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PROPOSED 10-YEAR REGIONAL PLAN ON ORAL HEALTH FOR THE AMERICAS: FINAL REPORT

Background

1. This document is a report to the Governing Bodies of the Pan American Health Organization (PAHO) on the final evaluation of the Proposed 10-year Regional Plan on Oral Health for the Americas (“the Plan”) (Document CD47/14), adopted in 2006 through Resolution CD47.R12. The document recognized that oral health is a critical aspect of general health conditions throughout the Region of the Americas due to its weight in the overall burden of disease and also noted the association of oral health with the risk factors for noncommunicable diseases (NCDs) and the ability of health care providers to implement cost-effective interventions for disease prevention.
2. The Plan set goals for the integration of oral health into primary health care (PHC) strategies, increased access to care, and the extension and consolidation of successful programs such as fluoridation and proven cost-effective delivery of oral health care services, using atraumatic restorative treatment (ART).¹ The Plan also emphasized the importance of working in a multidisciplinary manner with other stakeholders, including the private sector, academia, and civil society (*1*).
3. A midterm progress report describing achievements and challenges was presented at the 54th Directing Council (Document [CD54/INF/5\(B\)](#) [2015]) to keep the Governing Bodies informed of progress in the Region toward meeting these goals. The final evaluation of the progress made is presented below, along with a review of the three goals and their respective objectives (see Annex).

¹ Atraumatic restorative treatment (ART) is a simple method for treating dental caries that is considered a cost-effective means of reducing inequities in oral health care services. It involves the removal of soft demineralized tissue, followed by restoration of the tooth with fluoride-releasing glass ionomer.

Update on Progress Achieved

4. Oral health in the Americas has substantially improved, due to three main developments. The first development is the implementation of cost-effective salt and water fluoridation programs (2, 3) in every country in the Americas. A decline in the prevalence of dental caries from 85% to 40% was reported by the countries. Oral health surveys, using DMFT² scores to assess dental caries from the baseline, along with follow-up surveys, provided a sound platform for measuring progress.

5. The fluoridation platform provided evidence that prevention was the driving force for continuing oral health gains and offered a better understanding of how to integrate oral health into PHC programs. This led to the second development: implementation of cost-effective treatment for dental caries using the ART technique recognized by every country as a best-practice model and scaled up throughout the Region. (4)

6. In the past decade, scientific evidence of the link between oral health and systemic disease has continued to grow, making oral health an important component of disease prevention in public health. The direct link to risk factors for NCDs led to the third development: inclusion of oral health in the Political Declaration of the United Nations High-level Meeting of the General Assembly on NCDs (2011) and the association of oral health with common risk factors for NCDs (5-7). The SOFAR3 multicountry plan was implemented in nine countries to further improve children's oral health and reduce common risk factors for NCDs through multidisciplinary approaches (8).

7. The indicators of progress shown in the table in the Annex are based on 59 national oral health surveys, three best practice models (salt and water fluoridation, the ART technique, and the SOFAR project), and the implementation of public health policies that emphasize oral health in primary health care services in the countries.

Action Necessary to Improve the Situation

8. In order to further improve oral health and overall health in the Americas, certain recommendations must be considered: *a)* oral health must be recognized as important for general health, as well as a factor that directly impacts the quality of life of the aging population; *b)* countries must continue strengthening the capacity of primary health care workers to improve oral health and sustainably integrate oral health into primary health care; *c)* the state of the science on HPV-associated oral cancer and its implications for future research and public health policy in the Region must be addressed (9).

² DMFT (decayed, missing, or filled teeth) is a unit of measurement describing the amount of caries in a population. WHO recommends a DMFT score of less than 3 at age 12.

9. PAHO's preliminary plan, "Advancing Public Oral Health Policies through the Life Course and Strengthening the Workforce," is expected to be completed by December 2017.

Action by the Executive Committee

10. The Executive Committee is requested to take note of this final report and make the recommendations it deems appropriate.

Annex

References

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Annex

Goals and Objectives: Final Evaluation of Progress Achieved

Goal 1. Completion of the Unfinished Agenda in Oral Health. “To ensure an essential and basic level of access to oral health care for all, by addressing gaps in care for the most vulnerable groups.”

Objective	Indicator	Progress
<p>1.1 Reduce oral infections among vulnerable groups</p>	<p>1.1.1 Country DMFT scores</p>	<p>1.1.1 Data collected between 1996 and 2016 from 59 oral health surveys indicates that:</p> <ul style="list-style-type: none"> • 22 countries have DMFT scores of less than 2 for 12-year olds ; • 10 countries, between 2-3; • 9 countries, between 3-4; and • only 1 country above 5. <p>The prevalence of dental caries in the Region declined from 85% to 40%.</p>
<p>1.2 Increased access to oral health care for vulnerable groups</p>	<p>1.2.1 Country registries of vulnerable groups, including pregnant women and people with HIV, oral cancer, and/or diabetes</p> <p>1.2.2 Oral health indicators other than DMFT: periodontal disease, HIV-associated lesions, dental disease, fluorosis, oral cancer, trauma, and birth defects</p> <p>1.2.3 Oral health services-KAP surveys</p> <p>1.2.4 Available intervention models</p> <p>1.2.5 Scaled-up best practice models</p> <p>1.2.6 Available public policy legislation</p>	<p>1.2.1 No information available.</p> <p>1.2.2 Development of sentinel indicators for surveillance of HPV-associated oral and pharyngeal cancers is in progress.</p> <p>1.2.3 No information available.</p> <p>1.2.4 The SOFAR demonstration project was launched in 2008 and conducted in five countries. Its objectives were to support capacity-building, health promotion through social media, and the feasibility of delivering fluoride varnishes using non-dental providers. Nearly 126 million people will benefit from the initial scale-up of SOFAR.</p> <p>1.2.5 SOFAR has now been implemented in nine countries.</p> <p>1.2.6 Every country in the Region has public policy legislation to improve oral health.</p>

Goal 2. The Integration of Oral Health Care into Primary Health Care (PHC) Services

Objective	Indicator	Progress
<p>2.1 Integrate oral health programs into the PHC strategy</p>	<p>2.1.1 Functioning network of chief dental chief officers (CDOs) available in countries</p> <p>2.1.2 National prenatal programs with oral health component</p> <p>2.1.3 Cost-effective pilot project to treat oral infections in pregnant women.</p> <p>2.1.4 Number of countries whose PHC programs include an oral health component</p> <p>2.1.5 Number of best practice models disseminated</p> <p>2.1.6 Number of countries with functional programs</p> <p>2.1.7 Number of institutions, NGOs and other organizations disseminating best practice models</p> <p>2.1.8 Number of countries with institutional policies</p> <p>2.1.9 Number of institutions, NGOs and other organizations disseminating best practice models</p>	<p>2.1.1 All countries in the Region have CDO-directed oral health programs at different stages of maturity and with different levels of sustainability.</p> <p>2.1.2 Most country programs have integrated oral health care into prenatal care plans.</p> <p>2.1.3 No information available.</p> <p>2.1.4 All countries report having an oral health component in PHC programs.</p> <p>2.1.5 The ART technique is recognized as a best-practice model by every country in the Region and has been scaled up in 20 countries.</p> <p>2.1.6 No information available.</p> <p>2.1.7 No information available.</p> <p>2.1.8 All countries have institutional policies.</p> <p>2.1.9 No information available.</p>

Goal 3. Scaling-up of Proven Cost-effective Interventions—Multiyear Plan for Fluoridation Programs in the Americas and Expansion of Oral Health Coverage with Simple Technologies

Objective	Indicator	Progress
<p>3.1 Strengthen country capacity to enable scaling-up of fluoridation programs.</p>	<p>3.1.1 Number of countries with fluoridation programs</p> <p>3.1.2 Number of countries with consolidated programs</p> <p>3.1.3 Number of best practice models</p> <p>3.1.4 All countries with fluoridation programs by 2015</p>	<p>3.1.1 All countries in the Region have effective fluoridation programs at varying stages of maturity and with different levels of sustainability.</p> <p>3.1.2 No information available.</p> <p>3.1.3 Salt fluoridation and ART have been recognized as best practice models in leading global health case studies (4). Salt fortification is being reviewed in light of current salt ingestion guidelines.</p> <p>3.1.4 All countries have fluoridation programs using various vehicles, including water, salt, topical fluoride, toothpaste, and milk.</p>
<p>3.2 Scale up oral health coverage using cost-effective and simple technologies, ART.</p>		<p>3.2 ART has been scaled up in 20 countries in the Region.</p>
