

**Statement of the NCD Alliance and the Africa NCD Network (ANN) on Agenda item 7: Regional framework for accelerating implementation of the global oral health action plan: addressing oral diseases as part of noncommunicable diseases toward universal health coverage by 2030 (Document AFR/RC75/4)**

Oral health in Africa remains one of the most neglected areas of public health, with 42% of people living with preventable oral diseases which share risk factors and are linked to major NCDs. Over 70% of Member States spend less than US\$1 per capita on oral health, far below the global average of US\$50. The region lags in key indicators: only 17% of our population has access to essential oral health services; just 9% of countries have optimal fluoride guidelines; only the Central African Republic, Mauritius and Senegal have affordable fluoride toothpaste; and workforce density is less than one-third of the requirement.

The neglect of oral health undermines progress toward Universal Health Coverage. Integration of oral health into primary health care remains limited, and most service models focus on costly curative care rather than prevention. Fiscal measures such as sugar-sweetened beverage taxes, proven to improve oral and NCD outcomes, are withheld and politicised by industry, putting profits over people.

We welcome the development of this framework and associated targets and recommend that Member States:

1. Develop and/or implement national oral health policies or plans aligned with the regional framework, including cost estimates.
2. Improve access to affordable fluoride toothpaste based on the development of national guidelines on optimal fluoride delivery.
3. Integrate oral diseases into national NCD and UHC strategies, including WHO PEN.
4. Transition from a treatment-focused approach to prevention and promotion and implement population-wide measures to reduce risk factors exposure, such as health taxes on sugar, tobacco, and alcohol.
5. Implement the oral health module of the WHO STEPwise approach to NCD risk factor surveillance.
6. Add essential dental preparations to national Essential Medicines Lists.
7. Build capacity in the health workforce, including community health workers to promote oral health, early detection, and facilitate timely referrals.

There is no health without oral health.

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