The neglect of global oral health: symptoms and solutions
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Advocacy for
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for oral health worldwide

Guest editorial

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The United Nations (UN) High-level meeting on prevention and control of non-communicable disease, held in New York on 19-20 September 2011, was a truly historic occasion: it was only the second time in history that heads of state discussed a health topic at the UN [the first was a summit on human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) in 2001]. The meeting was important for global oral health because, for the first time ever, oral diseases are recognized in a UN resolution as public health problems.

The summit concluded with a political declaration that commits governments of the world to significant and sustained action to address the rising burden of non-communicable diseases (NCDs) such as diabetes, cancer, cardiovascular and respiratory diseases, with oral diseases as an integral part.

Prior to the event several other international and national oral health organizations as well as concerned individuals had called for inclusion of oral diseases in the discussions of the summit and its resulting documents. This informal ad-hoc coalition advocated for recognition of oral diseases as part of NCDs based on the Common Risk Factor Approach and justified by the significant, yet unrecognized, burden of oral diseases for individuals, health systems and development progress.

After all it was the president of the Republic of Tanzania, Jakaya Kikwete, in concert with a number of other UN member states, who was instrumental in persuading delegations of the 193 member states of the UN that oral diseases had to be included in the final document. He and his colleagues were able to convincingly make the argument that oral diseases share many of the same determinants and risk factors as the four main targeted NCDs, such as high sugar and salt intake, tobacco and alcohol use, as well as trauma and violence. To advocate addressing one disease at a time, whether it be cardiovascular diseases, cancer, lung diseases, diabetes or oral diseases, does not make sense, especially when the economic means to deal with prevention and control are so constrained. This is a very different world economy than when HIV/AIDS was discussed. Leveraging limited resources to tackle public policy issues, affecting multiple diseases - including oral diseases - will do far more and impact personal health and lifestyle changes more efficiently than would programs for each set of diseases alone.
The document eventually adopted at the end of the UN High-level meeting mentions oral diseases in paragraph 19, recognizing ‘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’. This single-word mention of oral diseases may seem like a trivial achievement, and taking into account the epidemiological fact that tooth decay is the most prevalent chronic disease worldwide, the mention of oral diseases between renal and eye diseases is indeed not proportional to the reality. Let us not forget that in the United States alone more than $100 billion was be spent on oral care in 2011.

The process of drafting the document, however, was particularly complex and contested from many sides, and followed a cumbersome and oftentimes not transparent process common to the UN system. The results of such processes are typically compromises based on a consensus acceptable to all governments. With this in mind it should be seen as a success that oral diseases are mentioned at all, which was not the case in earlier drafts of the document. A process of defining targets for disease reduction has been set in motion and UN member states will discuss a draft during the WHO’s World Health Assembly in May 2012 and the international dental community must advocate for inclusion of oral health targets and indicators.

What does this political declaration mean for global oral health? We believe it provides recognition and clarity, integrates oral diseases into one of the emerging mainstreams of the international health discourse and constitutes an obligation for governments, but first and foremost for the international oral health community.

Most significantly, the declaration has enormous political value for advocacy. Oral diseases are part and parcel of the silent tsunami of chronic diseases that affects all nations, and impact even stronger on low- and middle-income countries. If the declaration marks the beginning of an attention and funding shift from infectious to chronic diseases, then such recognition matters. In view of a rekindled dental academic discussion about the infectious nature of certain oral diseases the declaration also provides a conceptual home for oral diseases, based on the Common Risk Factor approach. Oral diseases are multi-factorial and cannot be categorized in a strict black and white scheme, yet it is important to stand clear on the general categorization of oral diseases as chronic and predominantly non-infectious. The WHO and others supported this position over the past decades and the declaration now
provides a long-awaited window of opportunity to bring oral diseases back onto political agendas again.

The declaration calls for integrated and cross-sectoral approaches to tackle NCDs – an approach highly appropriate for most oral diseases. Long gone are the times when it was thought that dental decay could be treated away with a restorative approach, workforce planning and isolated vertical interventions focused on one disease entity alone. The increasing oral disease burden for many populations and the persisting fact that the majority of dental decay remains untreated across all countries are evidence of the failure of that approach. Today, we have ample evidence of effective population-wide prevention strategies that are no longer vertical, but horizontal, tackling common risk factors and determinants of ill-health and oral diseases in an integrated way across sectors. We also understand the complexities of human health behavior and the links between oral and general health much better. Dr Margaret Chan, Director-General of the WHO, put it clearly on the occasion of the adoption of the Oral Health Action Plan in 2007 when she said, that to address oral diseases ‘we have the tools and best practices. But we need to ensure that they are applied and implemented’.5

This is part of the commitment to which governments of the world have now agreed – and we need to hold them accountable to this commitment. The oral health community needs to reconsider its role in order to be a credible and supportive partner for governments on the national level. The current players in oral health and dentistry are oftentimes concerned with looking inwards, their standpoints are diverse and lack coherence and alignment.6 However, if the status of oral health globally is to be improved, the different dental stakeholders need to cooperate, show coordinated leadership, and offer realistic solutions for different countries’ needs and their health systems. If this does not happen from within the oral health community, nobody else will push for it and the current window of opportunity will be missed. It may take a long time for such an opportunity to come again.

The renewed focus on NCDs is also based on the fact that they have a significant negative impact on social and economic development. Oral diseases are no exception to this. On the occasion of a side-event on global oral health, organized by the president of the Republic of Tanzania during the summit in New York, the, Administrator of the United Nations Development Program (UNDP) Helen Clark stated that ‘oral diseases are obstacles to development. Something as preventable as tooth decay can impair people’s ability to eat, to interact with
others, attend school, or work. These consequences all detract from human well-being, economic potential, and development progress. This is the bigger picture of why oral health matters and Helen Clark’s statement should be remembered when making the case for better prevention and control of oral diseases worldwide. Now is the time that scientific evidence, social demand and political should be brought together to create conditions for comprehensive prevention and control of NCDs with oral diseases as an integral component.
References:


