



Childsmile Symposium 2018



USING SDGs, NCDs AND OTHER INTERNATIONAL POLICY FRAMEWORKS TO RELAUNCH THE GLOBAL ORAL HEALTH AGENDA

WHO Global Oral Health Programme Priorities & Perspectives

Dr Benoit VARENNE, WHO Geneva

23rd January 2018, Glasgow, Scotland



3 opportunities of the Global Health Agenda to move forward oral health agenda

4 initiatives under the WHO Global Oral Health Programme of work 2018-20

3 opportunities of the Global Health Agenda to move forward oral health agenda

UN High Level Meeting – Historic Event (New York, 19-20 September 2011)

*“NCDs - a challenge of epidemic proportion
and its socio-economic and developmental impacts”*



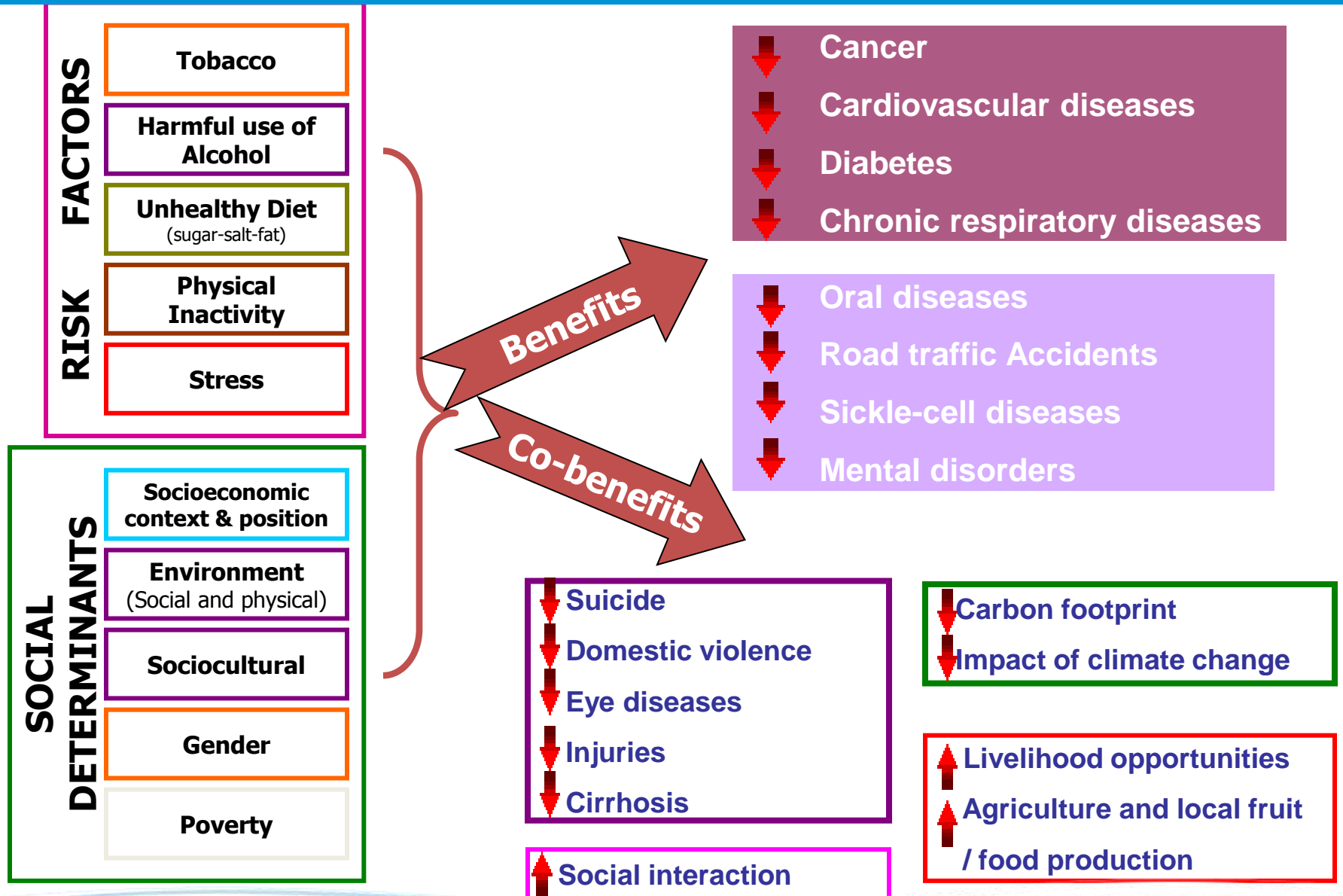
UN Political Declaration on NCDs (New York, 19-20 September 2011)

....Article 19

19. Recognize that 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 non-communicable diseases;**

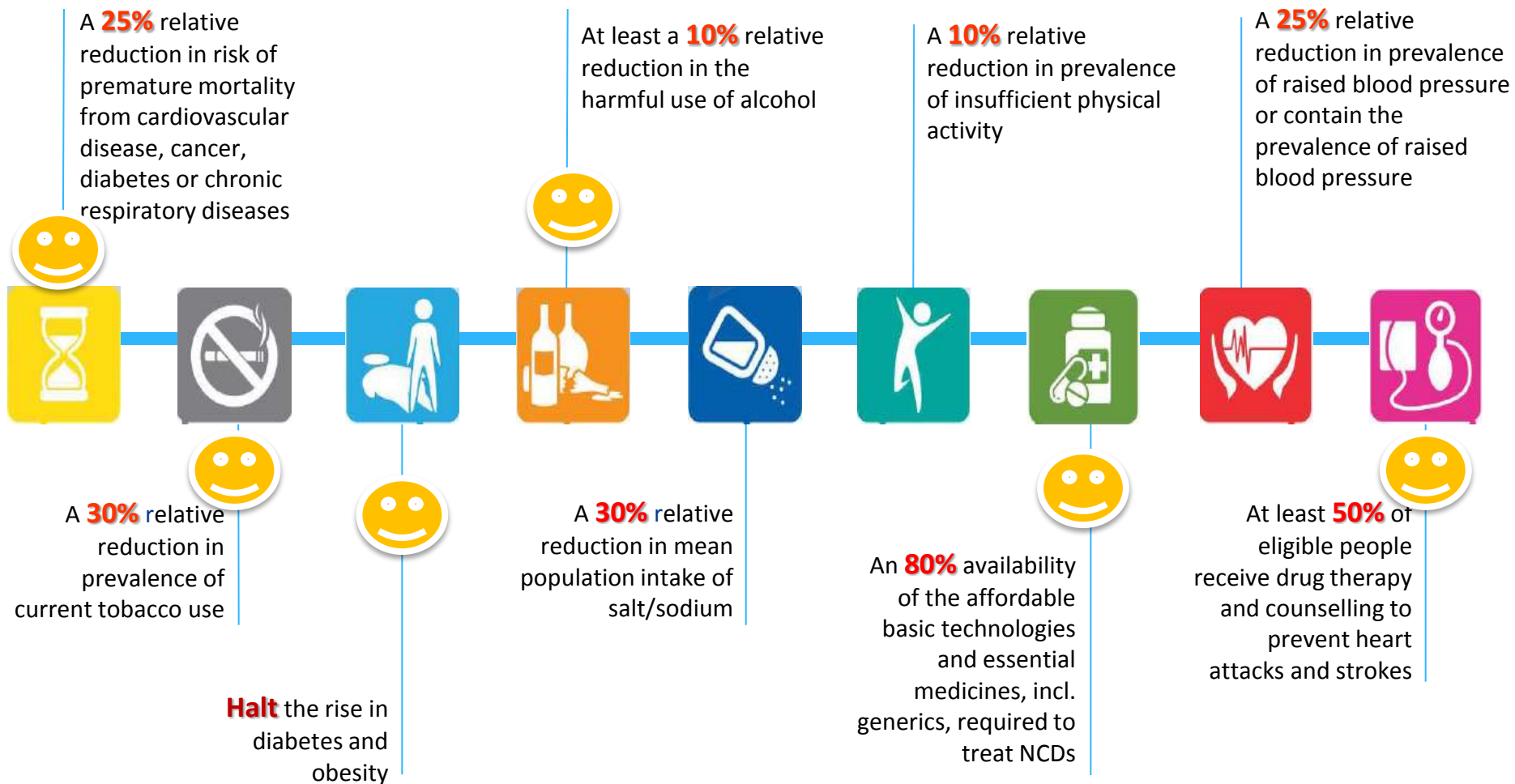


BENEFITS & CO-BENEFITS OF NCD RISK REDUCTION





9 global NCD targets to be attained by 2025 (against a 2010 baseline) a **shared** responsibility



2030 Agenda for Sustainable Development



UNITED NATIONS
SUSTAINABLE
DEVELOPMENT
SUMMIT 2015
25-27 SEPTEMBER

Commits governments to develop national responses:

- Target 3.4: By 2030, reduce by one third premature mortality from NCDs
- Target 3.5: Strengthen responses to reduce the harmful use of alcohol
- Target 3.8: **Achieve universal health coverage (UHC)**
- Target 3.a: Strengthen the implementation of the WHO Framework Convention on Tobacco Control
- Target 3.b: Support research and development of vaccines and medicines for NCDs that primarily affect developing countries
- Target 3.b: Provide access to affordable essential medicines and vaccines for NCDs



IMPLEMENTING PHASE DOWN OF DENTAL AMALGAM



The Minamata Convention on Mercury entered into force on 16 August 2017

To protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds.

The Convention provides controls and reductions across a range of products, processes and industries from medical equipment to the mining, cement and coal-fired power sectors where mercury is used, released or emitted.



THE HEALTH SECTOR'S ROLE IN THE MINAMATA CONVENTION

- 1.** Phase out thermometers, blood pressure monitors, antiseptics and skin-lightening cosmetics that contain mercury



- 2.** Promote oral health and reduce dental amalgam use



- 3.** Implement strategies to protect small-scale gold miners and other vulnerable groups



- 4.** Monitor mercury exposure and provide health advice



World Health
Organization

4

**initiatives under the WHO Global Oral
Health Programme of work 2018-2020**

DEVELOPMENT OF GLOBAL STATUS REPORT ON ORAL HEALTH: SITUATION ANALYSIS AND POLICY OPTIONS (1)



Country/Area	Prevalence (%)	Prevalence (95% CI)	Prevalence (95% UI)
World	28.4	27.4-29.4	29.4
High-income	20.8	19.8-21.8	21.8
Upper-middle income	22.1	21.1-23.1	23.1
Lower-middle income	29.8	28.8-30.8	30.8
Low-income	35.2	34.2-36.2	36.2

IHME Celebrating 10 years of measuring what matters
Institute for Health Metrics and Evaluation

DEVELOPMENT OF GLOBAL STATUS REPORT ON ORAL HEALTH: SITUATION ANALYSIS AND POLICY OPTIONS (2)

BEST-BUYS AND OTHER RECOMMENDED INTERVENTIONS:

- Best buys:** Effective, intensive, mass media campaigns with cost effectiveness ratio of less than 1000 per DALY averted in LMCS
- Effective interventions in LMCS:** Effective, intensive, mass media campaigns with cost effectiveness ratio of less than 1000 per DALY averted in LMCS
- Other interventions in LMCS:** Other interventions in LMCS

- Increase excise taxes and prices on tobacco products
- Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages¹
- Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship¹
- Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport¹
- Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke¹
- Provide cost-covered, effective and population-wide support (including brief advice, national toll-free quit line services) for tobacco cessation to all those who want to quit¹
- Implement measures to minimize illicit trade in tobacco products
- Ban cross-border advertising, including using modern means of communication
- Provide cessation for tobacco cessation to all those who want to quit

IDENTIFY A SET OF COST EFFECTIVE INTERVENTIONS ON ORAL HEALTH

Cost-effectiveness, affordability, implementation capacity, feasibility, according to national circumstances, and impact on health equity of interventions

ENSURING A COMBINATION OF POPULATION-WIDE POLICY INTERVENTIONS & INDIVIDUAL INTERVENTIONS





A MULTI-PRONGED AND MULTISECTORAL APPROACH

- Assessment of existing situation and documenting good practices
- Reimbursement & insurance schemes (UHC)
- Management of waste
- Research & development of alternatives
- Curricula of dental professional education
- Public & dental professional awareness
- Health promotion policy development



mHEALTH FOR NON-COMMUNICABLE DISEASES (NCDs) INITIATIVE



Cancers



Cardiovascular
Diseases



Diabetes



Respiratory
Diseases

**BE
HE@LTHY
BE
MOBILE**

MOBILE TECHNOLOGY FOR A HEALTHY LIFE

1

2

3

4

5

6

7

8

9

*

0

#

Did you receive an SMS about cervical cancer screening?

Health Fact!

Over 300,000 women in Zambia have been screened for cervical cancer. Be counted! Come for free screening at the nearest clinic.



Be He@lthy. Be Mobile.



www.who.int • mhealth4ncd.itu.int

Utilizing mobile technology to deliver oral health improvement and reduce ORH inequalities

A collaborative initiative between

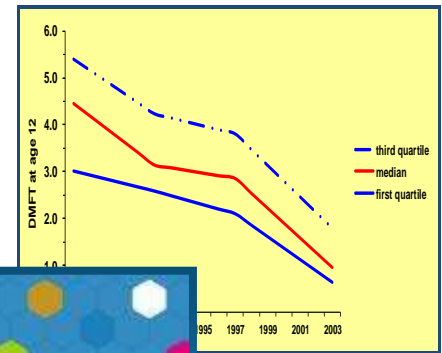


REINFORCE ORAL HEALTH INFORMATION SYSTEMS AND INTEGRATED SURVEILLANCE



Update oral health indicators, support national oral health survey and the use of existing NCD survey tools

e.g. WHO STEPS survey, NCD Country Capacity Survey (CCS), Global School Health Survey (GSHS), Global Youth Tobacco Survey (GYTS)...



PARTNERSHIP AND COLLABORATION TO SUPPORT GLOBAL ORAL HEALTH AGENDA

OTHERS STAKEHOLDERS

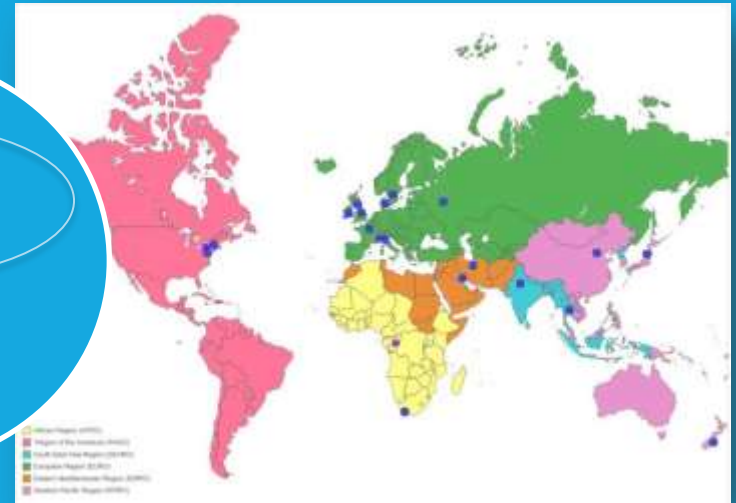


- UN Agencies
- Professional Societies
- Cochrane ORH Groups
- IGOs, NGOs
- Research/Academic
- Philanthropic Foundation
- Private Sector

Member
States



WHO COLLABORATIVE CENTERS



Thank you!



For any questions
varenneb@who.int

