

Oral Health & NCDs: How to collaborate and find common ground for better health outcomes

FDI-NCDA Webinar, 27 November 2018



Agenda

1. Collaborating for better health outcomes
2. **Leveraging the NCD policy agenda** for oral health to achieve an integrated response
3. **Learning from the field:**
 - 1.The case of New Zealand: *Action on Sugar Drinks*
 - 2.The case of Thailand: *Working with a National NCD Alliance*
4. Accelerating action on oral health and NCDs:
Opportunities for action

Speakers

- Moderated by **Jess Beagley**, Policy Research Manager, NCD Alliance
- **Katie Dain**, CEO, NCD Alliance
- **Donna Kennedy**, Sugary Drinks Spokesperson, New Zealand Dental Association
- **Chiraporn Khitdee**, Representative of Sweet Enough Network, Member of the Thai NCD Alliance
- **Charanjit (Chaz) Jagait**, Communications and Advocacy Director, FDI World Dental Federation

1. Collaborating for better health outcomes

Ms Katie Dain, CEO, NCD Alliance

What is the NCD Alliance?

A Unique Civil Society Network

Leading the way to a world free of preventable NCDs

Founded in **2009** - by UICC, IDF, and WHF

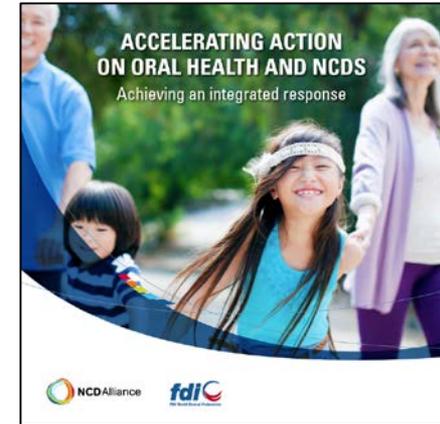
With **24** supporters – private sector and NGOs
(including FDI World Dental Federation)

A network of **2,000+** member associations in **170**
countries

55+ national / regional NCD alliances

Short history of FDI-NCDA partnership

- **Partners since 2016**
- **Joint policy brief:** with focus on co-morbidities and potential of integrated care ([EN](#), [ES](#), [PT](#))
- **Aligning in advocacy issues:** tax and non-tax measures on sugar, commercial determinants, Best Buys, UHC
- **Looking forward to 2019 UN HLM on UHC,** to encompass the specificities of NCD prevention and care, including for oral health



Rationale for conducting a FDI-NCDA webinar

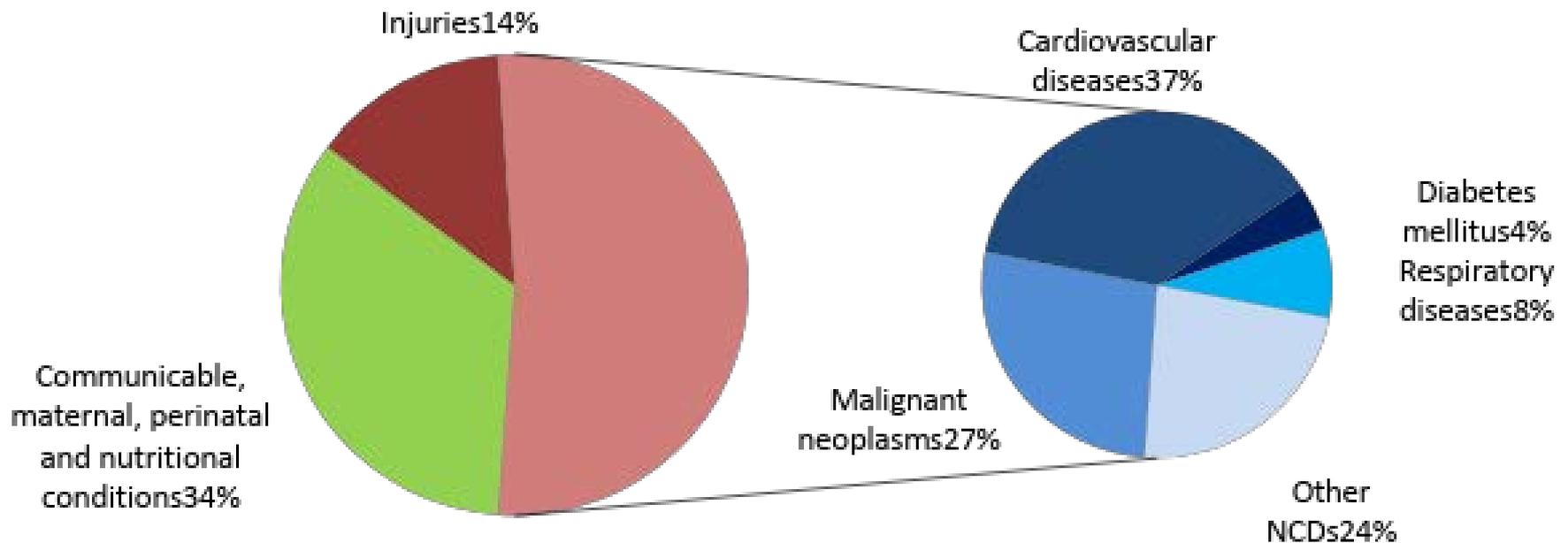
- **Familiarity with the global NCD policy response,** reviewing progress to date
- **Outcomes and follow-up of the 2018 UN HLM on NCDs,** highlighting the omission of sugar
- **Examples of action on both oral health and NCDs,** informing the oral health community that there is a wide global network of alliances to collaborate with
- **A call to action!**

2. Leveraging the NCD policy agenda for oral health to achieve an integrated response



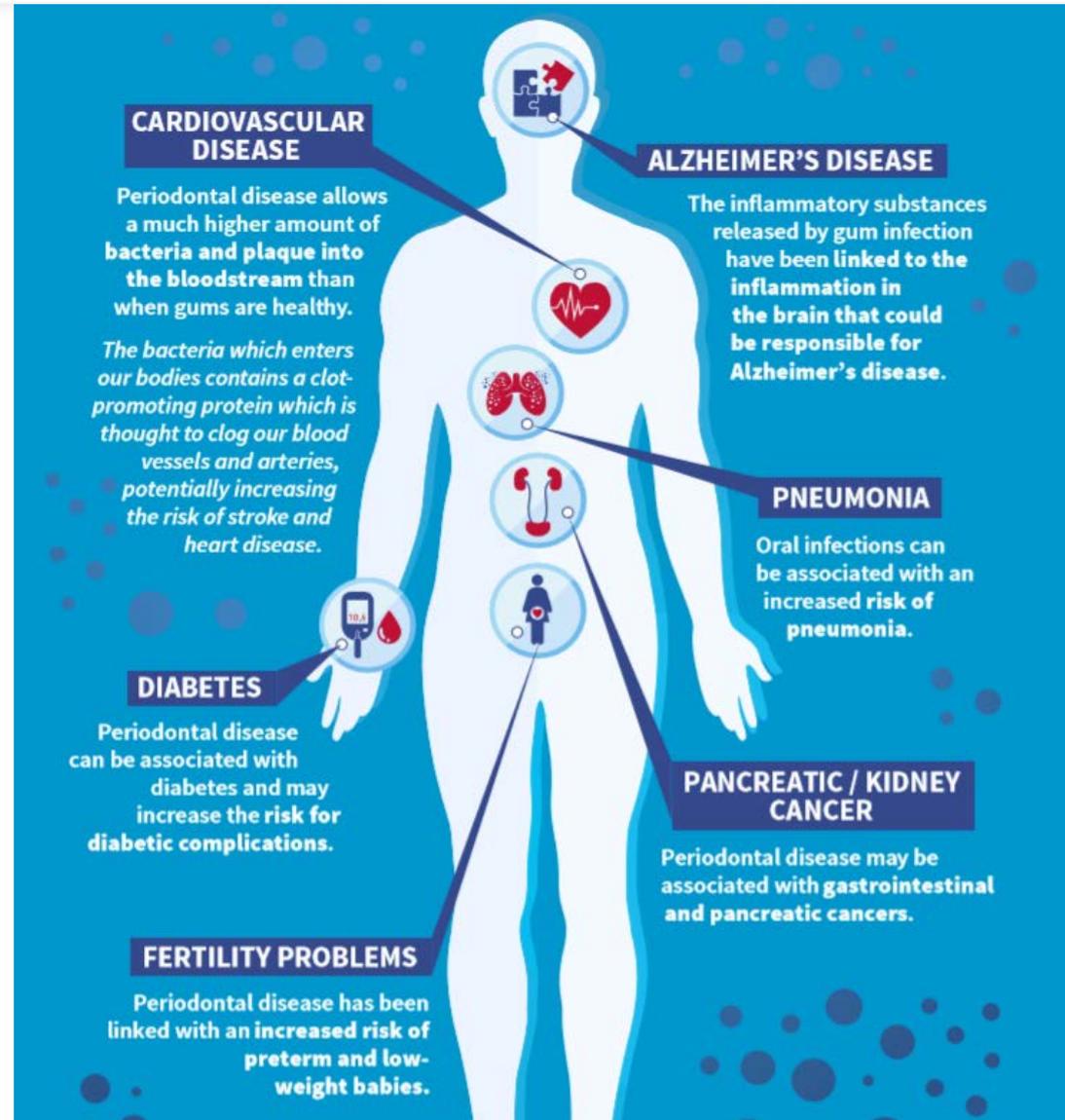
NCDs: The No.1 Cause of Premature Mortality Globally

Proportion of global NCD deaths under the age of 70
(by cause of death, comparable estimates 2012)



Oral health & NCD comorbidities: A compounded challenge

- More than half of the world's population (3.5 billion) suffer from untreated oral diseases
- Oral diseases and NCDs share modifiable risk factors and common social determinants
- Great impact on quality of life
- Oral care is very costly globally, and increasing burden for people living with co-morbidities
- Greater healthcare utilisation and financial burden for both families and governments

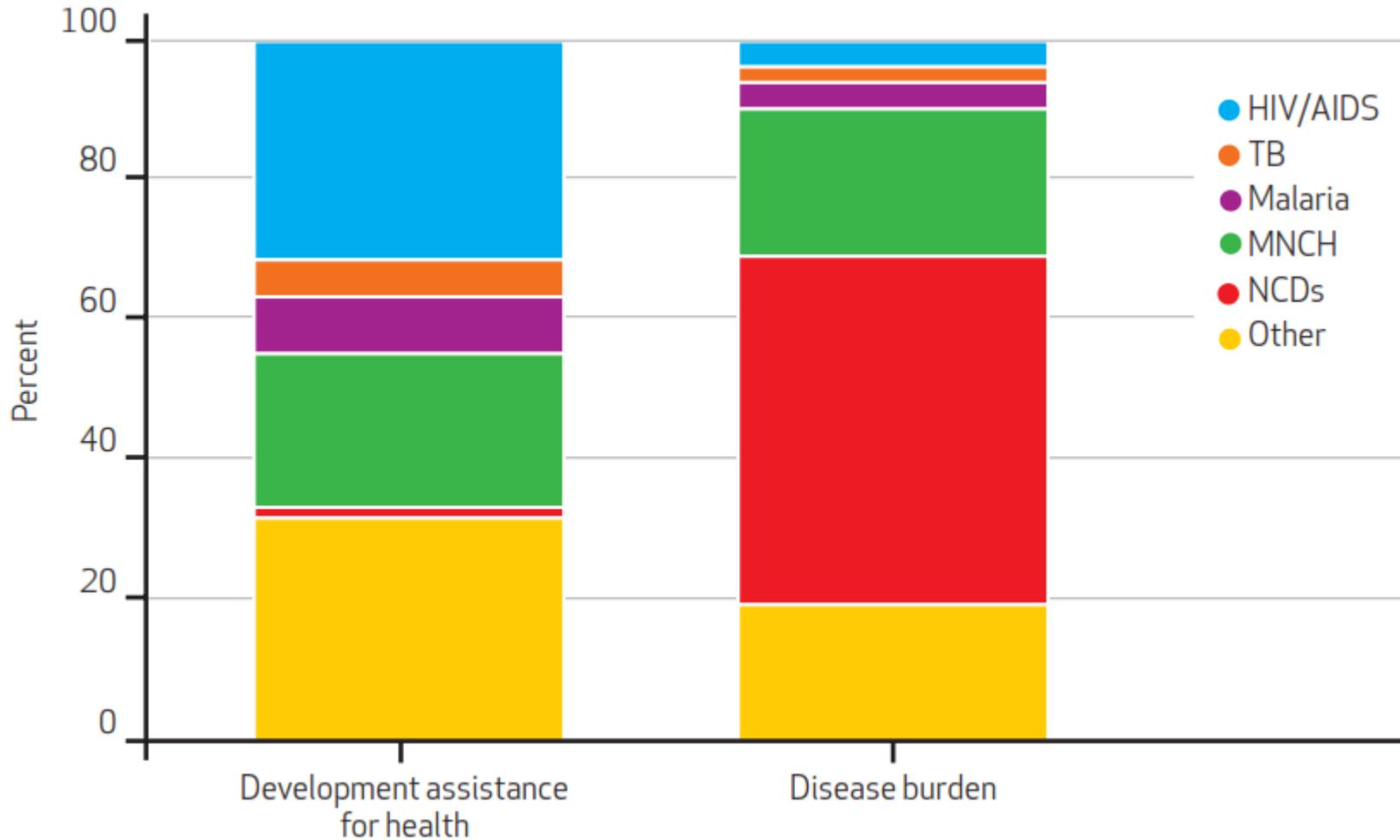


NCDs: The “Cinderella Issue” of Global Health

2007



A paradox of global health



Milestones in the Global NCD Response

1

Political Mandate

UN High-Level Summit on NCDs and adoption of UN Political Declaration on NCDs



2011

2

Global Action & Accountability

"25 by 25" NCD targets and Global Action Plan 2013-2020

2013

3

Global Coordination

UN Task Force on NCDs

2014

4

National Commitment

UN High-Level Review & time-bound national commitments

2015

5

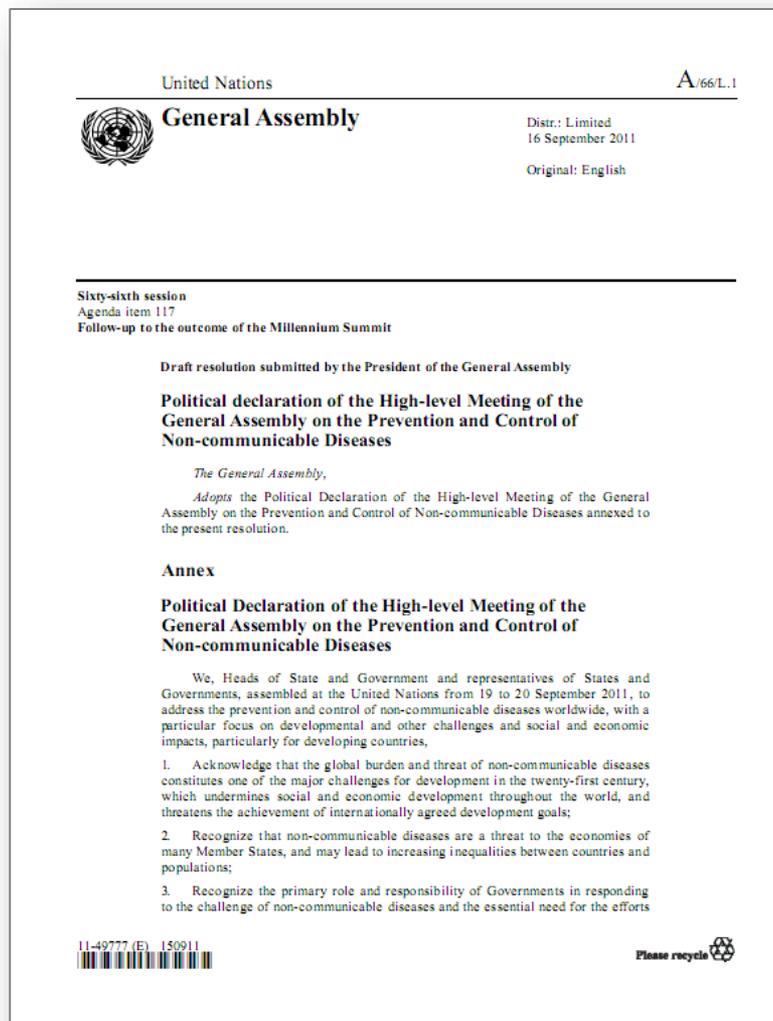
Sustainable Development Agenda
Adoption of SDGs

The Political Mandate: UN Political Declaration

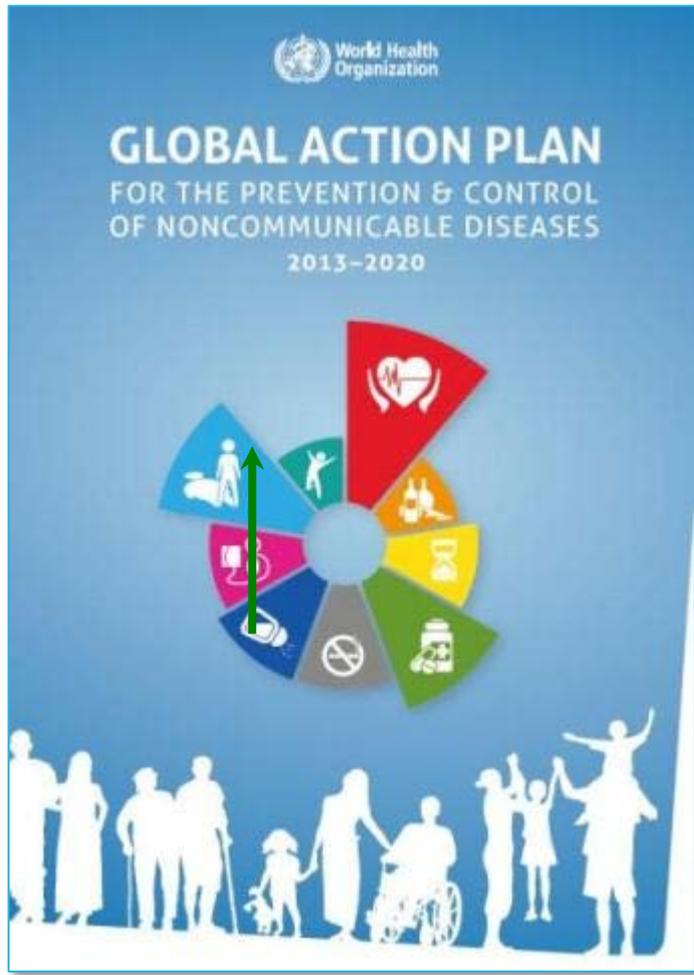


“Renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to NCDs”

Paragraph 19, UNPD 2011



Roadmap for Action: WHO Global Action Plan 2016-2020



Governance

Risk factors

Health systems

Surveillance

“The Global Action Plan moves the process from the political to the practical realm”

WHO ADG, Oleg Chestnov

Global Accountability: 25 x 25 NCD targets

“What gets measured, gets done”

WHO DG, Margaret Chan

WHO Global Monitoring Framework on NCDs



GETTING TO ZERO

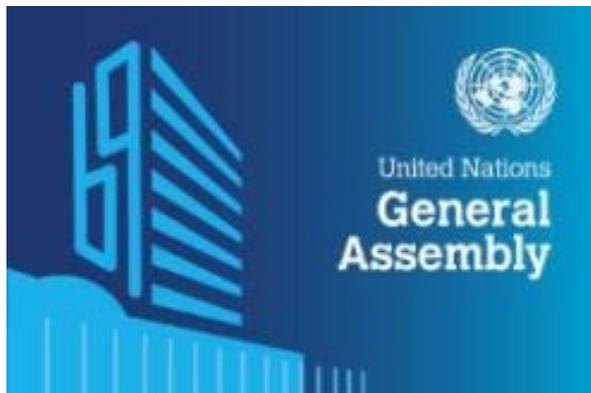
- ZERO NEW HIV INFECTIONS
- ZERO DISCRIMINATION
- ZERO AIDS RELATED DEATHS



Global Coordination - UN Task Force on NCDs



National Commitments - UN Review on NCDs, 2014



4 time-bound commitments:



By 2015, set **national targets** for NCDs



By 2015, develop **national multisectoral policies and plans**



By 2016, implement **best buys** to reduce risk factors for NCDs



By 2016, implement **best buys** to enable health systems to respond

Agenda 2030: 17 goals, 169 targets, 230 indicators



UN High-Level Meeting on NCDs, in 2018

2011

Political
Declaration

First High-level
Meeting on NCDs
(World Leaders)

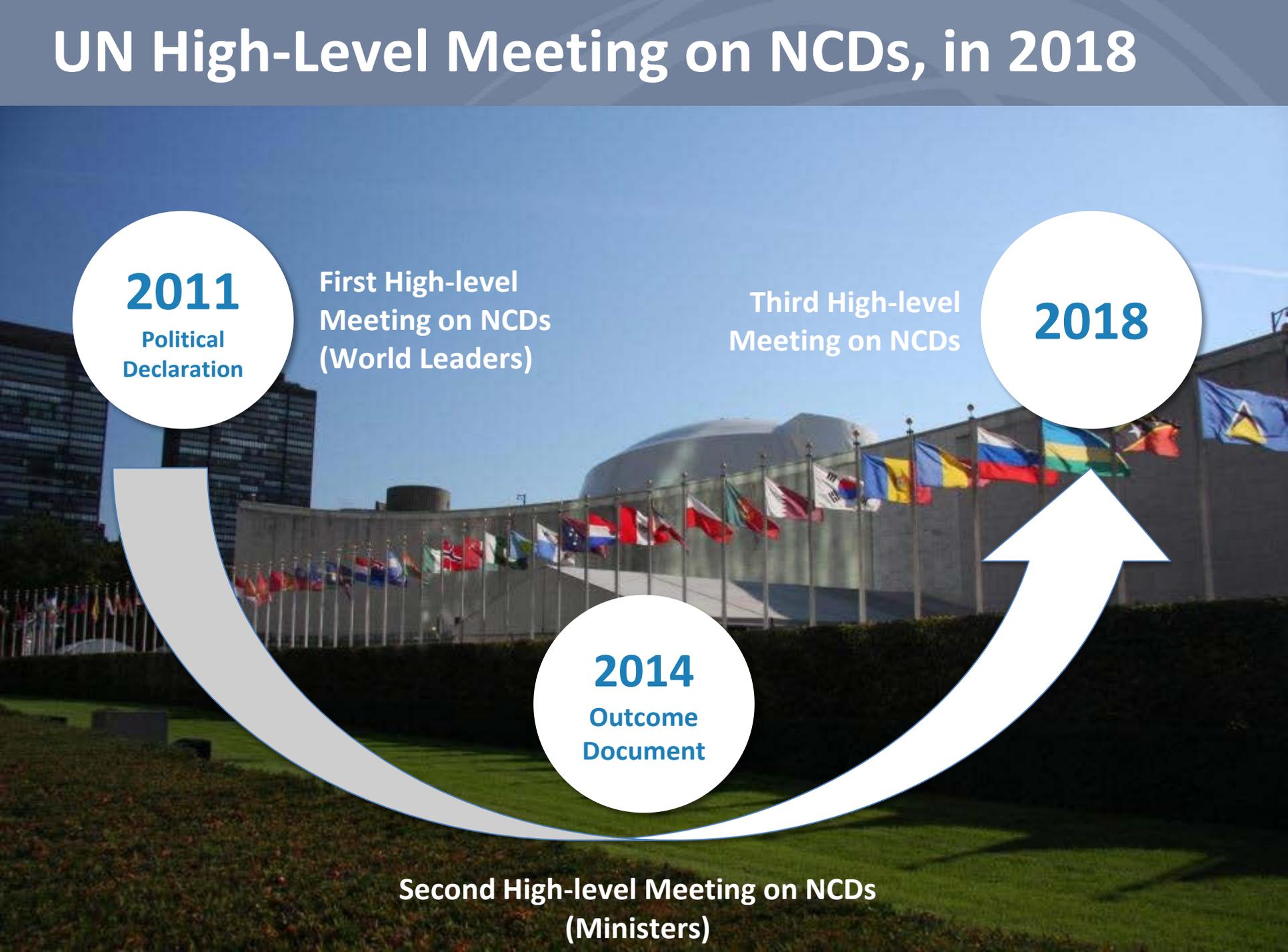
Third High-level
Meeting on NCDs

2018

2014

Outcome
Document

Second High-level Meeting on NCDs
(Ministers)



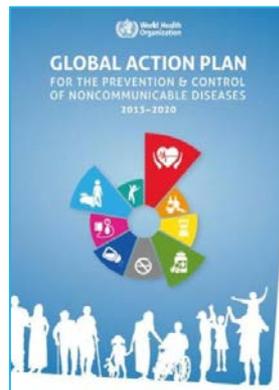
Why was it important?

- A **global multilateral** process for **global issues**
- All national governments at the highest **political level**
- Elevates health from the **technical to political** realm
- Opportunity to **focus attention, reiterate commitments, review progress,** and agree the **way forward**
- Galvanises **consensus on international cooperation**
- Results in a **UN Political Declaration** and **national political commitments and targets**



What was the context? 6 positives

1. **Global awareness** of the scale, burden and threat
2. Longstanding **political leaders**
3. Plethora of **plans, political commitments and targets**
4. NCDs included in **UN Sustainable Development Goals**
5. Evidence base and **consensus on solutions**
6. Stronger **civil society movement**



What was the context? 6 negatives

1. **Slow and uneven progress** globally
2. Countries **overwhelmed and paralysed**
3. **Political inertia** and opposition to “new and ambitious”
4. Still pitiful levels of **resources**
5. Interference of **powerful multinationals** in public policy
6. Absence of a **people’s movement**



WHO Independent High-level Commission on NCDs

Co-Chairs:



President
Sri Lanka



President
Uruguay



President of
Finland



Minister of Health
Russian Federation



Sania Nishtar



Who?

- 5 Co-Chairs + 26 Commissioners

Objectives

- Provide the WHO Director-General with **bold recommendations** on how to transform new opportunities into action that addresses implementation gaps to reach SDG target 3.4 on NCDs.

Why?

- **New thinking:** Report serves as an input into the preparatory process for the third High-level Meeting on NCDs.
- **New platform:** Get Heads of State and Government and Heads of UN Agencies to attend the third High-level Meeting

Commission Controversies: Battleground issues

AP   

US blocks UN health panel from backing taxes on sugar drinks

By JAMEY KEATEN and MARIA CHENG
Jun. 01, 2018

   <https://apn>

GENEVA (AP) — The Trump administration has torpedoed a plan to recommend higher taxes on sugary drinks, forcing a World Health Organization panel to back off the U.N. agency's previous call for such taxes as a way to fight obesity, diabetes and other life-threatening conditions.



Sugary drinks: panel advising WHO stops short of recommending tax

WHO says it still supports tax but activists had hoped panel would give strong endorsement

 **Denis Campbell** *Health policy editor and agencies*
15:19 BST Friday, 01 June 2018
 [Follow Denis Campbell](#)

An independent panel advising the World Health Organization has stopped short of



A snapshot of the 3rd UN HLM on NCDs

Government attendance

- Heads of State/Government: 23
- Ministers: 55
- Vice Ministers: 4

Political Declaration

- [Adopted](#) during opening segment

Country statements at the HLM

- A total of 80 countries delivered statements during the plenary segment
- 30 countries made statements during the two multistakeholder panel sessions
- Additional statements made during various side events

2018 UN Political Declaration

The Good:

- 13 new commitments (that are insufficient to close the implementation gap and reach SDG 3.4);
- Adds air pollution and mental health to the 4x4 agenda;
- Reaffirms WHO leadership and coordination role for all work towards SDG 3.4;
- Involvement of civil society + people living with NCDs in the NCD response
- Commits governments to call on the private sector to become a meaningful part of the solution.

The Bad:

- **Fails to mention oral health at all (despite 2011 reference);**
- Financing for NCDs remains unresolved and hasn't moved forward since 2011;
- **Rationale, principles, benefits and risks for governments to engage with the private sector are missing – weak language on managing conflicts of interest;**
- HLM4 to take place in 2025, which is a long gap and before new data is available.

Missed Opportunities:

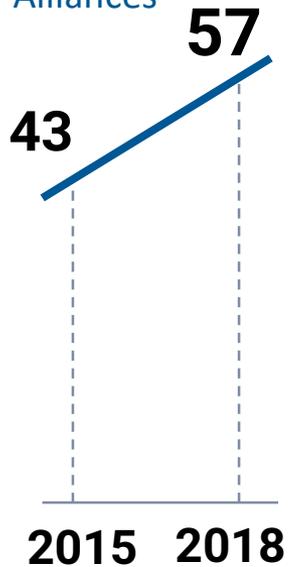
- **Prioritise the Best Buys endorsed at WHA;**
- **Scale up of fiscal measures such as SSB taxation;**
- A set of time-bound national commitments;
- Inclusion of NCDs in national public UHC benefit packages;
- Strong call for integration of NCDs, TB, HIV/AIDS and RMNCAH, and oral health;
- Strengthen accountability for NCDs, including independent accountability.

The NCD Alliance's network of national and regional NCD alliances



NCD Alliance supports CSO capacity development

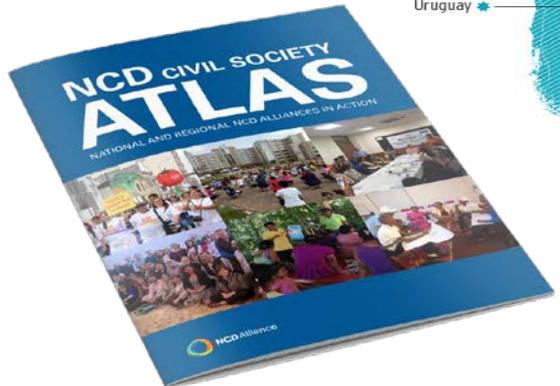
Number of National and Regional NCD Alliances



- United across diseases and risk factors
- 57 + and growing
- Legitimate voice of NCD civil society
- Recognised by UN/WHO and governments
- Model being transferred to national/regional level



Our global network of NCD alliances



[Directory of national and regional NCD alliances](#)

Q&A



3.1. Learning from the field

The case of New Zealand: Action on Sugar Drinks

Dr Donna Kennedy, Sugary Drinks Spokesperson, New Zealand Dental Association

Consensus Statement on sugary drinks

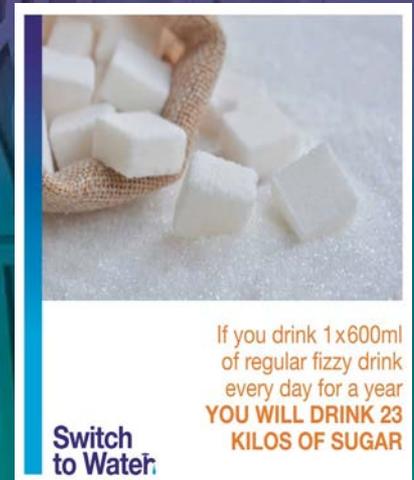
— a case study for partnerships in action

Dr Donna Kennedy
Spokesperson on sugary drinks
NZDA



NZ statistics:

- At least 100 children per day require 1 or more teeth extracted
- High hospital admission rates for children for dental treatment
- Number of children receiving a GA for dental treatment increased 67% over a 15 year period
- 3rd in OECD for rates of obesity – nearly 2/3 of adults and children are either over weight or obese
- Disparity in obesity for Māori and Pacific children and a clear social gradient by deprivation



Switch
to Water.

If you drink 1x600ml
of regular fizzy drink
every day for a year
**YOU WILL DRINK 23
KILOS OF SUGAR**



Partnership approach

- Identification of health organisations as possible partners.
- Letters sent to CEO/Presidents inviting them to join together and endorse the draft statement on action to reduce sugary drink intake.
- Consultation period to finalise the content of Consensus Statement.
- Meeting of representatives from all these organisations attended.
- Final statement and priority action areas were approved by 14 organisations.



Royal Australasian College
of Dental Surgeons
Let knowledge conquer disease



Te Aō Marama
The New Zealand Maori
Dental Association



The Consensus Statement Sugary Drinks

1. Introducing a sugar icon on packaged drinks indicating the teaspoon amount of sugar in each drink
2. Independent monitoring and evaluation of sugary drink marketing that influences children
3. Urging the NZ government to adopt WHO limit guidelines on daily sugar allowances
4. Encouraging the public to switch to water by:
 - a. introducing warning labels highlighting sugary drinks as risk factors for obesity, diabetes and tooth decay
 - b. Increasing nationwide social marketing campaigns such as ‘Switch to Water’
5. Working with schools and the Ministry of Education to introduce ‘water only’ policies
6. Introduction of local council ‘water only’ policies at council facilities and events
7. Introduction of a sugary drinks tax in line with WHO recommendations

1. Introducing a sugar icon on packaged drinks indicating the teaspoon amount of sugar in each drink:

- Forum on Food Regulation agrees current sugar labels & health star ratings are inadequate
- Australian & NZ food labelling standards are currently being reviewed :
 - education on reading labels
 - sugars quantified in the nutrition information panel
 - advisory labels on foods with high added sugar
 - sugar icons on food
- Labelling of sugary beverages (displaying teaspoons of sugar) NZ Bill



2. Independent monitoring and evaluation of sugary drinks marketing that influences children

INFORMAS Report 'How healthy are NZ food environments?' 2014 - 2017:

- Children were targeted for promotions for unhealthy foods through all media channels
- Marketing included TV, magazines, websites, food packaging, marketing around schools, sports sponsorship
- Failure of the self-regulatory system in place to protect children and young people from targeted marketing of unhealthy foods.
- Research suggests that a ban on advertising targeted at children is effective in lowering consumption
- Sport-related food environment influenced children's eating habits and acted as a barrier towards promoting positive eating habits among children.

Pepsi Max campaign featuring All Blacks

- Promoting collection all 20 player cans particularly to young people
- Heavily promoted on Facebook, in print & at bus stops
- NZDA complained to the Advertising Standards Authority
- Advertisements withdrawn voluntarily



3. Urging the government to adopt WHO limit guidelines on daily sugar intakes

WHO Recommendation:

- < 10% of total energy should be from free sugar
- < 5% recommended to prevent dental decay

NZ MoH recommendations:

“Choose and/or prepare foods and drinks: with little or no added sugar”

If drinking sugary drinks, have them only:

- occasionally (less than once each week),
- in small quantities (limit to one glass or dilute with water),
- with food rather than between meals.



4. Encouraging the public to switch to water by:

- a. Introducing warning labels highlighting sugary drinks as risk factors for obesity, diabetes, and tooth decay:
 - Addition of graphic images of rotted teeth and health warnings on sugary drinks as a way to encourage healthier behaviours
 - 20% drop in sugary drink purchases with warning labels or graphics of rotten teeth by those aged 18-35 years



- 4. Encouraging the public to switch to water by**
- b. Increasing nationwide social marketing campaigns such as ‘Switch to Water’
- 4th year of the NZDA ‘Switch to Water’ campaign
 - Challenges people to switch to water for the 30 days of November
 - Avoid tooth decay & excess calories



5. Working with schools and the Ministry of Education to introduce 'water only' policies

- 9 out of 10 parents support limited access to sugary products at school
- 40% of schools had a written food policies
- 42% of schools sold sugar-sweetened beverages
- 68% of primary/intermediate & 23% of secondary schools were water/milk only
- 96.5% of schools used unhealthy foods for fundraising
- 'Adopt A School' – FDI Smile Award





New Zealand
Dental Assoc.

NZDA Adopt-A-School

switch to
water



NEW ZEALAND
DENTAL ASSOCIATION



New Zealand
Dental Assoc.

© NZDA: New Zealand Dental Association 2016

6. Introduction of local council 'water only' policies at council facilities and events

- Local government can drive key policies to reduce obesogenic environments.
- Responsible for drinking water & key event centres
- Large impact when councils adopt water only policies
- District Health Boards - non-sweetened drinks only



7. Introduction of a 'sugary drinks' tax in line with WHO recommendations

- Initial research relied on modelling to predict improvement in health from tax
- Increasing recognition that tax on sugary drinks will reduce amount of sugar drunk
- Studies report reduction in sugary drink consumption:
 - Berkley – almost 10% reduction first year
 - Mexico – 5.5 – 9.7% reduction in initial years
 - Chilean – 21% reduction in the higher-taxed, sugary drink
 - UK reformulation of drinks to reduce sugar
- NZ study to measure reduction in caries increment with sugar tax
- NZ Government position – no new taxes in first term



The Consensus Statement on Sugary Drinks

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References

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<http://www.hpa.org.nz/sites/default/files/Parents%E2%80%99%20and%20caregivers%E2%80%99%20opinions.pdf>

Colchero MA, Rivera-Dommarco J, Popkin BM et al. (2017) In Mexico, evidence of sustained consumer response two years after implementing a sugar-sweetened beverage tax. *Health Aff (Millwood)*

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Ministry of Education – Promoting healthy lifestyles <http://www.education.govt.nz/ministry-of-education/specific-initiatives/health-and-safety/health-and-wellbeing-programmes/why-promote-healthy-lifestyles/>

Ministry of Health – Food and beverage classification system <http://www.health.govt.nz/our-work/preventative-health-wellness/nutrition/food-and-beverage-classification-system>

Nakamura, Ryota, Mirelman, Andrew , Cuadrado, Cristóbal et al. (2018) *Evaluating the 2014 Sugar-Sweetened Beverage Tax in Chile : An Observational Study in Urban Areas*. PLoS Medicine. ISSN 1549-1277, June 2018

New Zealand Dental Association – Adopt-A-School power point

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Smith M, Jenkin G, et al. (2014). Consuming calories and creating cavities: beverages NZ children associate with sport. *Appetite*, 2014; 81: 209-17

University of Otago and Ministry of Health (2011). *A Focus on Nutrition: Key Findings of the 2008/09 New Zealand Adult Nutrition Survey*. Wellington: Ministry of Health.

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World Health Organisation (2015). *Guideline: Sugars intake for adults and children*. Geneva: WHO.

Q&A



3.2. Learning from the field

The case of Thailand: Working with a National NCD Alliance

Dr Chiraporn Khitdee, Representative of Sweet Enough Network, Member of the Thai NCD Alliance

Oral Health & NCDs

Inter-professional collaboration

Sweet Enough Network
Thai NCD Alliance



Chiraporn Khitdee



THAI NCD ALLIANCE



THAI NCD ALLIANCE

Members



The Royal College of Surgeons of Thailand



The Royal College of Psychiatrists of Thailand



Thai Low Salt Network



Network of Fatless Belly Thais



The Royal College of Physicians of Thailand



Thai Health Promotion Foundation



The Nurses Association of Thailand



Thai Stroke Society



The Royal College of Pediatricians of Thailand



Thai Physicians Alliance Against Tobacco



Thoracic Society of Thailand under Royal Patronage



StopDrink Network, Thailand



The Dental Association of Thailand



The Royal Thai College of Obstetricians and Gynaecologists



ASH Thailand



The Heart Association of Thailand under the Royal Patronage



A Multi-Sectoral Network for Noncommunicable Disease Control



Foundation for Consumers



The Royal College of Family Physicians of Thailand



Diabetes Association of Thailand under the Patronage of Her Royal Highness Princess Maha Jakri Sirindhorn



Thai Hypertension Society



The Nephrology Society of Thailand



Community Pharmacy Association (Thailand)



Thai Heart Foundation under Royal Patronage



Nutrition Association of Thailand under the Patronage of Her Royal Highness Princess Maha Jakri Sirindhorn



Thai Society of Clinical Oncology



Sweet Enough Network



Thai Public Health Institute Education Network

Cr. Wannee Nitiyanant, M.D.
Department of Medicine
Faculty of Medicine Siriraj Hospital
Mahidol University



THAI NCD ALLIANCE

Objectives:

1. Analyze knowledge, situation and capacity of concerned member organizations to formulate strategic direction and action plan for NCDs prevention and control
2. To enhance and improve capacity of NCD related health professional organizations to raise social awareness on NCDs
3. To effectively communicate academic news and information with people through media channels or organizations that are well-known to the public
4. To strengthen policy advocacy for NCD-related risk factor reduction
5. To enable the collaboration of health professional organizations to directly tackle with NCDs and systematically cooperate with other related sectors to address the issue

Events and Implementation Timeline



International
Diabetes
Federation



WORLD HEART
FEDERATION™



International Union
Against Tuberculosis
and Lung Disease

**UN Resolution
61/225 on Diabetes,
20 Dec 2006**

**UN Resolution 66/2 on
prevention & control of
NCDs, 19 Sept 2011**



United Nations



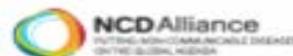
United Nations



unite for diabetes

**Raise public
awareness, role
model of weight
reduction**

**Partnership &
working
with public and
private
organizations**



NCD Alliance
PUTTING NON-COMMUNICABLE DISEASES
ON THE GLOBAL AGENDA

**Life-course
approach
for prevention
and control of
NCDs**

**Change
Agents
Learning
organizations**



Network of
Fatless Belly Thais
The Royal College of Physicians of Thailand



ThaiNCDnet



THAI NCD ALLIANCE



**Launch
23 Dec 2006**

**National Health
Assembly
Resolution on 18 Dec
2009 concerning
overweight and obesity**

**National Health Assembly
Resolution on 18 Jun 2014
Concerning achievement of
9 global targets by 2025**

**Launch
7 Apr 2016**

Cr. Wannee Nitiyanant, M.D.
Department of Medicine
Faculty of Medicine Siriraj Hospital
Mahidol University

Advocate for health in all policies, public policies, legislations, regulations

Oral Health and NCDs

- Common Risk factors



Unhealthy diet;
Over Sugar consumption



Smoking

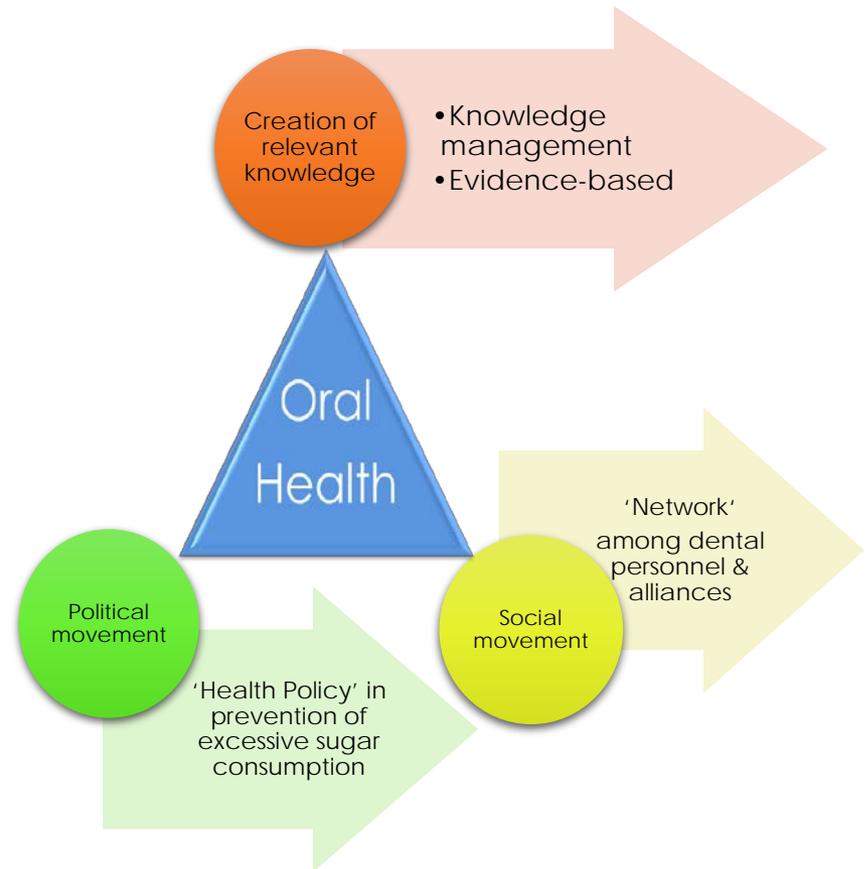


"Sweet Enough network" initiated since 2003 by dentists, pediatrician and academician who concerned about the adverse health effect on children due to excessive sugar consumption, supported by Thai Health Promotion Foundation, MOPH and various local organizations.

Objective To reduce the over consumption of sugar among children



Triangle that moves the mountain



Cr. Prawase Wasi, M.D. Professor of Medicine Emeritus



Sweet Enough Network

Initiated



2003

2004

2007

2011

2013

2014

2015

2016

2017

2018

-Policy movement
-Networking
-Capacity Building

- The Ministerial regulation # 305 label of message warning "minimized your consumption and exercise for your good health"
- Ministry of Education announced a policy Ban of Soft drink in school
- Healthy Meeting Campaign

- Ministry of Education distributed a policy Ban of Soft drink and snacks in school (Voluntary)

- Working with Thai-FDA for resized of sugar packet to 4gm.
- Campaign of Healthy Meeting, MOPH promote used of 4 gm. Sugar packet

- Scale up sweet enough Policy in various setting; school, canteen, workplace, community etc.
- Innovation in reducing over consumption of sugar



Multidisciplinar



- Thai FDA amendment of the Ministerial regulation #286 to prohibit sugar addition in followed on milk formula

- Front of pack labeling (GDA)

ดูคุณค่าทางโภชนาการต่อ ...
 ๑๐๐ กรัม ครั้ง

พลังงาน	น้ำตาล	ไขมัน	โซเดียม
กิโลแคลอรี	กรัม	กรัม	มิลลิกรัม
.....

* ข้อมูลนี้ควรที่จะแจ้งปริมาณสูงสุดที่บริโภคต่อวัน

- Working group for Healthier Choice logo



- Work with partners for Policy movement on SSBs-Tax, enacted the law on 16th Sep. 2017



- Policy movement of prohibit sugar added in food formula for infant
- Policy movement for tax levy on sweeteners-added on SSBs

Dentist,
 Pediatrician,
 Nutritionist,
 Media specialist
 Supported by Thai
 Health Promotion
 Foundation&MOPH

Movement on SSBs Tax

Review

tax & price intervention to tackle obesity

2008

Work closely

with networks and generate evidence for movement

2010-14

Pass the approval

of National Reform Steering Assembly

Apr. 2016



Sep. 2017

2009

2015

Tax & Price strategy

for SSBs is recommended by NHA resolution

SSBs tax is considered

by National Reform Steering Assembly under HEC

Enacted new excise act

tax on drinks with over 10% sugar content and will be a progressive tax rate

START

Thai Dentist Against Tobacco



1. Campaign and networking for Smoking Cessation Dental Clinic in Bangkok, Public Hospital, Private clinic and Dental School

2. Role model among dental student

3. Create Innovation and knowledge management for smoking cessation in the community.



Strengthen networks for oral health

Thai Dentist Against Tobacco

Joining the Tobacco control network activities

 Dental disease graphic warning on cigarette pack

 Participating in movement for legislation

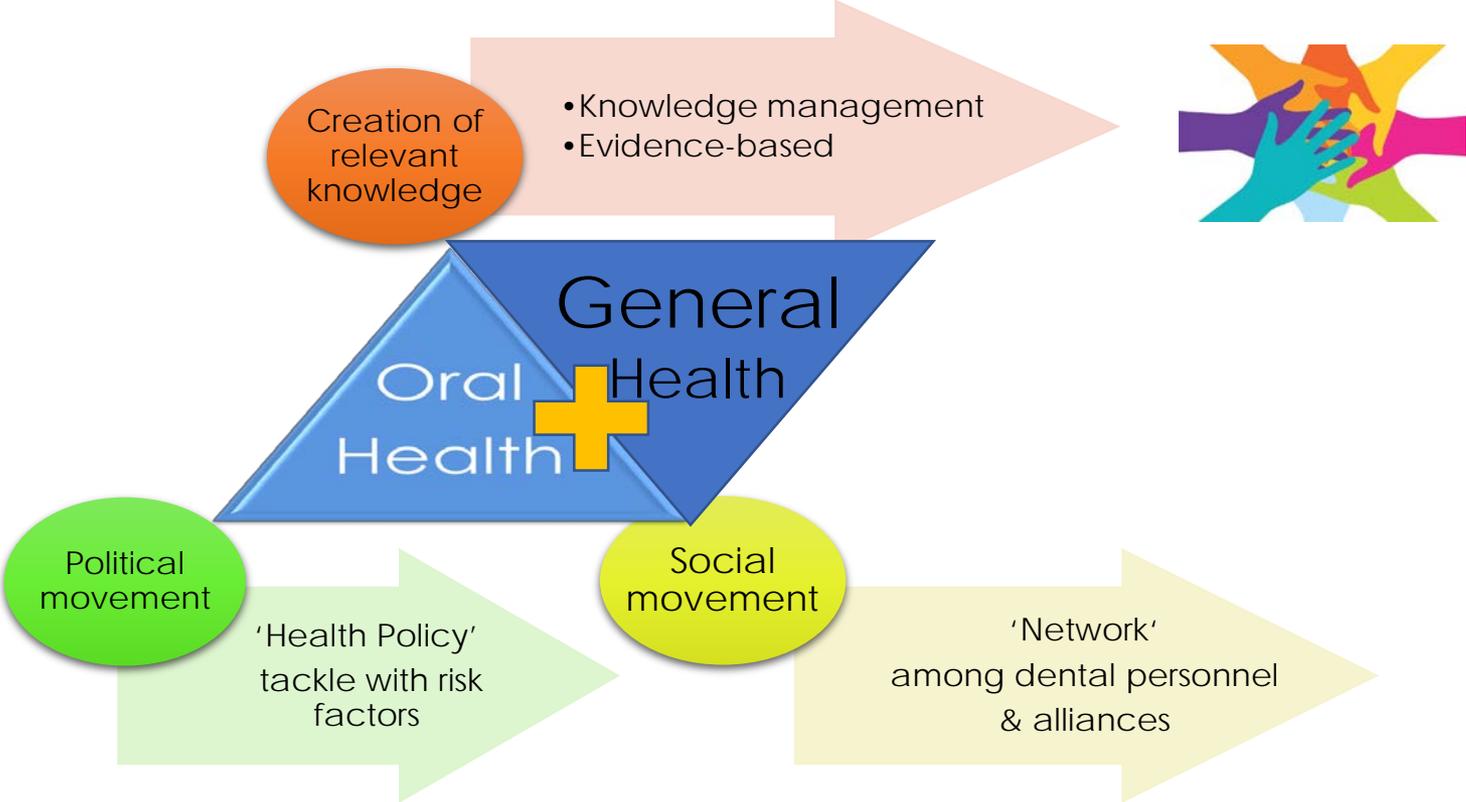
 Smoking Cessation in Dental Clinic

 Oral lesion screening in government dental clinics

 Integrated with NCDs clinic in Health Centre



Teamwork For Better Health



Q&A



4. Accelerating action on oral health & NCDs: Opportunities for action

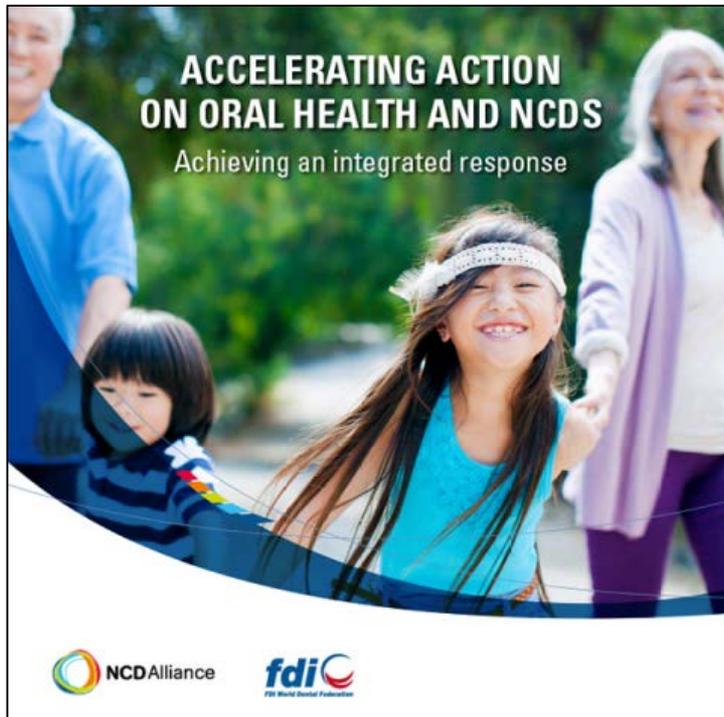
Dr Chaz Jagait, Communications and Advocacy
Director, FDI World Dental Federation

Accelerating action on oral health & NCDs

Opportunities for action

Dr Chaz Jagait
Communications & Advocacy Director
FDI World Dental Federation

Policy recommendations



- [English](#)
- [Portuguese](#)
- [Spanish](#)

Policy recommendations

Common modifiable risk factors & social determinants

- Implement cost-effective evidence-based population-wide oral health promotion measures e.g. educational campaigns on risk factors and good oral hygiene habits

Associations between oral health and other diseases

- Strengthen inter-professional collaboration between oral health and other health professionals to improve prevention and management of co-morbidities

Case study: www.fdiworldental.org/news/20181107/a-great-win-for-portugal-ministry-of-health-brings-dentists-into-primary-health

Policy recommendations

Universal Health Coverage & Primary Healthcare (PHC)

- Integrate essential oral and NCD care into PHC using the Basic Package of Oral Care (BPOC) and WHO Package of Essential NCD Interventions for PHC in Low-Resource Settings (PEN) as appropriate

Life-course approach

- Implement community-based initiatives, such as school education programmes, to promote healthy behaviours from an early age

Policy recommendations

Disease surveillance and research

- Systematically include oral disease and NCD surveillance in epidemiological monitoring, including surveillance of common modifiable risk factors

Oral health, NCDs and development

- Fully integrate oral health and NCDs into Sustainable Development Goal strategies and monitoring frameworks

Priority areas for better integration

Establishing baselines and indicators for oral health

- Countries need to know their oral health burden in order to respond appropriately.
- Currently, there are no global standardized baselines/indicators for measuring oral health outcomes.
- FDI's [Oral Health Observatory](#) aims to generate standardized data on oral health and Vision 2020 Think Tank is developing a set of oral health measurement tools.

Priority areas for better integration

Making the economic case for investing in oral health & NCDs

- Indirect costs due to oral diseases worldwide amounts to more than US \$140 billion yearly.
- Countries, especially Ministries of Finance, need to know the significant financial losses they will incur if they don't take action.
- Implementing population-wide interventions for oral diseases can contribute to preventing the leading NCDs.

Priority areas for better integration

Implementing the WHO Best Buys and other recommended interventions

- WHO's 16 Best Buys and 72 other recommended interventions provide a range of evidence-based options for countries to implement.
- Other WHO recommended interventions include:
 - Taxation on sugar sweetened-beverages;
 - Nutrition labelling to reduce total energy intake (kcal), sugars, sodium and fats;
 - Mass media campaign on healthy diets, including social marketing to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits and vegetables.

Call to action



Action you can take

- Perform a stakeholder analysis in your city, state, country or region to identify key decision makers and influencers (e.g. schools, Ministry of Finance, parliamentarians) for health
- Consolidate your local and regional advocacy efforts by joining or creating national NCD coalitions
- Establish partnerships at local, national or regional levels with like-minded organizations focused on NCDs
- Request a meeting with your Minister of Health/ Finance/ Social Affairs to discuss priorities and how to better promote oral health & NCDs

Action you can take

- Reach out to your local media to generate public interest and action
- Use [World Oral Health Day](#) as a platform to launch your campaigns and priorities
- Contact FDI at advocacy@fdiworlddental.org to share case studies and updates on your advocacy efforts
- Sign up to FDI's Advocacy Newsletter for regular updates www.fdiworlddental.org/newsletter-sign-up

Resources

Checklist with tips

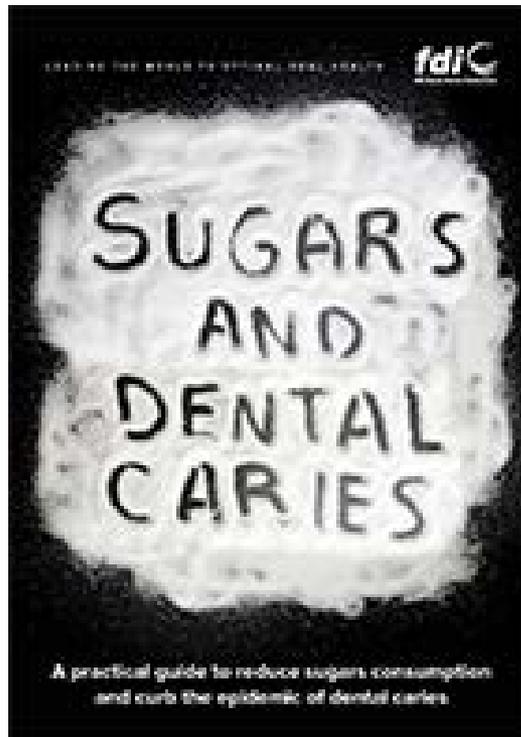


Taking action on oral health for policymakers

Oral diseases, such as tooth decay, gum disease and oral cancer, are widespread and largely preventable. Through individual action combined with government-driven, population-based strategies, good oral health can be secured.

Does your government take enough action on oral health?
Tick the items that apply to your government in the checklist below and use the accompanying tips to see where policy improvements can still be made to help your citizens **ACT ON MOUTH HEALTH.**

- Does your government celebrate World Oral Health Day (WOHD)?
Leverage WOHD as a platform for your government to launch policies that address oral diseases at the local, national and regional level. Reach out to your country's National Dental Association to help support your WOHD activities. Learn more at www.oralhealthday.org.
- Does your country monitor its burden of oral disease?
To determine and monitor your country's burden of oral disease, your government can systematically include oral disease surveillance, which recognizes oral health risk factors, in epidemic/surveillance monitoring. Your country can also integrate oral disease surveillance into existing communicable disease (NCD) monitoring and evaluation mechanisms. Collected data should then be compared in reports and made universally accessible for researchers and policymakers.
- Does your country have a national oral health plan?
Implementing a national oral health plan is crucial for reducing your country's burden of oral disease. A national oral health plan should include your country's oral disease burden, address risk factors and the resources available to implement the plan in the context of the culture and healthcare system in your country. If your national oral health plan is to succeed, it also requires a budget with funding.
- Does your country integrate oral health into noncommunicable disease prevention and control?
Implementing a national noncommunicable disease (NCD) plan that integrates oral health perspectives will help create cross-cutting issues, improve collaboration between oral disease and other NCD groups, strengthen health systems and ultimately reduce the burden of oral disease and other NCDs. Your government can also integrate oral health into national strategies for NCDs that focus on sugar, tobacco and alcohol.
- Does your country tax sugar-rich foods or sugar-sweetened beverages?
Your government can apply various types of taxes on sugar-rich foods and sugar-sweetened beverages, including excise taxes. Both specific and ad-valorem (sales) duties, value-added taxes, general sales or consumption taxes, and special taxes. Use Articles 6 and 7 of the Framework Convention on Tobacco Control as a model for your country's sugar taxation measures.

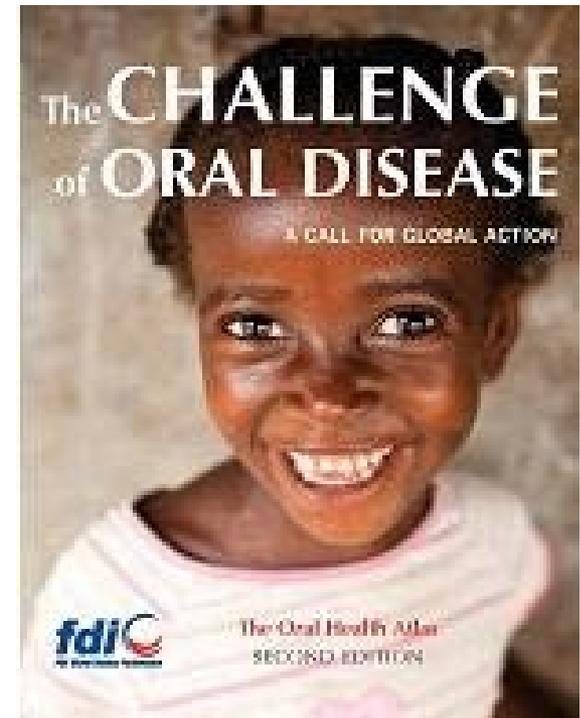


REDUCE THE BURDEN OF ORAL DISEASE

SUGARS AND DENTAL CARIES

A practical guide to reduce sugar consumption and curb the epidemic of dental caries.

www.fdiworlddental.org/resources/toolkits/sugars-and-dental-carries



The CHALLENGE of ORAL DISEASE

A CALL FOR GLOBAL ACTION

fdi The Oral Health Atlas 2015

www.fdiworlddental.org/resources/oral-health-atlas/oral-health-atlas-2015

Coming soon on:
www.worldoralhealthday.org

World Dental Congress: session highlights

- FDI-NCDA-WHO joint session: Strengthening inter-professional collaboration: Models to improve the prevention and control of oral diseases and other NCDs
- World Oral Health Forum: Universal Health Coverage
- Science Committee Forum: Tobacco

www.world-dental-congress.org

#WorldDentalCongress

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WORLD DENTAL CONGRESS
SAN FRANCISCO 2019

4-8 September 2019

Q&A



Concluding remarks





Thank you!



NCD Alliance

PUTTING NON-COMMUNICABLE DISEASES
ON THE GLOBAL AGENDA

