

Regional Committee for Africa**Original: English**Seventy-fifth sessionLusaka, Republic of Zambia, 25–27 August 2025Provisional agenda item 16.4**Progress report on the regional oral health strategy 2016–2025: addressing oral
diseases as part of noncommunicable diseases****Information document****Contents****Paragraphs**

| | |
|-----------------------------------|-------|
| Background | 1–4 |
| Progress made/actions taken | 5–9 |
| Issues and challenges | 10 |
| Next steps..... | 11–13 |

Background

1. Oral health is integral to general health, yet it has been neglected for too long in the WHO African Region. Consequently, oral diseases have become the most prevalent noncommunicable diseases (NCDs), affecting around 41.6% of the Region's population in 2021.¹
2. Oral diseases share common risk factors with major NCDs, including tobacco and alcohol use and high-sugar diets. They also have a direct link with major NCDs, such as periodontal diseases and diabetes. Despite the burden of oral diseases and their linkages with major NCDs, investment in oral health in the Region has been limited across all health system pillars.
3. To address this situation, the Regional oral health strategy 2016–2025: addressing oral diseases as part of NCDs, was endorsed in 2016.² At the global level, following the adoption of resolution WHA74.5 on oral health in 2021,³ the Global strategy on oral health and the Global oral health action plan were adopted by all Member States in 2022 and 2023 respectively, with the vision of achieving universal health coverage (UHC) for oral health by 2030.⁴
4. This is the final progress report on the Regional oral health strategy 2016–2025. It presents the status of five regional targets, including mortality and morbidity, risk factors and prevention, and national health system response.

Progress made/action taken

5. **Halt the increase of dental caries in children and adolescents by 2025.** The incidence of dental caries of deciduous teeth between the ages of 1 and 9 years and permanent teeth between the ages of 5 and 19 years has shown an upward trend from 2016 to 2025, with case numbers rising by 13.2% and 25.8% respectively, during this period.⁵ Therefore, the increase in dental caries among children and adolescents has not been halted.
6. **A 25% reduction of premature mortality from oral cancer by 2025.** The estimated number of deaths due to oral cancer⁶ among males and females aged 30 to 69 years has shown an increasing trend from 2022 to 2025, rising by 10.6% and 11.2%⁷, respectively. This trend indicates that premature mortality has not decreased.

¹ WHO (2025). Tracking progress on the implementation of the Global oral health action plan 2023-2030: baseline report. (<https://iris.who.int/handle/10665/380314>)

² WHO Regional Office for Africa (2016). Sixty-sixth Regional Committee for Africa. Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases: report of the Secretariat. (<https://iris.who.int/handle/10665/250994>)

³ WHO (2021). Resolution WHA74.5 on oral health. (https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R5-en.pdf)

⁴ WHO (2024). Global strategy and action plan on oral health 2023–2030. (<https://www.who.int/publications/i/item/9789240090538>)

⁵ Global burden of disease 2021 (GBD 2021) results [online database]. Seattle: Institute of Health Metrics and Evaluation (IHME). (<https://vizhub.healthdata.org/gbd-results/>)

⁶ Cancer of the lip and oral cavity.

⁷ Ferlay J, Laversanne M, Ervik M, Lam F, Colombet M, Mery L et al (2024). Global Cancer Observatory: Cancer Tomorrow (version 1.1). Lyon, France: International Agency for Research on Cancer. (<https://gco.iarc.who.int/tomorrow>)

7. **At least a 25% increase in the population using fluoridated toothpaste for the prevention of tooth decay on a daily basis by 2025.** Due to the lack of baseline data, it is difficult to measure the rate of increment. However, according to the available population-based data sourced from the WHO STEPwise Approach to NCD Risk Factor Surveillance (STEPS) from 2016 to 2023,⁸ among 10 Member States⁹ that conducted an oral health module of the STEPS, toothpaste usage ranged from 63.4% in Togo to 99.0% in Cabo Verde. Among the population using toothpaste, more than 50% reported using fluoridated toothpaste in eight Member States.¹⁰

8. **At least 50% of the population with expressed needs have access to oral health care services by 2025.** More than 50% of the population that responded to the oral health module of the STEPS survey never received oral health services in eight¹¹ out of 10 Member States.¹²¹³ The use of health care is influenced by the need and availability of service, as well as the resources required for providing and paying for services. This proxy indicator highlights the low rate of the population with expressed needs for oral health services in the Region.

9. **At least 10% of primary health care facilities can provide safe basic oral health care by 2025.** In 2023, twenty Member States¹⁴ responded that oral health services¹⁵ in primary care facilities in the public health sector were generally available, notably reaching 50% or more of patients in need.¹⁶

Issues and challenges

10. Member States implemented the strategy through various priority interventions in collaboration with WHO, such as developing national oral health policies, integrating essential dental preparations as part of their national essential medicines list, and extending oral health services to the primary care level. However, only one out of five targets might partially be achieved. This is attributed to a lack of political commitment, inadequate funding, a suboptimal workforce, low awareness, insufficient data, and the impact of the COVID-19 pandemic.¹⁷

⁸ WHO STEPwise Approach to NCD Risk Factor Surveillance. (<https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps>)

⁹ Algeria, Burkina Faso, Cabo Verde, Ghana, Zambia, Liberia, Rwanda, Sao Tome and Principe, Togo, United Republic of Tanzania.

¹⁰ Algeria, Burkina Faso, Cabo Verde, Ghana, Zambia, Liberia, Rwanda, Togo.

¹¹ Burkina Faso, Ghana, Zambia, Liberia, Rwanda, Sao Tome and Principe, Togo, United Republic of Tanzania.

¹² Those Member States conducted the oral health module of the STEPS.

¹³ Algeria, Burkina Faso, Cabo Verde, Ghana, Zambia, Liberia, Rwanda, Sao Tome and Principe, Togo, United Republic of Tanzania.

¹⁴ Algeria, Botswana, Central African Republic, Chad, Comoros, Congo, Eswatini, Gabon, Guinea-Bissau, Lesotho, Malawi, Mali, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, United Republic of Tanzania, Zimbabwe.

¹⁵ The service includes procedures for detecting, managing and treating oral diseases.

¹⁶ WHO (2025). Tracking progress on the implementation of the Global oral health action plan 2023-2030: baseline report. (<https://iris.who.int/handle/10665/380314>)

¹⁷ Seventy-second Regional Committee for Africa. (2022). Progress report on the regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases: information document. World Health Organization. Regional Office for Africa. (<https://iris.who.int/handle/10665/363454>)

Next steps

11. Member States should:
 - (a) improve population oral health literacy by using diverse communication channels and tailored messages, while fostering a supportive environment that empowers the population to take charge of their oral health and increase demand for oral health services;
 - (b) expand access to integrated people-centred oral health services, particularly at the primary care level, by incorporating oral health services into benefit packages, strengthening human resources and ensuring the availability of essential dental preparations.
12. WHO should:
 - (a) advocate for prioritizing oral diseases in NCD and UHC agendas by engaging high-level policy-makers and leveraging political opportunities;
 - (b) develop the Regional framework for accelerating the implementation of the Global oral health action plan 2023–2030, as this strategy ends in 2025;
 - (c) support Member States to develop and implement funded national oral health policies in line with the Regional framework by coordinating multisectoral stakeholders.
13. The Regional Committee is invited to note this progress report and endorse the proposed next steps.