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Agenda item 7

Regional framework for accelerating implementation of the Global oral health action plan: addressing oral diseases as part of noncommunicable diseases towards universal health coverage and health for all by 2030

Report of the Secretariat

Executive summary

1. Oral health is integral to general health and well-being, yet it has long been neglected. Consequently, oral diseases have become the most prevalent health conditions globally and regionally. Nearly half of the global population, including that of the African Region, suffer from some form of oral disease. Oral diseases share common risk factors with major noncommunicable diseases (NCDs). Despite the oral disease burden and linkage with major NCDs, it remains critically underfunded, with fragmented and siloed approaches by governments and stakeholders to oral health in the Region across all pillars of the health system.

2. To address this situation, the Regional oral health strategy 2016–2025: addressing oral diseases as part of NCDs, was endorsed in 2016. At the global level, following the adoption in 2021 of resolution WHA74.5 on oral health, the Global strategy on oral health and the Global oral health action plan 2023–2030 were endorsed in 2022 and 2023, respectively, all aiming for universal coverage of oral health services for all by 2030.

3. With the current regional strategy set to end in 2025, this Framework provides new strategic guidance to Member States in the Region. It draws on lessons from the previous regional strategy and adapts key aspects of the Global oral health action plan 2023–2030 to the African context. The Framework aims to strengthen oral health functions across all health system pillars using a people-centred approach to achieve universal coverage of oral health services for all in the Region by 2030. It aligns with existing regional initiatives to promote oral health, prevent and control disease and adopt a more integrated approach to NCDs in pursuit of universal health coverage.

4. The Framework underscores the necessity of strong political commitment and resource investment in oral health. It calls for stronger leadership and inter- and multisectoral partnerships to empower individuals to achieve optimal oral health by addressing the social and commercial determinants and risk factors of oral diseases and conditions. It also highlights the importance of developing innovative workforce models to meet the oral health needs of populations; integrating essential oral health services with financial protection and reliable supplies, especially at the primary care level; and strengthening surveillance and research to enable evidence-informed policy-making.

5. WHO and its partners will support Member States in implementing this Framework by creating an enabling environment through advocacy, partner coordination, resource mobilization, technical assistance and capacity building.

6. The Regional Committee examined and adopted the proposed actions.

Contents

Annexes

Abbreviations

AMR	antimicrobial resistance
CHW	community health worker
CSO	civil society organization
DHIS2	District Health Information Software, version 2
EML	essential medicines list
GBD	Global burden of disease
IHME	Institute of Health Metrics and Evaluation
NTDs	neglected tropical diseases
NCDs	noncommunicable diseases
PHC	primary health care
SDF	silver diamine fluoride
UHC	universal health coverage
WHO PEN	WHO package of essential noncommunicable disease interventions for primary health care
STEPS	WHO STEPwise approach to NCD risk factor surveillance
WHA	World Health Assembly
WHO	World Health Organization
WHO AFRO	World Health Organization Regional Office for Africa

Introduction

1. Oral health is integral to general health and well-being, yet it has long been neglected. Consequently, oral diseases have become some of the most common diseases globally and regionally.[1] Nearly half of the world's population is affected by oral diseases, although they are preventable and treatable at an early stage.

2. In the WHO African Region, common oral diseases include dental caries, periodontal disease, oral cancer, orofacial trauma, birth defects and noma,[2] affecting around 42% of the population in 2021.[3] Tobacco use, alcohol consumption and high-sugar diets are key risk factors for oral diseases, as are key risk factors for major noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer and diabetes.

3. There is a direct link between oral diseases and major NCDs (for example, between periodontal disease and diabetes).[4] Despite the significant burden and established linkages with major NCDs, investment in oral health across the Region remains limited, with fragmented and siloed approaches across health system pillars.

4. To address this situation, the Regional oral health strategy 2016–2025 was adopted in 2016.[5] Subsequently, the World Health Assembly (WHA) adopted resolution WHA74.5 on oral health in 2021,[6] followed by the Global strategy on oral health in 2022, and noted the Global oral health action plan in 2023, all aiming for universal health coverage (UHC) for oral health by 2030.[7] Member States reaffirmed their commitment in 2024 through the Bangkok Declaration on oral health, adopted at the first-ever WHO Global Oral Health Meeting.[8]

5. With the current regional strategy set to end in 2025, this Framework provides new strategic guidance on oral health to African Member States, aligned with the Global oral health action plan 2023–2030. The Framework seeks to strengthen oral health functions across all health system pillars through a people-centred approach, supporting regional initiatives to promote oral health,

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1 Institute of Health Metrics and Evaluation (IHME). Global burden of disease 2021 (GBD 2021) results (https://vizhub.healthdata.org/gbd-results/).

2 World Health Organization (WHO). Factsheet on noma (https://www.who.int/news-room/fact-sheets/detail/noma).

3 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).

4 WHO. Factsheet on oral health (https://www.who.int/news-room/fact-sheets/detail/oral-health).

5 World Health Organization. Regional Office for Africa (WHO AFRO) (2016). Regional Committee for Africa, 66. 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).

6 WHO (2021). Resolution WHA74.5, Oral health (https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R5-en.pdf).

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

8 WHO (2024). Bangkok Declaration on oral health – No Health Without Oral Health Towards Universal Health Coverage for Oral Health by 2030 (https://cdn.who.int/media/docs/default-source/ncds/mnd/oral-health/bangkok-declaration-oral-health.pdf?sfvrsn=15957742_4).

prevent and control disease, and pursue a more integrated approach to NCD control and the achievement of UHC.[9,10,11,12,13,14]

Current situation

6. Member States have made notable efforts to implement the Regional oral health strategy 2016–2025 in collaboration with WHO and inter- and multisectoral partners. In the area of governance, leadership and advocacy, 14 Member States[15] had an operational national oral health policy with dedicated oral health staff within their ministries of health in 2023.[16] In terms of awareness-raising, WHO officially recognized noma as a neglected tropical disease (NTD) in 2023, following the pioneering leadership of Nigeria and 14 Member States of the African Region.[17,18] This recognition represents a major milestone in noma control efforts and may pave the way for continued advocacy, funding, research and increased political commitment.

7. To improve the accessibility and affordability of essential dental medicines and preparations listed in the WHO Model Lists of Essential Medicines (EML),[19] Mauritius removed value-added tax on all toothpastes. The measure was intended to improve access to fluoride toothpaste and support the prevention of dental caries.[20]

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9 WHO AFRO (2019). Regional Committee for Africa, 69. Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs (https://www.afro.who.int/sites/default/files/2019-08/AFR-RC69-8%20Framework%20for%20provision%20of%20essential%20health%20services.pdf).

10 WHO AFRO (2017). Regional Committee for Africa, 67. The framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region (https://www.afro.who.int/sites/default/files/2018-01/AFR-RC67-10%20Framework%20for%20health%20systems%20development-Rev%2023.09.17.pdf).

11 WHO AFRO (2017). Regional Committee for Africa, 67. Regional framework for integrating essential noncommunicable disease services in primary health care (https://www.afro.who.int/sites/default/files/2017-08/AFR-RC67-12%20Regional%20framework%20to%20integrate%20NCDs%20in%20PHC.pdf).

12 WHO AFRO (2023). Regional Committee for Africa, 73. The Regional multisectoral strategy to promote health and well-being, 2023–2030 (https://www.afro.who.int/sites/default/files/2023-07/AFR-RC73-10%20Regional%20multisectoral%20strategy%20to%20promote%20health%20and%20well-being%20in%20the%20WHO%20African%20Region.pdf).

13 WHO AFRO (2022). Regional Committee for Africa, 72. Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030 (https://iris.who.int/handle/10665/361856).

14 WHO AFRO (2022). Regional Committee for Africa, 72. Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032 (https://www.afro.who.int/sites/default/files/2022-10/AFR-RC72-10%20Updated%20Regional%20strategy%20for%20the%20management%20of%20environmental%20determinants%20of%20healt.pdf).

15 Algeria, Angola, Benin, Cabo Verde, Madagascar, Malawi, Mali, Mauritius, Mozambique, Rwanda, Senegal, South Africa, Togo, and United Republic of Tanzania.

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 Benin, Botswana, Burkina Faso, Cabo Verde, Chad, Guinea Bissau, Kenya, Liberia, Mauritius, Mozambique, Namibia, Niger, Rwanda and Senegal.

18 WHO AFRO (2023). WHO recognition of noma as a neglected tropical disease bolsters control Efforts (https://www.afro.who.int/news/who-recognition-noma-neglected-tropical-disease-bolsters-control-efforts).

19 WHO (2023). World Health Organization Model List of Essential Medicines – 23rd List, 2023. In: The selection and use of essential medicines 2023: Executive summary of the report of the 24th WHO Expert Committee on the Selection and Use of Essential Medicines, 24–28 April 2023 (https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02).

20 WHO (2024). SIDS Action on NCDs and Mental Health (https://cdn.who.int/media/docs/default-source/ncds/sids-newsletter-issue-2-jun2024.pdf?sfvrsn=7e69b833_4).

8. In an effort to strengthen the oral health workforce, WHO and its partners launched online training courses on noma[21] in 2022 and on oral health for community health workers (CHWs)[22] in 2023. By January 2025, over 14 300 participants had enrolled in these courses, enhancing their knowledge in oral health promotion, early detection, and timely referral of oral diseases. These courses support task-sharing between oral health professionals and non-oral health professionals.

9. Since the adoption of the regional strategy in 2016, a total of 10 countries[23] have implemented the oral health module of the WHO STEPwise approach to NCD risk factor surveillance (STEPS). The survey results have enabled the development of national oral health policies and strategies in those countries.

10. Despite efforts by Member States and some notable progress, none of the five targets of the regional strategy relating to mortality and morbidity, risk factors and prevention, and health system response have been fully achieved.[24] Additionally, the Region lags behind the rest of the world in key oral health indicators of the Global oral health action plan 2023–2030.[25]

Issues and challenges

11. **Limited investment in oral health.** Health spending remains low across the Region. In 2020, only five Member States[26] exceeded the estimated US$ 249 per capita required to advance Sustainable Development Goal 3.[27] Investment in oral health has been particularly low: over 70% of Member States in the Region spent less than US$ 1 per capita on oral health treatment in 2019, compared to the global average of US$ 50.[28] In 2021, only 17% of the Region's population had access to essential oral health interventions,[29] compared to 23% globally.[30]

12. **Focus on curative care over prevention and promotion.** Current service delivery models prioritize costly curative treatments, despite the availability of cost-effective preventive and promotive interventions.[31] For example, although the optimal use of fluoride is widely recognized

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21 OpenWHO (2022). Noma: training of health workers at national and district levels on skin-NTDs. The course was just transferred to WHO Academy (https://web-staging.lxp.academy.who.int/coursewares/course-v1:WHOAcademy-Hosted+H0018EN+H0018EN_Q3_2024).

22 OpenWHO (2023). Oral Health Training Course for Community Health Workers in Africa. The course was just transferred to WHO Academy (https://whoacademy.org/coursewares/course-v1:WHOAcademy-Hosted+H0115EN+2025_Q1?source=edX).

23 Algeria, Burkina Faso, Cabo Verde, Ghana, Liberia, Rwanda, Sao Tome and Principe, Togo, United Republic of Tanzania, Zambia. Member States with finalized data as of 31 March 2025 were included.

24 WHO AFRO (2025). Regional Committee for Africa, 75. Progress report on the regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases (https://www.afro.who.int/sites/default/files/2025-08/AFR-RC75-INF-DOC-4%20Progress%20report%20on%20the%20Regional%20oral%20health%20strategy%202016%E2%80%932025-%20ED1.pdf).

25 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).

26 Botswana, Mauritius, Namibia, Seychelles and South Africa.

27 WHO AFRO (2024). WHO African Region health expenditure atlas 2023 (https://iris.who.int/handle/10665/376859).

28 WHO (2022). Global oral health status report: towards universal health coverage for oral health by 2030 (https://www.who.int/publications/i/item/9789240061484).

29 This refers to the population covered for essential oral health interventions under the health benefit packages of the largest government health financing scheme.

30 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). This data is the latest available information.

31 WHO (2024). Executive Board 154, Agenda item7, Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases. Prevention and management of noncommunicable diseases, promotion of mental health and well-being, and treatment and care of mental health conditions. Report by the Director-General. Geneva (https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_7-en.pdf).

as effective in preventing dental caries, only four Member States[32] had national guidance on optimal fluoride delivery in 2023.[33]

13. **Barriers to accessing essential dental preparations.** According to the Global oral health status report, only the Central African Republic, Mauritius and Senegal were classified as having affordable fluoride toothpaste within the Region.[34] Furthermore, the limited production and availability of essential dental preparations, such as silver diamine fluoride (SDF),[35] continue to restrict access and limit the expansion of vital oral health services as part of UHC.

14. **The African Region faces a severe shortage of oral health workers, including dentists, dental assistants and therapists.** As of 2022, there were only 56 772 oral health workers (3.7 per 100 000), representing just 1.1% of the Region's estimated health workforce of 5.1 million. This is far below the estimated requirement of 158 916 oral health workers (13.3 per 100 000) needed to meet service demands.[36]

15. **Missed opportunities for integration in other areas.** While 30 Member States[37] in the Region have implemented the WHO package of essential NCD interventions for primary health care (WHO PEN),[38] only a few have integrated oral diseases into this package. Furthermore, the Region continues to face chronic challenges from emerging infectious disease outbreaks, such as COVID-19 and mpox, which have disrupted the continuity of essential oral health services. Oral health is often excluded from emergency preparedness and essential services continuity plans.[39]

16. **Inadequate evidence, research and monitoring and evaluation systems to support decision-making and track progress in oral health activities.** There is a paucity of data and research on oral health policies and their implementation. In addition, weak linkages between academia and policy-makers hinder the development and implementation of effective monitoring and evaluation frameworks to support evidence-informed policy-making.[40]

Vision, goal, objectives, milestones and targets

17. **Vision:** achieve universal coverage of oral health services for all in the African Region by 2030.

18. **Goal:** reduce the prevalence of oral diseases and related inequalities in all Member States

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[32] Algeria, Côte d'Ivoire, Madagascar, Mozambique.

[33] 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).

[34] WHO (2022). Global oral health status report: towards universal health coverage for oral health by 2030 (https://www.who.int/publications/i/item/9789240061484).

[35] Application for WHO EML list (2021) (https://cdn.who.int/media/docs/default-source/essential-medicines/2021-eml-expert-committee/applications-for-addition-of-new-medicines/a.14_fluoride-toothpaste.pdf?sfvrsn=4eb40f4c_4).

[36] WHO AFRO (2025). Workforce factsheet: achieving universal health coverage of oral health services by 2030. WHO Regional Office for Africa (https://iris.who.int/handle/10665/380999).

[37] Algeria, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Chad, Congo, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, United Republic of Tanzania, Togo, Uganda, Zimbabwe.

[38] WHO AFRO (2025). Regional Committee for Africa, 75. Progress report on the regional framework for integrating essential noncommunicable disease services in primary health care (https://www.afro.who.int/sites/default/files/2025-08/AFR-RC75-INF-DOC-9%20Progress%20report%20Regional%20framework%20for%20integrating%20NCDs-ED1.pdf).

[39] WHO AFRO (2021). Continuity of essential oral health services during the COVID-19 pandemic in the WHO African Region: Results of a Member State survey and policy recommendations (https://www.afro.who.int/publications/continuity-essential-oral-health-services-during-covid-19-pandemic-who-african-region).

[40] Mutave R, Muange P, Carrasco-Labra A, et al. Executive summary of a regional meeting to accelerate oral health policies in the WHO African Region. JDR Clinical & Translational Research. 2024;0(0). doi:10.1177/23800844241291529 (https://journals.sagepub.com/doi/full/10.1177/23800844241291529).

by integrating oral health into broader efforts to address NCDs and advance UHC.

19. **Objectives:**

(a) Strengthen oral health leadership, improve political commitment and increase resource allocation through intersectoral and multisectoral partnerships.

(b) Foster national responses to mitigate the negative impacts of social and commercial determinants and reduce exposure to risk factors of oral diseases and conditions.

(c) Promote innovative workforce models to meet the oral health needs of the population.

(d) Integrate essential oral health services into national essential health service and benefit packages, ensuring the availability of essential supplies, especially at the primary care level.

(e) Enhance integrated surveillance systems and strengthen public oral health research capacity to institutionalize evidence-informed policy-making.

20. **Targets and milestones**

Regional targets by 2030

(a) At least 50% of the population in each Member State is entitled to essential oral health services through nationally defined essential health service packages.

(b) All Member States in the Region have achieved a 10% relative reduction in the combined prevalence of the main oral diseases and conditions over the life course.

Milestones by 2028

(a) 60% of Member States have national oral health policy documents with a dedicated budget and oral health staff within the Ministry of Health.

(b) 50% of noma-endemic countries have integrated noma into relevant national policies, strategies and plans (such as NTD masterplans and oral health policies).

(c) 50% of Member States have an operational national health workforce policy that includes provisions for a workforce trained to respond to the population’s oral health needs.

(d) 50% of Member States have integrated oral diseases into the WHO PEN protocol.

(e) 50% of Member States have included the dental preparations listed in the WHO EML in their national EML.

(f) All Member States conducting the STEPS survey implement the oral health module.

Guiding principles

21. **Public health approach.** Oral diseases should be addressed through public health interventions that target the social and commercial determinants of NCDs, ensuring maximum benefit for the population.

22. **Primary health care (PHC) approach.** Integrating essential oral health services with other NCD services at the primary care level is fundamental to achieving UHC.

23. **Integrated, people-centred oral health services across the life course.** A holistic, person-focused approach empowers individuals to actively manage their oral health throughout their lives.

24. **Gender, equity and human rights-based approaches.** Ensure that no one is left behind by promoting equitable access to oral health services for all, regardless of gender, age, ethnicity or socioeconomic status, while actively involving those living with oral diseases.

25. **Environmentally sound oral health interventions.** Prioritize environmentally sustainable oral health practices, including eco-friendly products, improved waste management, and a phase-down of dental amalgam use, in line with the Minamata Convention on Mercury and regional climate and planetary health goals.

26. **Optimizing digital technologies for oral health.** Harness digital innovations such as artificial intelligence, mobile technologies, telehealth and e-training to improve oral health literacy, strengthen surveillance, enable early detection and facilitate referrals within primary care settings.

Priority interventions and actions

Actions for Member States

Priority area 1. Strengthen oral health leadership, political commitment and resource allocation through intersectoral and multisectoral partnerships

27. **Develop or update national oral health policies/strategic documents.** Ensure that oral health policies or strategic documents, along with their implementation guidance and monitoring frameworks, align with this Framework as well as national NCD and UHC policies. Furthermore, integrate oral health into all relevant policies, including multisectoral NCD action plans, national NTD masterplans (in noma-endemic countries), and pandemic preparedness and response plans.

28. **Strengthen health financing for the implementation of the oral health policy documents.** Include cost estimates in the oral health policy document aligned with the country's financial capacity. Prioritization is key to managing funding gaps. Costing must be embedded in planning processes, owned by national stakeholders, and informed by reliable data and coordination across key departments, such as monitoring and evaluation, planning and health financing within the Ministry of Health and beyond. To strengthen financing for oral health within the broader NCD and UHC agenda, collaboration with the Ministry of Finance, planning bodies, the private sector and civil society is vital. These partnerships can increase overall health funding and allocate more resources to NCDs, including oral health. Health taxes, subsidy reforms, and targeted external assistance can further support this transition toward sustainable financing.[41]

29. **Strengthen national oral health leadership and multisectoral partnerships.** Establish or reinforce an oral health unit within the NCD department of the Ministry of Health, led by a designated officer responsible for planning, coordination, implementation and monitoring. This unit should extend beyond service delivery to ensure essential public health functions[42,43] by enhancing intersectoral and multisectoral collaboration with different ministries and sectors.

Priority area 2. Foster national responses to mitigate the negative impacts of social and commercial determinants and reduce risk factor exposure

30. **Adopt and adapt WHO packages to address common risk factors and determinants of health.** Address common risk factors for oral diseases and other NCDs by leveraging existing

[41] WHO and World Bank (2025). Financing for NCDs and mental health: Where will the money come from? (https://knowledge-action-portal.com/en/content/financing-ncds-and-mental-health-where-will-money-come).

[42] WHO (2024). Application of the essential public health functions: an integrated and comprehensive approach to public health (https://iris.who.int/handle/10665/375864).

[43] The essential public health functions include health promotion to address the social and commercial determinants of NCDs, surveillance and advocacy functions.

WHO packages of cost-effective interventions for oral health,[44] tobacco control[45] and alcohol use.[46] Strengthen fiscal measures on diets high in free sugars and leverage health tax revenues for oral health promotion. Protect public health from harmful product marketing and industry influence by utilizing the WHO decision-making support tool.[47]

31. **Promote optimal use of fluorides.** Develop national guidance on appropriate fluoride delivery. In countries with excessive natural fluoride levels, consider implementing defluoridation methods to mitigate fluorosis.

32. **Foster an enabling environment to promote oral health.** Adopt a settings-based health promotion approach, such as health-promoting schools, workplaces and communities, by integrating oral health promotion and disease prevention into related policies and programmes. Provide skills-based oral health education, nutrition services, screening for oral diseases, leading to care and referral and preventive services, with a healthy physical environment, such as limiting access to sugary foods and drinks, in collaboration with community actors, including CHWs.[48] Leverage mobile technology to increase awareness and empower individuals and communities in oral self-care.[49]

Priority area 3. Promote innovative workforce models to meet the oral health needs of the population

33. **Foster innovative health workforce planning and models to address unmet oral health needs.** Incorporate needs-based oral health workforce planning into national health workforce policies to foster innovative health workforce models, including public-private partnerships tailored to the national context. This approach ensures an adequate number of well-trained, motivated and equitably distributed oral health professionals, particularly at the primary care level. Key strategies include proactive workforce development, targeted recruitment and retention in underserved areas, task shifting and task sharing with non-oral health professionals (including CHWs) and optimizing the skills-mix by increasing the number and availability of autonomously practising dental assistants and therapists.

34. **Build capacity for quality and safe oral health service delivery.** Develop scopes of practice for various health workforce cadres and implement a national competency-based training curriculum aligned with the WHO Global Competency and Outcomes Framework for Universal Health Coverage.[50] This will enhance the quality, safety and consistency of care, especially at the primary care level.

Priority area 4. Integrate essential oral health services into national health service and benefit packages, ensuring essential supplies

35. **Develop or revise national essential health service and benefit packages to explicitly**

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[44] WHO (2024). Executive Board 154, Agenda item 7. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases. Prevention and management of noncommunicable diseases, promotion of mental health and well-being, and treatment and care of mental health conditions. Report by the Director-General. Geneva (https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_7-en.pdf).

[45] WHO (2008). MPOWER: a policy package to reverse the tobacco epidemic (https://iris.who.int/handle/10665/43888).

[46] WHO (2019). The SAFER technical package: five areas of intervention at national and subnational levels (https://iris.who.int/handle/10665/330053).

[47] WHO (2024). Supporting Member States in reaching informed decision-making on engaging with private sector entities for the prevention and control of noncommunicable diseases: a practical tool (https://iris.who.int/handle/10665/378209).

[48] WHO (2021). WHO guideline on school health services. (https://www.who.int/publications/i/item/9789240029392).

[49] WHO & International Telecommunication Union. (2021). Mobile technologies for oral health: an implementation guide (https://iris.who.int/handle/10665/345255).

[50] WHO (2022). Global competency and outcomes framework for universal health coverage (https://iris.who.int/bitstream/handle/10665/352711/9789240034662-eng.pdf?sequence=1).

include oral health interventions and implement them in an integrated manner. Integrate cost-effective oral health services[51] into national essential health services and/or benefit packages, ensuring comprehensive coverage, from oral health promotion and disease prevention to screening and treatment, particularly at the community and primary care level. This facilitates access to oral health services without financial hardship across public and private sectors. To maximize efficiency, implement oral health interventions as part of integrated service packages, such as WHO PEN, to ensure a more people-centred approach.

36. **Improve access to essential dental medicines and preparations and address antimicrobial resistance (AMR).** Integrate the essential dental medicines and preparations listed in the WHO EML, such as fluoride toothpaste, SDF and glass ionomer cements, into national EMLs to facilitate measures such as removing value-added tax and enabling public procurement. This will help increase access and affordability. Monitor antibiotic prescriptions in oral health care settings to prevent over-prescription and promote optimal antimicrobial use to combat AMR.

37. **Promote environmentally friendly oral health service provision.** Transition from a treatment-focused approach to a model emphasizing promotion, prevention and minimal intervention to reduce the environmental burden of oral health care. This includes reducing single-use plastics and accelerating the phase-down of dental amalgam, thereby minimizing its environmental and health impacts.

Priority area 5. Enhance integrated surveillance systems and strengthen public oral health research capacity to institutionalize evidence-informed policy-making

38. **Strengthen integrated surveillance to enhance oral health data collection.** Integrate oral health into existing population and facility-based surveillance systems (such as STEPS and national health information systems) to improve data quality and facilitate collection processes through the optimal use of digital technology. This integration will ensure the generation of reliable data to inform decision-making and policy development. Reinforce effective national monitoring and evaluation mechanisms to measure progress towards achieving the targets and milestones of this Framework.

39. **Enhance cooperation between policy-makers and academia to develop and implement evidence-informed oral health policies.** Realize the Nairobi Declaration on Evidence to Policy[52] to bridge the gap between policy-makers and academia, fostering collaboration in developing and implementing evidence-informed oral health policies. Integrate the public oral health research agenda into the national health research agenda to prioritize and accelerate implementation research. Ensure documentation and dissemination of research findings to share best practices and promote learning across the Region.

Actions for WHO

40. **Leadership in advocacy, coordination and partnership.** Provide strategic guidance to support the development and implementation of evidence-informed national oral health policies. Advocate for the prioritization of oral diseases within NCD, PHC and UHC agendas by engaging

[51] WHO (2024). Executive Board 154, Agenda item 7. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases. Prevention and management of noncommunicable diseases, promotion of mental health and well-being, and treatment and care of mental health conditions. Report by the Director-General (https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_7-en.pdf).

[52] WHO AFRO (2023). Nairobi declaration on evidence to policy: Accelerating the implementation of the regional and global strategies on oral health in the WHO African Region (https://www.afro.who.int/publications/nairobi-declaration-evidence-policy-accelerating-implementation-regional-and-global).

high-level policy-makers and leveraging political opportunities.[53] Align these efforts with the WHO General Programme of Work, in collaboration with Member States, international partners, civil society organizations and private entities.

41. **Maintain and strengthen Secretariat functions and lead resource mobilization.** Ensure sustained and increased resource allocation to oral health to secure adequate staffing and enable effective implementation of activities at the WHO Regional Office and country offices. Lead joint resource mobilization initiatives to support the implementation of this Framework.

42. **Generate strategic information to monitor implementation of this Framework and development of WHO technical products, and provide technical assistance to Member States.** Report progress on the implementation of the Framework to the Regional Committee by 2028 and 2031. Provide the necessary technical guidance to Member States and partners to accelerate implementation of the Framework, including the oral health module of WHO PEN. Provide tailored technical assistance and capacity-building to support country-level implementation. Leverage the global coalition on oral health[54] to facilitate a community of practice among Member States and key partners in the Region.

Actions for partners

43. **Support the implementation of national oral health policies.** Partners, including civil society organizations, people living with oral diseases, academia and the private sector, should support Member States in implementing their national oral health policies. This support can be provided through advocacy, joint resource mobilization and coordinated implementation efforts to optimize activities and avoid duplication. Support should also include reinforcing integrated, needs-based workforce planning across both the public and private sectors and promoting open-source data collection.

44. **Reduce the marketing, advertising and sale of harmful products while ensuring the availability and accessibility of fluoride-containing products and cost-effective oral health services.** The private sector should take concrete steps to reduce the marketing, advertising and sale of harmful products. Efforts should also be made to improve access to safe, effective, high-quality and affordable dental equipment, devices and oral self-care products, including by developing local production capacity.[55]

Actions proposed

45. The Regional Committee examined and adopted the proposed actions.

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[53] This includes the Fourth High-level Meeting of the United Nations General Assembly (UNHLM) on NCDs in 2025 and the Third UNHLM on UHC in 2027.

[54] WHO (2024). Bangkok Declaration on oral health – No health without oral health towards universal health coverage for oral health by 2030 (https://cdn.who.int/media/docs/default-source/ncds/mnd/oral-health/bangkok-declaration-oral-health.pdf?sfvrsn=15957742_4).

[55] WHO AFRO (2024). Regional Committee for Africa, 74. Framework for strengthening local production of medicines, vaccines and other health technologies in the WHO African Region 2025–2035 (https://www.afro.who.int/sites/default/files/2024-08/AFR-RC74-6%20Framework%20for%20strengthening%20local%20production%20of%20medicines%20vaccines%20and%20other%20health%20technologies%20in%20the%20WHO%20African%20Region.pdf).

Annex 1. Summary of the targets and milestones of the Framework

Regional targets by 2030	Baseline (2024)	
At least 50% of the population in each Member State is entitled to essential oral health services through nationally defined essential health service packages.	17%[56]	
All Member States in the Region have achieved a 10% relative reduction in the combined prevalence of the main oral diseases and conditions over the life course.	42%[57]	
Key milestones to achieve regional targets	**Milestone (2028)**	**Baseline (2024)**
% of Member States that have national oral health policy documents[58] with a dedicated budget and oral health staff within the Ministry of Health.	60%	30%
% of noma-endemic countries that have integrated noma into relevant national policies, strategies and plans (such as NTD masterplans and oral health policies).	50%	To be assessed
% of Member States with an operational national health workforce policy that includes provisions for a workforce trained to respond to population oral health needs.	50%	To be assessed
% of Member States that have integrated oral health into the WHO PEN protocol.	50%	To be assessed
% of Member States that have included the dental preparations listed in the WHO EML in their national EML.	50%	2%
% of Member States conducting the STEPS survey implement the oral health module	100%	53%[59]

[56] Regional average in 2021.
[57] Regional prevalence of the main oral diseases and conditions in 2021.
[58] These encompass policy options linked with sugar reduction, the phase-down and eventual phase-out of dental amalgam, and strategies for optimal fluoride delivery.
[59] Since 2020, only 19 out of 47 Member States (40.4%) in the Region have conducted the STEPS survey. Among them, 10 Member States (52.6%) implemented the oral health module.

Annex 2. Global oral health action plan targets with global and regional baselines by strategic objective[60]

Strategic objective	Global target	Global [baseline 2024]	WHO African Region [baseline 2024]
Overarching	**Universal health coverage for oral health** A.1. By 2030, 80% of the global population is entitled to essential oral health care services	23%	17%
	Reduced oral disease burden B.1. By 2030, the combined global prevalence of the main oral diseases and conditions over the life course shows a relative reduction of 10%	47%	42%
Oral health governance	**National leadership for oral health** 1.1. By 2030, 80% of countries have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the health ministry or other national governmental health agency	28%	30%
	Environmentally sound oral health care 1.2. By 2030, 90% of countries have implemented measures to phase down the use of dental amalgam as stipulated in the Minamata Convention on Mercury or have phased it out	31%	13%
Oral health promotion and oral disease prevention	**Policies to reduce intake of free sugars** 2.1. By 2030, 50% of countries implement policy measures aiming to reduce intake of free sugars	21%	4%
	Optimal fluoride delivery for population oral health 2.2. By 2030, 50% of countries have national guidance on optimal fluoride delivery for oral health of the population	29%	9%
Health workforce	**Innovative workforce model for oral health** 3.1. By 2030, 50% of countries have an operational national health workforce policy, plan or strategy that includes workforce trained to respond to population oral health needs	[Not available]	[Not available]
Oral health care	**Integration of oral health into primary care** 4.1. By 2030, 80% of countries have oral health care services generally available in primary health care facilities	81%	53%
	Availability of essential dental medicines 4.2. By 2030, 50% of countries include dental preparations listed in the WHO Model Lists of Essential Medicines in their national essential medicines lists	1%	2%

[60] 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).

Strategic objective	Global target	Global [baseline 2024]	WHO African Region [baseline 2024]
Oral health information systems	**Monitoring implementation** 5.1. By 2030, 80% of countries have a monitoring framework for the national oral health policy, strategy or action plan	6%	15%
Oral health research agendas	**Research in the public interest** 6.1. By 2030, 50% of countries have a national oral health research agenda focused on public health and population-based interventions.	18%	11%