proposes strategies for how these can be turned into opportunities to improve oral health, reduce oral health inequalities, and contribute to reducing the global burden of oral diseases. [Learn more.](#)



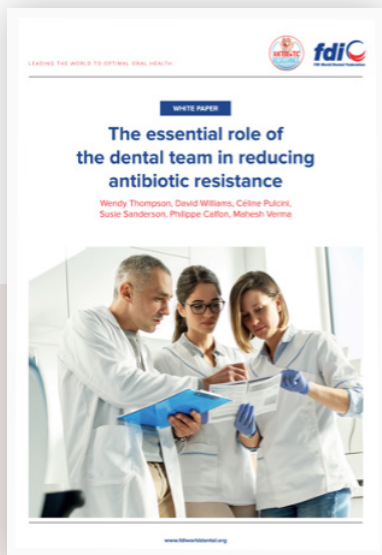
Policy statements: FDI Policy Statements are put together through consultation, discussion, and consensus amongst leading dental experts from around the world. They lay out the current thinking on various issues related to oral health, oral health policies and the dental profession. [Learn more.](#)



Policy brief: “Why and how to integrate oral health into the NCD and UHC responses” calls for the integration of oral health promotion and oral healthcare into NCD strategies and UHC benefit packages. It provides five key evidence-based messages on the associations between oral health and NCDs and the role of oral healthcare within health systems. It also provides solutions on how to implement such strategies by outlining calls to actions for each key message. [Learn more.](#)



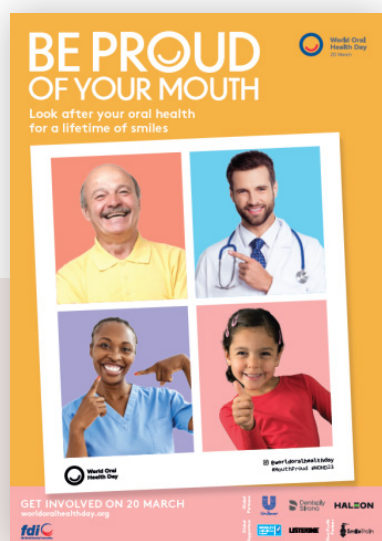
FDI white paper: “Access to oral health through primary health care” aims to improve understanding of the challenges in accessing oral health care and provide implementable solutions. The solutions to accessing oral health are neither prescriptive nor exhaustive, and advocates are urged to adapt it for use based on the needs, circumstances and oral health priorities within their countries and regions. [Learn more.](#)



FDI white paper: “The essential role of the dental team in reducing antibiotic resistance” presents a framework for dental teams seeking to tackle the problem of antibiotic resistance. It highlights how dental teams can help raise awareness, prevent and control infections, and optimize the use of antibiotics through antibiotic stewardship in dentistry. [Explore the resource.](#)



FDI Advocacy updates and newsletters: FDI regularly compiles and publishes important updates on oral diseases and their risk factors, and reports developments relevant to the practice of dentistry. [Sign up for FDI newsletters and other updates.](#)



World Oral Health Day Resources: FDI publishes a wide range of campaign resources ahead of the annual WOHD celebration to empower communities and mobilize advocates for an impactful campaign. These resources are updated annually with the latest evidence on oral disease prevention and control, and are free for everyone. Some materials are available in multiple languages. [Explore the latest WOHD resources.](#)



Mouth Heroes for Schools aims to inspire more health-related teaching in schools around the world. Toothie, FDI's child-friendly mascot, takes children on a journey to develop healthy life-long habits. By the end of their Mouth Heroes lessons, children will know how to take care of their mouth, avoid certain foods that can harm their teeth and body, and take more responsibility for their own oral health. [Learn more.](#)



Tobacco Cessation: The FDI Tobacco Cessation project was launched in 2020 to provide oral health professionals with smoking cessation and control resources that can be implemented in the dental setting in collaboration with other relevant health professionals. [Learn more about the project and related resources.](#)



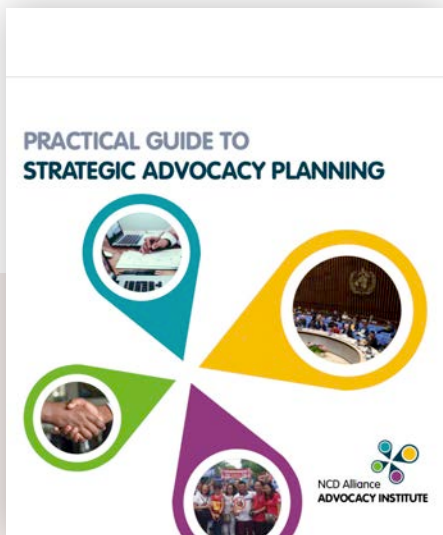
FDI's Dental Check-up Podcast puts the spotlight on topical issues in oral health. Each episode involves conversations, debates, or interviews on hot topics in oral health and dentistry with prominent voices from around the globe. [Listen now to learn more.](#)



The Oral Health Campus offers webinars and online courses to provide dental professionals from around the world with continuing education (CE) opportunities in the comfort of their own homes. [Explore the Oral Health Campus.](#)



The World Dental Congress (WDC) is a flagship continuing-education event for FDI, and a unique opportunity to strengthen ties and foster collaboration within the global oral health community. [Learn more about WDC.](#)



NCD Alliance’s Practical Guide to Strategic Advocacy Planning proposes eight main steps to advocacy planning and includes: supporting examples, case studies from the NCD Alliance’s network, advocacy tools, and other resources. [Learn more.](#)



The Global Oral Health Status Report presents the oral disease burden and highlights challenges and opportunities to accelerate progress towards UHC for oral health. It also includes the first-ever oral health country profiles, which serve as a baseline for tracking progress. [Learn more.](#)



The Global Oral Health Action Plan (2023-2030) consists of evidence-based actions proposed for different actors, including for Member States, the WHO Secretariat, international partners, civil society organizations, and the private sector. Its monitoring framework consists of targets and indicators to measure progress. [Learn more.](#)



The 2030 Agenda for Sustainable Development, adopted in 2015, established 17 goals to stimulate efforts over the coming years in areas of critical importance for both humans and the planet. Governments identified NCDs – of which oral diseases are the most prevalent – as a sustainable priority for all countries. [Learn more.](#)

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