

# **Report of the Regional Meeting for Implementing the Action Plan for Oral Health, 2022-2030**

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**Bangkok, Thailand**



REGIONAL OFFICE FOR

**World Health  
Organization**

**South-East Asia**

Report of the Regional Meeting for Implementing the Action Plan for Oral Health, 2022-2030

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## Table of contents

Section	Topic	Page no.
1	Opening session	2
2	An overview of the status of oral health in WHO South-East Asia region and the Action Plan for oral health in WHO South-East Asia 2022-2030	4
3	Country experiences towards Universal Health Coverage for oral health in WHO South-East Asia region	7
4	Promotion of access to essential oral healthcare services through primary healthcare settings and using schools and workplaces as oral health promotion settings	16
5	An overview of oral cancer prevention and early detection as applicable to oral healthcare providers	21
6	Designing an essential oral health services package to address priority oral health needs of the Member States	23
7	Adapting the action plan for oral health and next steps 'Towards Universal Health Coverage for oral health in WHO South-East Asia by 2030'	25
<b>Annexure</b>		
I	Message from Regional Director, WHO South-East Asia Region	27
II	Targets and core indicators of the draft global action plan on oral health (2023-2030) mapped to strategic action areas of the Action Plan for oral health WHO South-East Asia Region (2022-2030)	30
III	Guidance notes on field visit to the various settings; primary health care, oral health promoting workplaces, oral health promoting schools	32
IV	Template and model essential oral health services package to address priority oral health needs of the countries in the WHO South-East Asia Region	38
V	Detailed requirements: Designing an essential oral health service (promotive, preventive, and curative) package to address priority oral health needs of the Member State	41
VI	List of participants	42
VII	Links to technical documents	46
VIII	Agenda of the regional meeting	47

## 1. Opening session

Dr Jos Vandelaer, World Health Organization (WHO) Representative to Thailand, delivered the message of the Regional Director, WHO South-East Asia Regional Office (SEARO) (Annexure I).

He welcomed Dr Sarawut Boonsuk, Deputy Director-General of the Thai Ministry of Public Health, ministry officials from across the WHO South-East Asia Region (SEAR), technical experts and representatives of the International Agency for Research on Cancer (IARC), members of the WHO Collaborating Centre (WHO CC) for oral health education and research, Mahidol University Faculty of Dentistry, Thailand, representatives of the World Dental Federation, colleagues from WHO Country Offices, headquarter and regional office.

Dr Sarawut Boonsuk, the Deputy Director-General of the Thai Ministry of Public Health, delivered a message, emphasizing Ministry's commitment to prioritizing oral health. He acknowledged that oral diseases pose a significant health burden that demands action at every level and informed the participants that the Ministry collaborated with partners to celebrate World Oral Health Day 2023. He congratulated the WHO on launching an Action plan for oral health in South-East Asia and urged delegates to show their commitment in achieving optimal oral health in the Region. He expressed that Thailand believes, that the action plan will help prioritize oral health and provide comprehensive collaboration within the context of noncommunicable diseases (NCDs) and universal health coverage (UHC) towards the vision of universal coverage for oral health for all people of the Region by 2030. Dr Boonsuk concluded that investing in oral health is investing in healthier people.



Dr Benoit Varenne, Dental Officer, WHO Headquarter, congratulated participants on the timely regional meeting and apprised that oral public health though neglected in past is currently high on global, regional, and country health agendas. Thanking Sri Lanka, for spearheading the process, he acknowledged the vital role played by WHO SEAR in supporting the recognition of global public health importance of major oral diseases and conditions, leading to oral health being embedded within the NCD and UHC agendas. He remarked on WHO releasing the first ever Global Oral Health Status report in November 2022, including country profiles, suggestive of an alarming situation of oral disease burden for the Member States in the Region, thus also highlighting considerable inequalities in access to oral health services.

He congratulated the WHO SEAR for being the first Region to develop and endorse an Action Plan and emphasized the need for the Governments to adapt the plans to suit the national contexts and to closely collaborate with other actors, including civil societies, non-governmental organizations (NGOs), and private sector in reaching the targets. The need for a good balance between upstream interventions and governance as well as firm policies and prioritized impactful interventions at the national level were cited as vital. Dr Varenne thanked the participants and colleagues and wished for a fruitful regional meeting.

### **Scope and purpose of the regional meeting**

Dr Nalika Gunawardena, Technical Officer for NCD and the focal point for oral health in WHO SEARO introduced the scope and purpose. She introduced the meeting as the first step of technical support that would lead Member States to adapt and implement the plan according to national priorities and context. Considering the tagline of this action plan being universal health coverage for oral health, the key focus areas of the meeting were described as facilitating designing of an essential oral health service package to address priority oral health needs of the country, expanding oral health prevention and promotion programs through school oral health programs and on identifying the primary and secondary preventive interventions for oral cancer that can be delivered through the health sector. The learning activities offered included technical presentations and discussion, sharing of country experiences and field visits to observe oral health service provision in Thailand through primary health care, workplaces, and school settings.

The expected outcome of the meeting was presented as supporting the Member States adapt the action plan for oral health in South-East Asia and identify actions to be taken in a phased manner to reach the expected outcomes in each of the six strategic areas.

## **2. An overview of the status of oral health in WHO South-East Asia and the Action Plan for oral health in WHO South-East Asia region 2022-2030**

### **Status of oral health in South-East Asia**

#### ***Burden of oral diseases***

Data from Global Burden of Disease Study highlights that oral diseases are highly prevalent and among the most common noncommunicable diseases (NCDs) in the South-East (SE) Asia Region. In 2019, there were estimated more than 900 million cases of untreated dental caries, severe periodontal diseases and edentulism in the region. A 61.4% increase in the disease burden is recorded in the Region over the last 30 years (1990–2019). The disease burden also shows strong inequalities, with higher prevalence and severity in poor and disadvantaged populations, who have lower access to prevention, care and rehabilitation for oral health care and services. In 2019, there were estimated to be more than 900 million cases of untreated dental caries, severe periodontal diseases and edentulism in the region.

In the WHO SE Asia Region, the estimated prevalence of untreated caries of permanent teeth in people over five years of age in 2019, was 28.7%, translating into 526 million cases. Severe periodontal disease was estimated at 307 million cases, with a prevalence of 20.8% among people older than 15 years, while edentulism was estimated at 52.7 million, with a prevalence of 4.1% among people older than 20 years. Prevalence of untreated caries of deciduous teeth among children of one to nine years old was estimated as 43.8%, with 135 million cases across the eleven Member States. The region has the highest oral cancer incidence and mortality rates among all WHO regions, with the estimated age standardized mortality for males (8.1 per 100 000) being more than double the global average (3.7 per 100000). The incidence rate for males and females at 14.4 and 4.5 per 100 000 respectively, are also more than double the global average (males 7.8 and females 2.7 per 100 000 population).

#### ***Oral Health Workforce***

Member States of the WHO SEAR has small numbers of oral health workforce with predominance of private providers. Distribution of workforce is skewed towards urban settings. Workflow models are mostly dentist-centered with inadequate task-sharing. Estimates of 2019, showed that the ratio of dentists per 10,000 was 1.6 per 10,000 in the SE Asia Region, compared to the global average of 3.3. The dental prosthesis technician was 0.04 per 10,000 population compared to a global average of 0.6 per 10,000 population.

#### ***Economic burden of oral diseases***

The statistics show the estimated direct expenditure as only United State Dollars (USD) 0.8 billion, whereas the estimated productivity losses in the region from oral disease is about USD 13 billion. Five Member State out of eleven spend less than USD 1 per person per year on oral health services, whereas the other six are only

spending one to USD 10 per person per year. Due to the high technical requirements and the cost of procedures for dental services, it yields remarkably high out-of-pocket expenditure for people to access services.

**Action Plan for Oral Health in South-East Asia 2022-2030**

In 2021, the Seventy-fourth Session of the WHO Regional Committee for South-East Asia requested the development of a regional action plan for oral health in South-East Asia 2022–2030 (SEA/RC74/6 Rev. 1). The action plan was developed in close consultation with Member States and was approved to be implemented by the Seventy-fifth Regional Committee in 2022 (SEA/ RC75/8) along with a Resolution (SEA/RC75/R2) to report the progress and achievements of to the Regional Committee every two years until 2030.

WHO SE Asia is the first region to have an endorsed action plan in alignment with the Global Strategy on Oral Health, and global action plan on oral health (2023-2030).

<b>Vision:</b> Universal coverage for oral health for all people of the South-East Asia Region by 2030, empowering them to enjoy the highest attainable state of oral health & enabling them to live healthy & productive lives	
<b>Goal:</b> To guide and support Member States and partners to accelerate the implementation of appropriate and impactful actions on comprehensive oral health care in the South-East Asia Region	
<b>Target 1:</b> A 33.3% relative reduction of premature mortality from oral cancer by 2030	<b>Target 2:</b> A 25% relative reduction of prevalence of untreated dental caries of permanent teeth by 2030
<b>Guiding principles:</b> Public health approach; equity focus, life-course, and people-centered approach; integration with primary health care and NCDs; leadership, collaboration, and accountability	
<b>Guiding principles:</b> <div><div>1. Oral health governance, leadership, and resources</div><div>2. Oral health promotion and oral disease prevention, life-course disease priorities and healthy settings</div><div>3. Oral health workforce for universal coverage for oral health</div><div>4. Essential oral health care and universal coverage for oral health</div><div>5. Surveillance, monitoring and evaluation</div><div>6. Oral health research, digital innovation, and emerging issues</div></div>	
<b>Monitoring and Evaluation</b>	

An overview of the Action plan for oral health in South-East Asia 2022–2030

Each of these strategic action areas has three core actions relevant to all Member States across the WHO SEA region, which contribute to progress towards Universal Health Coverage (UHC) for oral health. Additional actions to further strengthen prevention, control and management of oral diseases and conditions are provided. Member States may choose from these, and adapt them to their context, depending on available resources and capacities. Monitoring the implementation and tracking progress are key features of the action plan, which will be aligned to the Global oral health action plan (2023–2030) and monitoring framework, scheduled for adoption by the World Health Assembly in 2023. Targets and core indicators of the Draft global action plan on oral health (2023-2030) mapped to strategic action areas of the Action Plan for Oral Health SE Asia Region (2022-2030) is presented in (Annexure II).



### 3. Country experiences towards Universal Health Coverage for oral health in WHO South-East Asia region

The meeting provided several cross-learning opportunities for participants to present experiences of Member States on advancing oral health prevention, promotion, and management services. Following a brief presentation by a Member State representative, the participants were given an opportunity to interact for further details with a view to adapting the actions, based on their own national context. A summary of country experiences, organized according to the strategic action areas of the action plan are presented in this section.



Dr. Cherian Varghese, Regional Adviser for NCD in SEARO moderating a panel discussion among representatives of the member States

#### Strategic action area 1: Oral health governance, leadership, and resources

Leadership for improving oral health and effective management capacities at ministry of health and all levels of the system is crucial, guided by a dedicated sector policy and supported by financial resource allocations and partnerships within and outside the health sector.

##### *Maldives- Government funded social health insurance scheme for oral health services*

Mr Abdulla Muaz, Senior Public Health Programme Officer, Health Protection Agency, Ministry of Health, Maldives, deliberated on how the health sector policies of the government of Maldives has made available the oral health services to its citizens with minimal out of pocket expenditures. He described that the government

funded social health insurance scheme, introduced in 2014, covers expenses related to inpatient and outpatient treatment, medication, diagnostic and surgical interventions, and transportation fees for emergency cases inclusive of oral health services. All citizens with a national identification card are eligible for free healthcare services at government hospitals and health facilities, including health centers and clinics. The scheme covers a range of health services, including primary health care, specialist care, non-cosmetic oral health services, emergency care, medical equipment, laboratory tests, and medications and has significantly improved access to healthcare services in the Maldives, particularly for low-income households and vulnerable populations and helping in reducing out-of-pocket expenditures and financial burdens on families.

## **Strategic action area 2: Oral health promotion and oral disease prevention, life-course disease priorities and healthy settings**

Addressing the oral disease burden through oral health promotion and oral disease prevention and strategies across the entire life course. Population-based strategies for prevention of oral diseases, risk reduction, and oral health promotion across the life course and in key settings are fundamental to improving oral health.

### ***Timor-Leste- Fiscal measures to reduce risk of oral diseases***

Mr Vitorino Da Costa Araujo, Officer for Oral Health Unit, Ministry of Health, Timor-Leste, informed the participants that with advocacy and technical support from WHO, Timor-Leste in year 2022, increased its tax on tobacco from United States Dollar (USD) 19 a kilogram (kg) to USD 50 a kg, and in year 2023, further increased to USD 100 a kg – one of the largest tobacco tax increases achieved anywhere in the world. Furthermore, Timor-Leste has also imposed substantial taxes on sugary beverages with USD 3/liter on a sugary beverage. He explained that the population-based preventive strategies were undertaken to reduce the consumption of these substances through reduction in availability and demand, with an overall aim of reducing NCD, specifically oral cancer.

### ***Sri Lanka- Oral health promotion through maternal health programme***

Dr Pushpa Gamalathge, Director of Dental Services, Ministry of Health, Sri Lanka, presented a description on *‘how the country has linked the maternal and child health program to oral health promotion and prevention by screening antenatal mothers for oral diseases*. Introduced in 2009, with the objective to prevent worsening of oral health conditions and reducing complications of dental conditions during pregnancy, the program also aims to decrease early childhood caries by educating pregnant mothers. With a policy directive of the Ministry of Health, the program mandates that all pregnant mothers be seen at a dental clinic for oral screening and treatment at a public health facility which offers oral health services. Upon referral, the mothers undergo an oral examination by the dental surgeon for any dental or gum diseases. A back referral with further service requirements (if any), is also mandated.

This service data is also captured in the routine oral health information system in the country. In 2017, the proportion of antenatal mothers screened for dental services was recorded as 69% which increased to 73% in 2018, 76% in 2019, 80% in 2020 and 65% in 2021, respectively.

In addition to the screening, oral health is also included as a core theme of the health education sessions conducted at antenatal clinics in which the oral health workforce of the primary health care settings is invited to conduct the sessions.

### **Strategic action area 3: Oral health workforce for universal coverage for oral health**

Integrated oral health workforce planning, innovative approaches to address shortages and distribution imbalances in the oral health workforce, and measures to enable a team approach to service provision based on competency-based education and flexible task shifting arrangements are crucial prerequisites to ensuring quality essential oral health services for universal health coverage.

#### ***Bhutan- Strengthening oral health workforce***

Dr Sonam Ngedup, Specialist III-ES3A/Pedodontics, Jigme Dorji Wangchuk National Referral Hospital, Ministry of Public Health, Bhutan, spoke on the '*policy implications of increase in oral health workforce at Bhutan*'. Bhutan has prioritized developing human resources for dental services, considering both preventive and curative aspects. The Member State has dedicated dental officers at the Ministry of Health and regional hospitals and dental technicians and dental hygienists are trained through certificate-level courses. Bhutan has 17 dental specialists and more than 56 dental officers with BDS degrees. The Member State is also planning to increase the intake of dental technicians and hygienists to meet the workforce's requirement for essential dental services. Bhutan's health system is now integrated with primary health care components, including oral health screening within immunization programs. Despite constraints, considerable progress has been made in developing dental health workforce and improving oral health services.

#### ***India - Ensuring skilled oral health workforce***

Prof. Ritu Duggal, Chief, Centre for Dental Education and Research at All India Institute of Medical Sciences, New Delhi, delivered a detailed presentation on '*ensuring skilled oral health workforce to deliver essential oral health services at all levels of the health care system.*' She highlighted the commitment of Government of India (GoI) in achieving universal healthcare by 2030, through the healthcare scheme called Ayushman Bharat, launched in 2018. She discussed the National Oral Health Program (NOHP), initiated in the twelfth plan period, and launched in year 2014-15, to strengthen country's public health facilities for an accessible, affordable, and quality oral health care delivery system. NOHP aims to improve oral hygiene, reduce disparity, and improve accessibility in rural and urban populations. Among the various listed objectives are strengthening the oral healthcare delivery system at all levels to render promotive, preventive, curative and rehabilitative services as well as building the capacity of service providers and public health facilities for availability of skilled oral healthcare professionals and provision of essential oral healthcare services.

Indian Public Health Standards (IPHS), a benchmark in ensuring delivery of assured quality healthcare services was discussed as providing guidance on the number of human resources to be available at the oral health centers at various levels (primary & community health center, sub-district and district hospitals). It is envisaged that one dental assistant/ hygienist be available to assist dental surgeon during treatment & one dental technician made available at dental laboratories. She also shared information regarding the different training manuals developed under the NOHP program for training of medical officers, community health workers, schoolteachers on making them identify common oral health issues and to contribute to tobacco cessation

#### **Strategic action area 4: Essential oral health care and universal coverage for oral health**

Defining the service components of essential oral health services, comprising preventive, promotive, curative, and rehabilitative services appropriate to the country context, and identifying the services that can be integrated into primary health care is key to achieving UHC. Achieving UHC also requires functioning facilities, availability and affordability of essential supplies and medicines.

##### ***Indonesia- Oral healthcare within the benefits package for primary healthcare***

Dr Nanneu Retna Arfani, Health Administrator, Ministry of Health, Indonesia, discussed how oral healthcare has been included in the National Social Security Health system as a benefits package for primary healthcare. In Indonesia, the primary health clinics are entitled to a fee-for-service payment from the patient, but most of the fee is subsidized by the Indonesian National Health Insurance (NHI). Over 91% of Indonesian people are covered by the NHI, making access to healthcare services, including oral healthcare, easy. He added that over 27,000 health service facilities have collaborated with NHI providers, and around 23,000 facilities are providing oral health services. However, the insufficient number and unequal distribution of the oral health workforce remains a challenge in Indonesia, particularly in the eastern part of the country, where dentists and dental facilities are lacking. Only 9.3% of dentists who graduated in Indonesia work in remote areas as most dentists are concentrated on Java Island. He added that the Indonesian Ministry of Health, is committed to implementing the health system transformation, targeting the campaign, and building a movement through digital platforms to increase health literacy and screening. The screening is being actively implemented for students in their 1<sup>st</sup>, 7<sup>th</sup>, and 10<sup>th</sup> year of school. Dr Arfani explained that oral health screening is included in prenatal packages for pregnant women as well and monitoring of oral health can be conducted. The health system transformation is targeting fulfilment of oral workforce through the academic health system framework and the internship program for dentists to address the inequity of distribution.

##### ***India -Engaging partners in the national oral health programme***

Prof. Ritu Duggal, Chief, Centre for Dental Education and Research, All India Institute of Medical Sciences, New Delhi, deliberated on the importance of partnerships in advocating oral health as a core element of the National Oral Health Program (NOHP) initiated by the Government of India, to reduce the oral health disease burden. Currently, 36 states and union territories, 542 districts, and 5762 clinics are linked under the NOHP. Various

programs have been initiated, including public-private partnerships (PPP), mapping of oral health care providers, and budget allocation for activities and setting up of infrastructure. The Indian Dental Association (IDA), the national association of dental professionals in India, is actively participating in launching different programs and supporting activities as a private partner, along with other associations, such as the Indian Academy of Oral Medicine and Radiology. Telemedicine is being utilized as well to provide consultations. Efforts are underway to make oral health services more accessible and universally available.

***Thailand - an exemplary public private partnership (PPP) project to promote access to oral health services***

Dr Teerawat Tussanapirom, of the WHO CC for Oral Health Education and Research, Mahidol University Faculty of Dentistry, Thailand, presented an overview of the oral health public private partnership (PPP) project in the Samut Prakan province. The project has been established through collaboration between five universities (Mahidol, Thammasat, Chiang Mai, Naraesuan, and Khon Kaen universities), two districts (Bang Pu and Phraek Sa), Thai Dental Council, and Health Systems Research Institute (HSRI).

Rationale of this project is improving the low utilization of oral health services in pre-school age group. The barriers in utilizing dental services included increased journey distance to hospitals, unmatched working hours between parents and public services, and the excessive cost of dental service in private clinics. Private dental clinics operated by dentists have approximately 51% of market share in the province, suggesting PPP as a potential solution in improving access to oral health services as well as oral health status of children. The key elements of the PPP project included a package of oral health services offered to the pre-school children of the province through collaboration between the local government and private sector. Local authorities and research funding subsidized the budget of the project.

The research team also developed the Thai Dental Health Electronic Record (ThaiDER) to be used for collection of demographic and treatment data. Data thus collected were further audited for reimbursement of services and used for having further information on the project outcomes.

***Elements of the service package provided to preschool children through the project***

- An oral examination
- Bitewing intra oral X-ray
- Oral hygiene instruction
- Topical fluoride application
- Caries control through Interim Therapeutic Restoration

Elements of the service package

The service outcome showed an increase of utilization of 10-15% for each district and considering the low utilization during COVID-19 pandemic, the project was considered effective. Moreover, feedback of all stakeholders, namely parents, local authorities, and the private sector, were favorable.

Parents feedback	Local authorities' feedback
<p>"The clinic phoned me to ask and schedule an appointment at my convenience."</p> <p>"If I go to the hospital, it will take a long time to make an appointment, but here, it is convenient."</p> <p>"I have never seen a dentist before and have never been aware of any dental problems. If there were no programs, I probably would not have gone to see a dentist."</p>	<p>"The parents are quite interested. If we expand to other groups, we think more people will be interested, as it is like a model project. People think that private clinics are good."</p> <p>"The board asked why it must be a private clinic, and we replied that it is because the children really benefit from it. This is because the parents do not have time to take them during official hours."</p> <p>"We have to look at the evaluation results first to see if it is working. Then, if the public is interested, we can do it next year because there is already a network of clinics available through the project."</p>

### ***Sri Lanka- Topical fluorides to prevent caries***

Dr Pushpa Gamalathge, Director of Dental Services, Ministry of Health, shared experience on ensuring availability of self and professionally applied topical fluorides to prevent caries in Sri Lanka. The country has formulated national guidance related to application of topical fluoride, under the purview of the Dental Services of the Ministry of Health and is also emphasized in the draft oral health policy.

With regards to promotion of self-applied topical fluorides, Sri Lanka initiated manufacturing of fluoride toothpaste in the early 1982 and the volume of market share of fluoride toothpastes compared to non-fluoride toothpaste reached momentum in mid-2000. Parallely, the promotion of use of fluoride toothpaste was strengthened through dental professionals and manufacturers, as an integral part of the public health programmes especially through the programme for antenatal mothers and early childhood caries prevention programme.

Sri Lanka prescribes the national standard of fluoride content to be 1000 – 1500 parts per million (ppm), according to the Sri Lanka Standards Institution (SLSI) which is aligned with the International Organization for Standardization (ISO) standards. As toothpaste is identified as a cosmetic product, assurance of quality of the product in the market is through a registration process by the National Medicines Regulatory Authority. With regards to affordability, she presented that in terms of the indicator of number of labour days needed to buy the recommended annual supply of fluoride toothpaste for one person, based on the daily wage of the lowest-skilled government worker, the toothpaste can be classified as affordable.

Sri Lanka has documented evidence of success by way of publications, conforming that a vast majority of the toothpaste in the market contains the prescribed levels of fluoride. The impact of fluoride uses on reducing dental caries was presented using data of successive national oral health surveys which showed increasing use of fluoride toothpaste correlated with the reduction of burden of caries.

As per the national guidelines of the Ministry of Health (MoH), Sri Lanka, professionally applied topical fluorides, namely the fluoride gel and fluoride varnish are in practice, since mid-1990s and there are plans to introduce



Silver Diamine Fluoride (SDF) in future. The school dental service initiated in 1951, now covers 73% of the schools in the country, utilizing services of school dental therapists, and targeting 5-13 years age category. Other oral health services delivery platforms were described as dental clinics of outpatient departments (OPD) of teaching hospitals, provincial general hospitals, district general hospitals, base hospitals, divisional hospitals, adolescent dental clinics, mobile dental clinics, and private dental clinics.

Sri Lanka has not implemented any systemic fluoridation approaches as it has several geographical pockets with high groundwater fluoride level and in other areas, considerable proportion of the population does not use piped water supply.

### **Strategic action area 5: Surveillance, monitoring and evaluation**

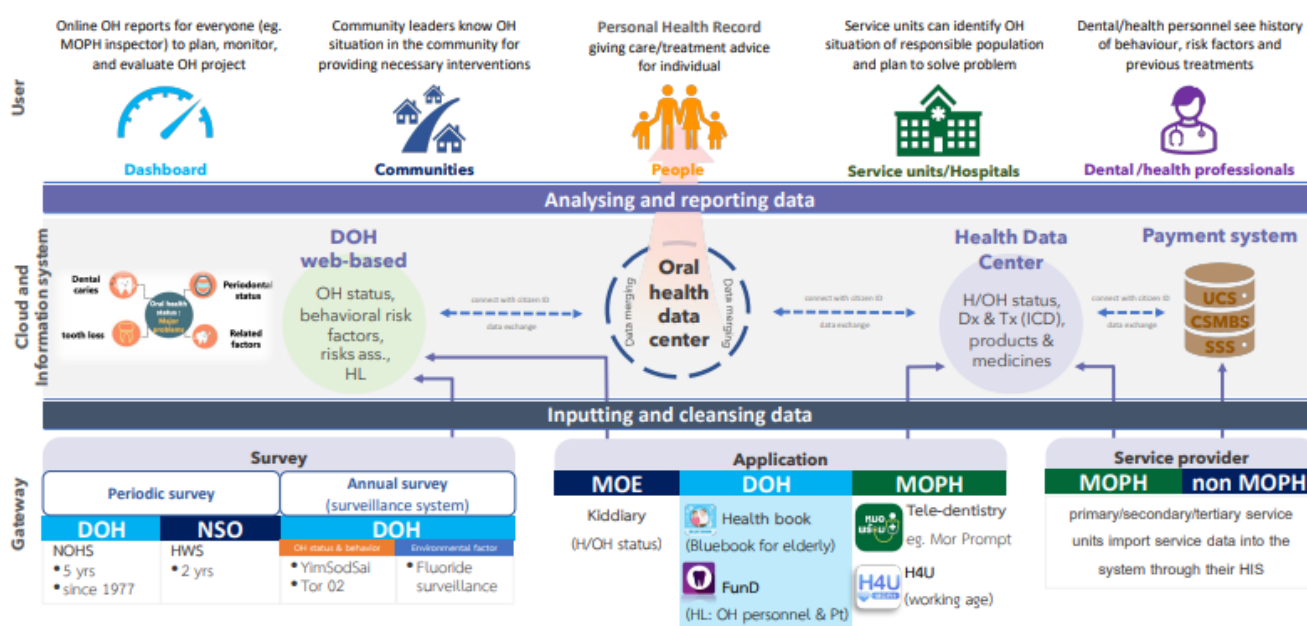
Availability of timely information related to service performance, integrated surveillance, and information systems to provide timely and relevant feedback on oral health to decision-makers for evidence informed policymaking are fundamental in achieving the targets for oral health.

#### ***Thailand - Oral health surveillance and information systems***

Dr Warangkana Vejvithee (Head of the Bureau of Dental Health, Ministry of Public Health Thailand) shared experience of the oral health surveillance and information systems as operational in Thailand. Public sector in Thailand uses a comprehensive system which collates data related to service utilization from several organizations and data on oral health burden and risk factors from surveys conducted for surveillance purposes. The organizations from which the service data are sourced are National Statistic offices, the Bureau of Dental Health including data generated from the oral health service providers at the primary care unit.

The Ministry of Education Thailand conducts national oral health surveys, every 5 years since 1977, targeting all age groups as well as annual surveys targeting children, teenagers, and elderly. These surveys provide data on the burden of oral diseases and utilization of services in the public and the private sectors.

The country has a system where all the data from above organizations and surveys can be visualized as dashboard, nationally and at the level of provinces. Other than the policy makers and administrators, the service providers and oral health professionals also have the provision to access this information to know oral health status and risk factors. Furthermore, Thailand has a system where people can access their oral health data and other information utilizing digital dentistry, helpful in promoting oral health.



An overview of the oral health information system in Thailand

Speaking on next steps, Dr. Warangkana described the plans to expand digital dentistry and linking oral health related data with other medical data utilizing citizen identifiers and using intra-oral camera in oral health surveys.

### ***Nepal - Oral health surveillance and information systems***

Dr Shaili Pradhan, Chief Consultant Dental Surgeon, Bir Hospital, National Academy of Medical Sciences (NAMS), Ministry of Health and Population, Nepal, presented the oral health surveillance and information system in Nepal and how the information is used for strengthening evidence informed oral health related policy and service decisions.

Nepal implements an integrated health management information system (HMIS), which collects data on oral diseases from Nepal's public and private healthcare sectors. Data from around 3600 health posts are collected monthly, with indicators to assess the oral diseases and conditions which were serviced. This information is used as proxy information related to the burden of the common oral diseases and conditions in the country to frame policy and develop strategy and was used in the development of a national oral health policy in 2004 and its revision in 2014. Several challenges highlighted by Dr Pradhan regarding oral health data in decision making included, poor compliance in data reporting by the private and academic institutions and lack of recent national oral health survey, as the last national survey was conducted in 2002-2003.



**Strategic action area 6: Research, digital innovations, and emerging issues**

The oral health sector, including oral health research, leverages the opportunities of operational research, digital innovation, and emerging issues of public health relevance. Implementation of the Minamata Convention on Mercury for environmental sustainability require national attention from both public and private sectors.

***Thailand - Implementation of the Minamata Convention on Mercury with plans to phase out the use of dental amalgam and other measures***

Dr Chiraporn Khitdee, an expert-level dentist from the Bureau of Dental Health under Department of Health, Ministry of Public Health, Thailand, highlighted Thailand's efforts towards eliminating mercury usage in dental amalgams. He stated, Thailand joining the Minamata Convention on Mercury in 2017, and implementing five out of nine recommended measures to phase down the use of dental amalgam, including.

Setting national objectives aiming at dental caries prevention and promotion
Promoting the use of cost-effective mercury-free alternatives for dental restoration
Encouraging and training dental professionals and students on using mercury-free dental restoration.
Restricting the use of dental amalgam to the capsulated form
Promoting best environmental practices in dental facilities to reduce mercury and mercury compounds released into water and land

Thailand has set a national oral health target for reducing dental carries in the Oral Health Strategic Plan. The Member State is part of a global project with the WHO Oral Health Programme and United Nations Environment Programme (UNEP) and represents the WHO South-East Asia Region. It has planned the following strategies to phase out use of dental amalgam and reduce the environmental impact of oral health care,

1. Design a database to collate data on use of dental amalgam and mercury-free materials
2. Communicate the effects of mercury on the environment to the public and dental personnel
3. Develop a policy to reduce the use of amalgam restoration materials, especially in pregnant women and under 15 years children
4. Promote research and development of quality mercury-free materials for dental restoration
5. Produce amalgam waste management mechanisms in public and private health care facilities with the relevant partnership
6. Develop a standardized dataset to report the effectiveness of dental amalgam reduction measures under the Minamata Convention

#### 4. Promotion of access to essential oral health care services through primary healthcare settings and using schools and workplaces as oral health promotion settings

The regional meeting offered field visit opportunities for the participants from other Member States of the WHO SEAR to experience how Thailand has integrated essential oral healthcare services (EOHS) in primary health care to promote access to EOHS services and how schools and workplaces are being used as settings for oral health promotion and to deliver EOHS.

The participants were divided in two groups, with one group assigned to visit a primary healthcare institution and other to a preschool setting. All participants were provided with a guidance note and an observation checklist to facilitate learning. Both groups got the opportunity to visit workplace setting as well (Annexure III).



Delegates from Member States of WHO SEAR presenting on various strategic areas

##### ***Primary healthcare setting – Bang Pu Mai sub-district health promoting hospital, Samut Prakan province***

Samut Prakan province has 74 primary health care settings and 60 of them also has a dental clinic through which the dental services are delivered. The Bang Pu Mai sub-district health promoting hospital that was visited is among the hospitals that had a dental clinic and has a catchment area of four villages (9,572 households) with

20,984 residents. Oral health services in the primary health care settings were delivered through trained dental nurses attached to the hospital including full range of oral health promotion, prevention, treatment as well as surveillance. Groups targeted for oral health services are pregnant women, 0-2 years old, 3-6 years old, elderly persons and working-age adults. The services for identified target groups are delivered through different clinic set up in an integrated manner.

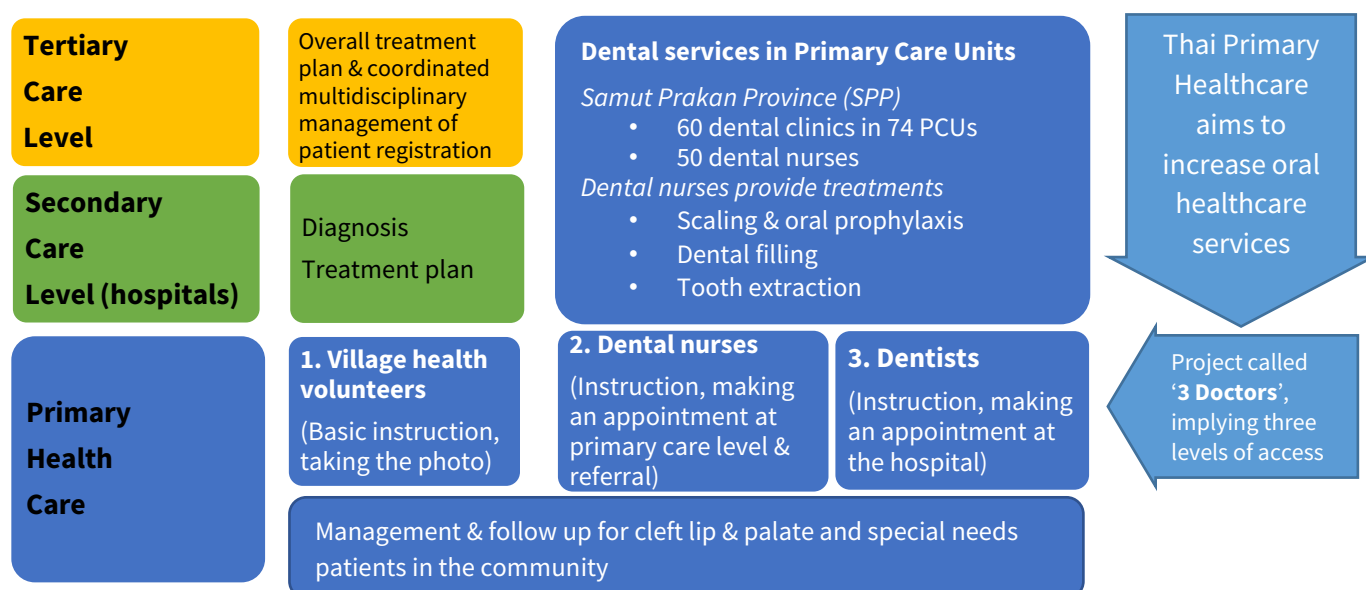
The specific promotive and preventive oral health services are directed at identified population groups, utilizing the following approaches:

- *Pregnant mothers through the antenatal clinics*: instructions on oral hygiene including hands-on session on correct technique of tooth brushing, oral examination, erythrosine dye (plaque disclosing) application and fluoride application
- *Children in 0-2 years of age through Well Child Clinics*: instructions on oral hygiene including hands-on session on correct technique of tooth brushing to care givers, oral examination and fluoride varnish application
- *Children in 3-6 years of age through daycare/ kindergarten school*: instructions on oral hygiene including hands-on session on correct technique of tooth brushing to care givers, child's oral examination, erythrosine dye application, fluoride application, coordinated with stakeholders such as teachers and parents of preschool children
- *Elderly people through home health care*: instructions on oral hygiene including hands-on session on correct technique of tooth brushing, oral examination, screening for oral potentially malignant disorders (OPMD) and fluoride application
- *Working age adults through NCD clinics*: NCD, oral examination and OPMDs screening

As for dental treatment services, the primary care settings provide scaling and oral prophylaxis, filling, and tooth extraction delivered by the dental nurses. In addition, primary health care also included the management and follow-up for cleft lip and palate and special need patients in the community.

The participants were also briefed on the planned project titled "3 doctors" designed by the Thai primary health care aiming to increase oral health care services. The project is designed in a way that access to services is promoted at three levels. Firstly, through the village health volunteers who will be trained to deliver basic instructions on oral hygiene and taking the photos of any identified oral conditions to be referred to the second level of dental nurses. The dental nurses deliver basic instructions on oral hygiene and schedule appointment at primary care level for those referred by the village volunteers. The third level is the dentists who will deliver basic instructions on oral hygiene and schedule appointment at the appropriate hospitals to deliver the required services.

All the above services are covered by either of the three Thai health insurance system schemes, namely the universal health coverage covering 59 %, social security scheme (SSS) covering 37%, and the civil servant scheme (CSS) covering 4% of the population, respectively.



An overview of the oral health services provided by the primary health care settings in Thailand

### **Workplace oral health promotion- Samut Prakan province**

Samut Prakan province being an industrial zone records 5884 factories in the province, and 1.2 million working population registered to social security in year 2022. Though the province has 6 public and 22 private hospitals with oral health service units, 62 sub-districts health-promoting hospitals, 3 primary care units (PCUs) with dental units, and more than 200 registered private dental clinics, the accessibility to dental services was revealed to be 10.2%, based on data from the department of health, 2017.

In this background, public health office of the Samut Prakan province invited the industries to join a programme to promote oral health of the workers.

The participants visited two such work settings C.B. TACT (Thailand) CO, LTD and Siam GS battery industry

C.B. TACT (Thailand) CO., LTD. is a company that sells parts for air conditioners and automobile while the Siam GS battery industry manufactures batteries for the automobiles. They are in Samut Prakan Province and a large number of their employees are migrant workers from Laos, Cambodia, and Myanmar.

The aims of oral health promotion programme in both work settings were to promote self-care, provide access to dental services, and encourage early oral screening to prevent oral diseases. The four main activities included, "Spit Don't Rinse" toothbrushing hands-on exercise, oral examination with individual consultation, and oral health service appointment. The public health office also supported each company with one intraoral camera and provided a short instruction course on using intraoral camera and oral screening to factory nurses and safety officers. Intraoral camera aimed to enhance effective communication between factory nurses and dental officers for consultation and early detection, especially on dental caries, tooth impaction, and oral precancerous lesions. For dental service appointment, the residential information of employee was mapped

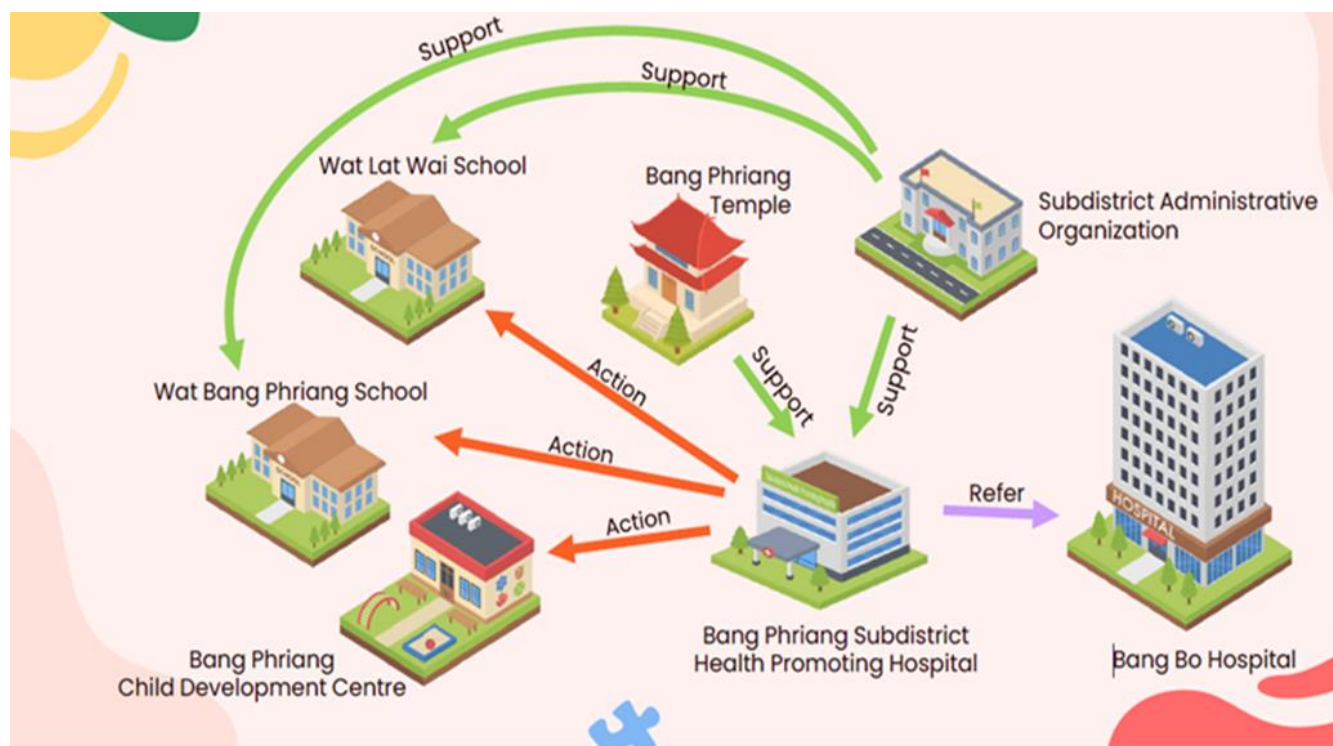
with nearby dental service location and workers were also provided with information on the private dental clinics and information related to charges along with information on oral health benefit of 900 baht per year from the social security scheme for tooth filling, extraction, and scaling.

Evaluation of this programme indicated that 878 workers from 12 companies/factories in Samut Prakan province participated in the oral promotion programme.

In addition to oral health programme, the two workplaces also had broader health programmes at the workplace which included a range of health promotive, preventive and treatment services related to NCD, which include encouragement to reduce/ stop smoking, alcohol and drugs, promotion of physical activity and healthy diet and oral health promotion. The work settings also included zero accident promotion, building and facilities management, and promoting sanitary environments in the workplace as well as providing facilities for recreation and mental health promotion.

### ***School oral health programme - Samut Prakan province***

The Samut Prakan oral health team (provincial oral health team) presented their efforts and achievements in providing oral health services to Wat Bang Phriang School, and Wat Lat Wai School and to the day care setting of the Bang Phriang Child Development Centre. The team collaborate and coordinates with various stakeholders, including the subdistrict administrative organization, local temples, the district hospital, and the provincial hospital, to secure financial support for oral health and establish effective referral systems.

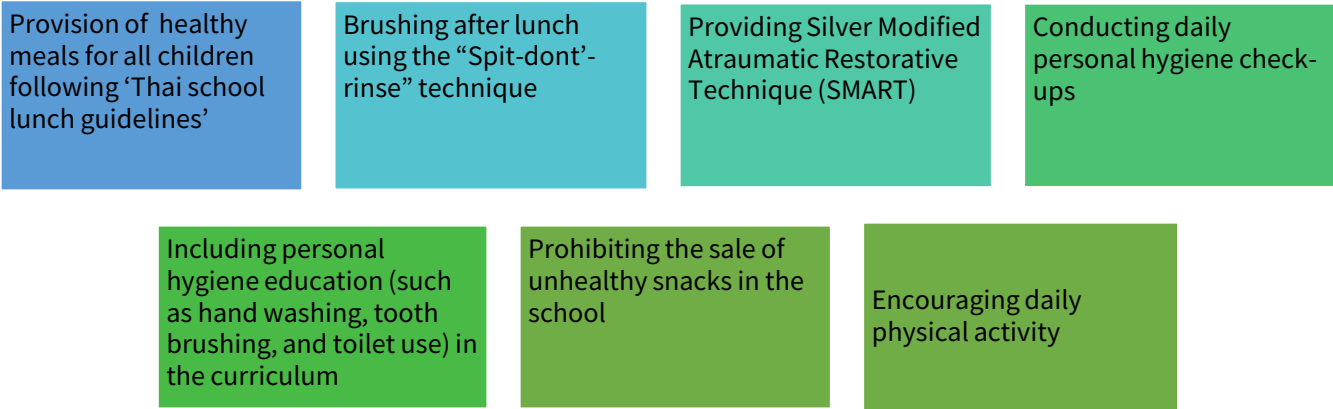


An overview of the organization of the school oral health programme in Samut Prakan province



Thanks to financial support from the Subdistrict Administrative Organization and Bang Phriang Temple, the Bang Phriang Subdistrict Health Promoting Hospital, in collaboration with the child development centre and schools, can provide oral health promotion and oral health services to their children in the community. The two health-promoting schools have a total of 466 children aged 5-12 years old. They are under "the Thai Oral Health Promoting School Network", with oral health programs that cover three major dimensions: management of food and environment, education on oral health topics, and development of oral health maintenance skills. Additionally, the oral health team provides proactive and regular oral health screening, as well as oral hygiene instructions at the schools.

The component of the oral health promotion and preventive programme in school and day care setting is delivered as part of an overall health programme and include the following components.



Elements of the school oral health programme- Samut Prakan Province

## 5. An overview of oral cancer prevention and early detection as applicable to oral health care providers

### Evidence of effectiveness of primary and secondary prevention interventions of oral cancer from evidence to implementation tools: Supplements to the IARC Handbook Vol. 19

The *IARC Monographs Programme* has classified tobacco smoking, consumption of alcoholic beverages, use of smokeless tobacco, use of betel quid with or without tobacco, and Human papillomavirus type 16 (HPV16) as Group 1 agents with *sufficient evidence* for causing oral cancer. Dr Béatrice Lauby-Secretan, Head, *IARC Handbooks Programme*, Deputy Head, Evidence Synthesis and Classification (ESC) Branch at the International Agency for Research on Cancer (IARC), WHO, summarized the evidence of the effectiveness of primary and secondary prevention interventions in reducing oral cancer incidence or mortality. Based on the outcomes of the IARC Handbook Vol. 19 meeting, there is *sufficient evidence* that behavioral interventions in adults are effective in inducing cessation of smokeless tobacco (SLT) use. In addition, there is *sufficient evidence* that quitting tobacco smoking and quitting alcohol drinking decreases the risk of oral cancer, while for areca nut (AN) products with or without tobacco the risk of both oral cancer and oral potentially malignant disorders decreases. A lack in the data on implementation of the various SLT control policies, with even fewer findings for AN control policies, was noted. For secondary prevention, there was evidence that screening of high-risk persons by clinical oral examination may reduce mortality from oral cancer.

Dr Suzanne Tanya Nethan, Visiting Scientist, *IARC Handbooks Programme*, presented on the proposed implementation tools being developed as supplements to the IARC Handbook Vol. 19. The three supplemental projects include the evidence and gap map (EGM) on oral cancer prevention, determination of the oral and oropharyngeal cancer burden attributable to SLT and AN use, and the cost-effectiveness of interventions for oral cancer prevention.

The EGM on oral cancer prevention is being developed in collaboration with the University of Newcastle, UK & University of Campinas, Brazil. The primary objective is to provide a visual interactive display of the available evidence, and in turn the gaps in the literature, on primary & secondary prevention of oral cancer. The aim is identify where further research is needed, and to give access and encourage the use of available evidence by concerned policymakers, program commissioners and practitioners worldwide.

The second supplemental project, conducted in collaboration with the Cancer Surveillance Branch, IARC, aims to estimate the oral and oropharyngeal cancer burden attributable to SLT and AN use. The highest prevalence of such products is in South-East Asia (90% of the 300 million users worldwide) and the Western Pacific region, and the cancer risk varies depending on the product used. The project's significance is to provide a valuable quantitative appraisal of the impact of SLT and AN use on the oral & oropharyngeal cancer burden at the and at the regional and national levels. In addition, the data can be used in planning tobacco control and cancer prevention strategies by policymakers, program commissioners, and practitioners worldwide, especially in

those countries where such efforts are most needed. The information can also be helpful to raise awareness of this public health issue to enhance global priority.

In the World Health Assembly resolution WHA 74.5 on Oral Health (2021), oral cancer prevention was proposed as a “best buy” intervention on oral health. In view of this, the third project, conducted in collaboration with the WHO-HQ, involves cost-effectiveness analyses of oral cancer screening and of behavioural interventions for cessation of SLT use. The model assumptions included high-risk populations, i.e. regular users of tobacco or alcohol, effect size of intervention such as incidence, advanced stage of cancer, and mortality by stage, and outcome as healthy-life years gained. This project will help plan and implement population-based oral cancer screening strategies, especially in countries with a high disease burden, and facilitate the cessation of SLT and AN use through behavioural interventions.

Dr Pankaj Chaturvedi, Professor of Head and Neck Surgery, Tata Memorial Hospital and Deputy Director, Centre for Cancer Epidemiology, Tata Memorial Centre, Mumbai, presented an overview of oral cancer prevention and early detection as applicable to oral health care providers. He enunciated on various risk factors for oral cancer, including tobacco, alcohol, oral hygiene, human papillomavirus (HPV), areca nut, genotype, marijuana, diet (high meat, dairy and low fruit & vegetable), positive family history, and mutagen. IARC classified areca nut as Group 1 carcinogen, with *sufficient evidence* of increased risk of cancer of the oral cavity.

Oral cancer has precancerous stages, e.g., leukoplakia, erythroplakia, and submucous fibrosis. Within ten years, these lesions, for example, leukoplakia, could progress with morphological change, hence it is important to act early. Oral health professionals could immensely contribute to early detection, advising/ counselling on cessation of risk factors and management/ referral and encouraging patients to undertake mouth self-examination, which will not only be beneficial in early detection of oral pre-cancerous conditions &/ or oral cancer but various oral diseases as well. He therefore stressed, that primary and secondary prevention is crucial. The value of self-mouth examination in controlling rising oral pre-cancerous conditions [known as Oral Potentially Malignant Diseases or OPMDs] and cancer and screening programs in community, for early detection and prevention is high. He campaigned for early detection of oral cancer by cost-effective tools and screening by oral visual examination (OVE) [also known as clinical oral examination or COE]. In his experience, OVE provides sensitivity and specificity of 71% and 85%, respectively. Secondary prevention through tobacco and alcohol cessation approaches, areca nut act, and OVE are effective as well. In addition, the prohibition of E-cigarettes is necessary. He opined that secondary prevention, such as chemoprevention by 13-cis-retinoic acid and other chemoprevention agents, is ineffective in treating oral cancer. He concluded highlighting that oral cancer is a complex disease and has bearing on not only the individual but family at large and oral health professionals must come forward individually and through professional and specialty associations in advocacy for tobacco control and early detection.



## 6. Designing an essential oral health services package to address priority oral health needs of the Member States

One of the priority focus areas of the regional meeting was to develop an essential oral health services (EOHS) package, to address priority oral health needs of the Member States of the WHO SEA region. ‘Strategic action area 4: Essential oral health care and universal coverage for oral health’ is focused on improved oral health status through universal availability and coverage of defined evidence-based and cost-effective essential oral health interventions and services that meet priority population needs at primary health care levels, and the provision of advanced services at higher levels of the health care system accessible through a functioning referral system.



Deliberation of Member State participants during the group work

This group work was facilitated by providing participants with a template having model EOHS package to address priority oral health needs of the WHO South-East Asia Region (Annexure IV) developed by WHO, for using as base document and adapting as per each Member State context. EOHS model was developed based on the Universal Health Coverage (UHC) Compendium, a database of health services and intersectoral interventions, designed to assist countries in making progress towards UHC.

The model categorized essential oral health services under following heads.

- Oral health promotion
- Screening and prevention of oral diseases and other conditions
- Management of dental caries and gum (periodontal) disease
- Management of acute exacerbation of oral diseases
- Management of traumatic dental injury
- Oral function rehabilitation

The model also indicated the categories of health and/ or oral health workforce who can deliver the service (community health worker/ nursing officer/ medical officer/ dental nurse (with special training in preventive dental care)/ dental therapist (trained on preventive and restorative dental care)/ dental surgeon/ specialist dental surgeon) and requirements to deliver the services in terms of health products required for providing those services (medicines/ material/ equipment/ devices/ laboratory/ radiology). The list of health products was based on the MEDEVIS (medical devices) database (Annexure V).

Group work participants were requested to review the model and adapt as per country context based on available health/ oral health workforce who are already trained or could be trained to deliver the specific service. The Member States were provided with a template to plan the EOHS, so that services for common oral health conditions are delivered as much as possible at primary health care settings, with plans to implement the package in a phased manner. Specific attention was drawn to identify the priority actions required for increasing availability of skilled oral health workforce at all levels of health care system through.

- training oral health professionals and other primary health care workers to perform the required services/ interventions
- design effective workforce models involving a new mix of dentists, mid-level oral health care providers, community-based health workers and other relevant health professionals
- ensuring legislative and policy support for the oral health team and their scope of practice
- engaging private oral healthcare providers for oral healthcare service delivery

Other aspects to consider were the measures to be in place for ensuring availability of required health products to sustain the services as covered in the health benefit packages.

## 7. Adapting the action plan for oral health and next steps ‘Towards Universal Health Coverage for oral health in WHO South-East Asia by 2030’

In country groups, the participants were requested to identify the actions that need to be taken in a phased manner to reach the expected outcomes in each of the strategic action areas taking into consideration the country needs, national priorities, and resources available.



Member State participants engaged during the group work

### Next steps ‘Towards Universal Health Coverage for oral health in WHO South-East Asia by 2030’

Following are the primary areas identified as the next steps to be taken by the participating oral health teams from the WHO South-East Asia region to promote oral health towards universal health coverage for oral health.

- Having a national oral health policy or part of national health policy, a strategic document/ national oral health plan, is imperative to advance the oral health related work in Member States and the work initiated at the meeting, in adapting the Action plan for oral health in WHO South-East Asia 2022–2030, to the national context.
- The need for additional resources for oral health is a common experience across the Member States. While advocating with their respective governments for higher allocation of resources, the Member States need to adopt innovative models of utilizing funds from the non-governmental sources. All

Member States reported with skewed distribution of private sector in urban areas. The demonstrable public-private partnership project in Thailand, is a good model to be designed and piloted in urban sector of other Member States of the WHO South-East Asia region.

- Defining an essential package of oral health services to be delivered in a phased manner with services for most common needs, through primary health care settings is a crucial step across the Member States. All Member States need to focus on fulfilling the policy, regulatory and programmatic prerequisites to deliver the package which include ensuring competent and adequate workforce and required dental medicines, material and devices made available at relevant levels of the health care for delivering the specific services.
- Adopting innovative models of care to train and utilize non-oral health staff workforce in primary care setting to identify common oral diseases and conditions and to treat urgent oral conditions, use of tele dentistry options to support the primary health care services, and adopting public- private partnerships to utilize the services of oral health workforce from the private sectors are to be considered as options. WHO was requested to design a training course to build capacity of non-oral health workforce on Identifying and referring the common oral diseases at PHC level. The Member States suggested to design this as a self-learning online module which can be translated to local languages.
- Professionally applied fluoride application, as a preventive strategy for dental caries, was identified to be expanded in the region. Inclusion of this service in existing school oral health programme was discussed as an option to be considered in the context of the Member State.
- Integration of oral health services to other existing programmes such as antenatal care programme highlighted as an example in the meeting, is to be considered as a feasible option to all Member State of the region.
- Though several Member States in the region reported screening programmes of at-risk people for premalignant oral conditions and oral cancers, formal linkages, and mandatory referral to timely diagnostic work-up such as laboratory tests or biopsy for tissue diagnosis was mostly absent and was identified as an area to be strengthened.
- Though workplace health promotion programmes are not a regular feature even among the formal occupational sector in many Member States of the region, the learnings supported the existing programmes to be expanded to include oral health promotion, prevention, and treatment services.
- The need to design a system to integrate oral health information to the health information systems of the Member States and integrating oral health modules in periodic health surveys of the was identified as a need for all Member States.
- The need to consider the Minamata Convention on Mercury, and to plan for phasing out the use of dental amalgam and other measures to minimize the environmental exposure of mercury was also identified as an area to be considered by Member States.

## Annexure I

### Message from Regional Director, WHO South-East Asia Region

Regional Director's message at the WHO South-East Asia Regional Meeting for Implementing the Action Plan for Oral Health, 2022-2030, Bangkok, Thailand, 28-30 March 2023

Dr. Sarawut Boonsuk, Deputy Director-General, Department of Health, Ministry of Public Health of the Kingdom of Thailand, Ministry officials from across the WHO South-East Asia Region; Technical experts and representatives of the International Agency for Research on Cancer; members of the WHO Collaborating Centre for Oral Health Education and Research of the Mahidol University Faculty of Dentistry, Representatives of the World Dental Federation; WHO Representative to Thailand, colleagues from Country Offices, HQ and the Regional Office,

Although our Regional Director, Dr Poonam Khetrpal Singh, would have very much liked to attend this workshop, she is unable to due to prior commitments. It is therefore my pleasure to deliver this message on her behalf.

Quote:

Good morning and welcome to this Regional Workshop for Implementing the Region 's Action Plan for Oral Health 2022—2030. It is a pleasure to host you.

Oral diseases are among the most common noncommunicable diseases (NCDs) in the South-East Asia Region.

In 2019, the Region had an estimated 900 million cases of untreated dental caries, severe periodontal diseases and edentulism.

Today, the Region has the world's highest oral cancer incidence and mortality rates, with age-standardized mortality for both males and females more than double the global average.

The disease burden shows strong inequalities, with higher prevalence and severity in poor and disadvantaged populations, who generally have lower access to prevention, care, and rehabilitation.

Oral health is integral to general health and well-being, and for each person to fully participate in society and achieve their potential.

Notably, there is a growing body of evidence of the interrelations between poor oral health and other NCDs, which since 2014, the South-East Asia Region has sought to prevent and control as a Flagship Priority.

Recognizing the public health importance of major oral diseases and conditions, in 2021 WHO formulated the Regional Action Plan for oral health in South-East Asia 2022–2030, based on the inputs of all Member States.

The Plan was unanimously endorsed at the Seventy-fifth Session of the WHO Regional Committee in 2022, accompanied by a resolution to report progress every two years.

It is the first plan to be developed based on the new WHO Global Strategy on oral health and is built on a situation analysis of the Region's status of progress, successes, and challenges in relation to its previous oral health strategy, which was implemented between 2013 and 2020.

The Plan is designed to be adapted by Member States based on national and subnational contexts, and with a view to achieving the agreed upon targets, which are essential to achieve universal health coverage for oral health by 2030.

These targets include a 33.3% relative reduction of premature mortality from oral cancer and a 25% relative reduction in the prevalence of untreated dental caries of permanent teeth by 2030.

The Plan proposes a set of six strategic action areas, namely:

Oral health governance, leadership and resources;

Oral health promotion and oral diseases prevention, life-course disease priorities and healthy settings;

Oral health workforce for universal coverage for oral health;

Essential oral health care and universal coverage for oral health;

Surveillance, monitoring and evaluation;

And oral health research, digital innovation, and emerging issues.

Additional actions to strengthen prevention, control and management of oral diseases and conditions are provided, from which Member States may adapt those best suited to their context.

Importantly, action by Member States, international partners, civil society, and private-sector stakeholders must be grounded in a set of guiding principles, which include adopting a public health approach, as well as an equity, life course and people-centered approach. Stakeholders must also integrate oral health into primary health care and NCD services, and strengthen leadership, collaboration, and accountability.

You are aware: The Region's main challenges include its high burden of oral cancers; its dentist-centered workforce models, which have inadequate task sharing; its inequalities in the ratio of oral health workforce to population; its limited integration of oral health care with NCD management and primary health care; and the predominance of private oral health care provision, which leads to high out-of-pocket expenses and weak information systems.

It is here that your efforts must be focused.

I take this opportunity to reiterate WHO's full technical support, in partnership with our WHO Collaborating Centres and other partners.

We will primarily focus that support on integrating oral health into interventions that address common NCD risk factors, especially in primary health care settings, in line with our Regional Strategy for Primary Health Care, launched in December 2021.

We will also help develop Region-wide capacities to design and implement national oral health action plans, and to accelerate operational research, which will assess the impact, cost-effectiveness, and feasibility of oral health interventions – again, with a focus on primary health care settings.

We are grateful to the Ministry of Public Health, Government of Thailand, for its support in organizing the experiential learning opportunity, which will show how Thailand has successfully integrated oral health services into primary health care to reach universal coverage of oral health services.

I urge you to make the most of this opportunity to learn, to share experiences and accelerate progress towards our targets and goals, to achieve universal health coverage for oral health by 2030, leaving no one behind.

Unquote.

I echo that sentiment and wish you a comfortable stay in Bangkok.

Thank you.



## Annexure II

### Targets and core indicators of the draft global action plan on oral health (2023-2030) mapped to strategic action areas of the Action Plan for oral health WHO South-East Asia Region (2022-2030)

Strategic action areas of the Action Plan for Oral Health WHO SE Asia Region	Target of the Global Action Plan	Target definition	Indicator
Strategic action area 1: Oral health governance, leadership, and resources	Global target 1.1: 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 Ministry of Health or other national governmental health agency	1.1: Proportion of countries that have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the Ministry of Health or other national governmental agencies
Strategic action area 2: Oral health promotion and oral disease prevention, life-course disease priorities and healthy settings	Global target 2.1: Policies to reduce free sugars intake	2.1: By 2030, 50% of countries implement policy measures aiming to reduce free sugars intake	2.1: Proportion of countries that implement policy measures aiming to reduce free sugars intake
	Global target 2.2: Optimal fluoride for population oral health	2.2: By 2030, 50% of countries have national guidance on optimal fluoride delivery for oral health of the population	2.2: Proportion of countries that have national guidance on optimal fluoride delivery for oral health of the population
Strategic action area 3: Oral health workforce for universal coverage for oral health	Global target 3: 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	3.1. Proportion of countries that have an operational national health workforce policy, plan or strategy that includes workforce trained to respond to population oral health needs
Strategic action area 4: Essential oral health care and universal coverage for oral health	Global target 4.1: Integration of oral health in primary care	4.1. By 2030, 80% of countries have oral health care services available in primary health care facilities	4.1. Proportion of countries that have oral health care services available in primary health care facilities
	Global target 4.2: 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 list	4.2. Proportion of countries that include dental preparations listed in the WHO Model Lists of Essential Medicines in their national essential medicines list (or equivalent guidance)



Strategic action area 5: Surveillance, monitoring and evaluation	Global target 5: Monitoring implementation of national oral health policy	5.1. By 2030, 80% of countries have a monitoring framework for the national oral health policy, strategy, or action plan	5.1. Proportion of countries that have a monitoring framework for the national oral health policy, strategy, or action plan
Strategic action area 6: Research, digital innovations and emerging issues	Global target 1.2: Environmentally sound oral health care	1.2. By 2030, 90% of countries have implemented measures to phasedown the use of dental amalgam as stipulated in the Minamata Convention on Mercury or have phased it out	1.2. Proportion of countries that have implemented measures to phasedown the use of dental amalgam as stipulated in the Minamata Convention on Mercury or that have phased it out
	Global target 6: 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	6.1. Proportion of countries that have a national oral health research agenda focused on public health and population-based interventions
Regional targets	Target 1: A 33.3% relative reduction of premature mortality from oral cancer by 2030	Unconditional probability of dying between age 30 and 70 years from oral cancer, defined as the percentage of 30-year-old who would die before age 70 from oral cancer (assuming that they would experience current mortality rates at every age and would not die from any other cause of death).	Unconditional probability of dying between age 30 and 70 from oral cancer (cancers of the lip and oral cavity)
	Target 2: A 25% relative reduction of prevalence of untreated dental caries of permanent teeth by 2030	Rate of persons with one or more carious permanent teeth. Untreated caries is defined as a lesion in a pit or fissure and/or a smooth tooth surface. The tooth has an unmistakable cavity, undermined enamel, or a detectably softened floor or wall (coronal caries) or feels soft or leathery to probing (root caries).	Estimated prevalence of untreated caries of permanent teeth
	Overarching global target B: 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%	B.1. Prevalence of the main oral diseases and conditions

## Annexure III

### Guidance notes on field visit to the various settings; primary health care, oral health promoting workplaces, oral health promoting schools

#### A. Guidance note on field visit to the Primary Health Care settings

##### Expected outcomes:

- The participants are enabled to design the National Action plans for oral health with
  - improved integration of essential oral health care services in primary health care to promote access to essential oral health care services
  - strengthened and expanded oral health-promoting environments in schools and workplaces

##### Background

A key strategic action proposed for universal oral health coverage in South-East Asia is integrating oral health care with essential care for NCDs offered within the primary health care system. Providing services in primary health care settings can increase access and minimize inequalities and out-of-pocket expenditures.

The Action plan for oral health in South-East Asia, 2022–2030 proposes the following core actions as per the national context

- Defining essential oral health interventions and services that meet priority population needs to be delivered at primary health care with established referral pathways to ensure coordinated care with the higher levels.
- Implementing workforce models where non-dentist health workers are trained to provide defined oral health services within primary health care teams.
- Mechanisms to ensure essential supplies of medicines, material, and equipment required for the defined oral health services at primary health care settings

## Suggested points to observe / discuss

### 1. General information on the primary health care setting in the Samutprakarn Province, Thailand

Catchment population

Administrative structure

Is there a defined oral health services package offered at Primary health care settings

- Through a specific oral clinic set up
- Walk in/appointment basis

### 2. Oral health services

#### ***A. What are the preventive and curative oral health services offered***

Counselling for reduction of risk factors for oral diseases

- Oral hygiene with fluoride toothpaste
- Tobacco use
- Alcohol use
- Foods high in sugars
- Other

Urgent treatment for emergency oral care and pain relief

- Non-surgical extractions
- Drainage of abscesses
- Others

Basic restorative dental procedures to treat existing dental decay

- Topical silver diamine fluoride, atraumatic restorative treatment, glass ionomer cement restoration
- Other

Oral cancer early detection

- For targeted high-risk groups
- Referral linkages for diagnostic work-up

Other screenings

- New-borns for cleft lip cleft palate
- HIV patients for manifestations
- Other

#### ***B. How are these services been integrated into other service programmes of the PHC?***

Is the PHC oral health services reaching out to

- a. Vulnerable populations
- b. School children

#### ***C. Any partnerships with private providers?***

#### ***D. Any other observations***

### 3. Health workforce performing the oral health services

Oral health professionals (available/numbers/ training/ task shifting/training/legal permissions)

• Dentist / General dental practitioners	
• Dental Specialist	
• Dental hygienists /dental nurses	
• Dental hygienists	
• Dental assistants	
• Dental technicians	
• Other	
Other health workers contributing to oral health services (training/ task shifting /legal permissions)	
• Medical officers (training/task shifting /legal permissions)	
• Nursing officers	
• Public health officers	
• Community health / lay health workers	
Dental medicines, equipment, and equipment	
• Process to ensure availability of essential instruments, equipment, essential dental medicines, and dental materials	
<b>4. Provisions for safe handling and phase down on dental amalgam</b>	
• What are the measures?	
<b>5. Finances</b>	
• Which services are included in the health benefits package of the government health financing schemes	
• Possibilities of out-of-pocket expenditure for patients	
<b>6. Oral health information system</b>	
• What is the system of record keeping	
• Uniform format across the country	
• Aggregate level information for patient tracking	
• Provision for reminder/follow up	
• Use of Information feedback for decision making	
<b>Reflections on refining the National Action Plans for Oral Health in the Strategic Action areas</b>	
• Essential oral health care and universal coverage for oral health-with improved integration of essential oral health care services in primary health care to promote access to oral health care services	
Any of the other strategic action areas	
• Oral health governance, leadership, and resources;	
• Oral health promotion and oral disease prevention, life-course disease priorities, and healthy settings;	
• Oral health workforce for universal coverage for oral health;	
• Surveillance, monitoring and evaluation	
• Oral health research, digital innovation, and emerging issues	

## B. Guidance note on field visit on oral health promotion in workplaces

### Health Promotion Action Areas

- Build healthy public policy
- Create supportive environments
- Strengthen community actions
- Develop personal skills
- Reorient health services

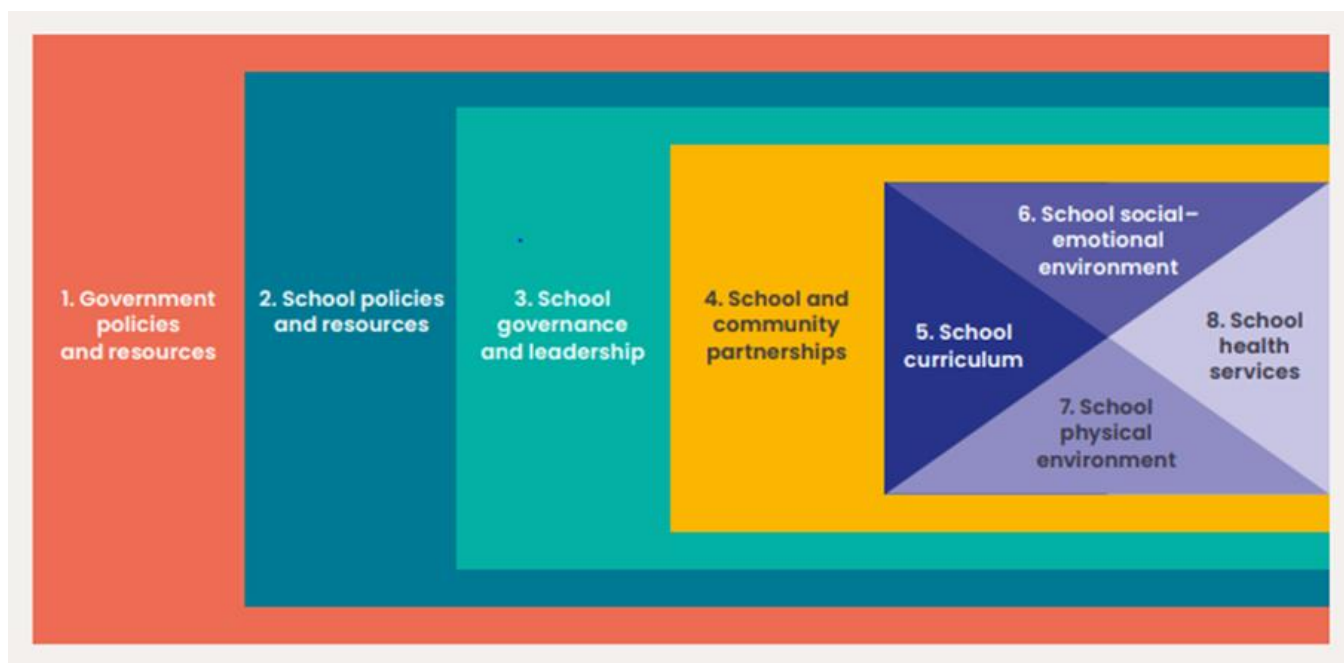
### Guide for observation of the workplaces for oral health promotion

1.	What are the policies of the work setting that are focused on promoting health of the workers? (i.e., health insurance)	
a.	Anything specific for oral health- oral service insurance? / Reimbursement for services	
2.	Creating supportive environments	
a.	Environment for oral health risk reduction	
i.	Tobacco, alcohol.	
ii.	Snacks/drinks	
iii.	Oral hygiene facilities- tooth brushing after meals	
3.	Oral health services – linked to a PCU/ private clinic/ or mobile units	
a.	Oral health education	
b.	Preventive oral health services such as oral check-ups/examination, fluoride application.	
c.	Dental treatment such as filling, tooth extraction, tooth scaling and cleaning	
d.	Oral cancer screening	
e.	Others oral health services	
4.	Other actions or strategies for oral health promotion in workplace.	

## C. Guidance note on field visit to health promoting school settings

### Brief understanding of health promoting school

- Health promoting school is a type of school that adopt a holistic/comprehensive approach to promote health and wellbeing not only for the students, but also teachers, staffs, and where it is applicable promoting health to the communities nearby.
- Health promoting school can only be realized as the result of cooperation between the health and education sectors, the involvement of parents and local communities surrounding schools, and the range of local and national organizations concerns with children and their development.
- School health services are an essential part of health promoting school, yet not necessary dominate health promotion activities conducted throughout day to day and all year round. Global Standard on Health Promoting School compose of 8 components (see figure 2 below).



Relation among global standards for health-promoting schools

### Guide for Observation:

1. Has school developed health policy?			
2. What are components in the school health policy?			
	a. policy on healthy food		
	b. personal hygiene		
	c. oral hygiene		
	d. equitable access for boys and girls		
	e. first aids		
	f. smoke-free		
	g. prohibit/limited sale of sugary beverages, salty snack, fries, etc.		
	h. prohibition of consumption of alcohol & tobacco, other harmful products		
	i. other relevant policies		
3. Which grade is oral health being promoted? What type of services are being provided? (See example below and provide actual practice ins school visit)			
Grade	Type of services	Time and frequency	Provider (s) Coverage (if available)
Kindergarten	Routine “brush your teeth” exercise activity - Game - Songs	Once a week	Teachers in all classes
Grade 1-3	Oral health check-up	Once a year Twice a year	Medical doctor/nurses Dental nurses Dental Therapists

	Restorative treatment to prevent caries		
Grade 4-6			
Note for specific services	Oral health emergency	How often this occurs	
	Oral health campaign		
4. Are services being extended to teachers and staffs within school? If yes, please observe			
Type of service		Who receives the service	
5. Integrated oral health in school curriculum			
a. Is there integrated oral health promotion and education in school curriculum?			
b. Which subject is oral health being integrated into?			
c. Who is teaching the subject?			
d. How often does the subject being taught in school?			
6. Physical environment in schools that facilitate oral health and hygiene. Please observe the following			
a. Adequate water and sanitation supplies			
b. Dedicated for children's basins for brushing their teeth after lunch			
c. Hygiene around the basins			
d. Available of staff (adult) supervision			
e. School environments promote oral hygiene and overall personal hygiene (signages, motivation posters, report cards, etc.)			
7. Identify barriers and how school overcome them			
Barrier faced in the past (and/or today)		Overcoming experience	
8. Coordination mechanism between school and local public health office (district or province)			
a. How was the coordination mechanism set up?			
b. How was the coordination sustained?			
c. Ask the host to share experiences as the host would like to add			
9. What are challenges/achievements in ensuring every student receive appropriate health services, particularly oral health, and hygiene?			



## Annexure IV

### Template and model essential oral health services package to address priority oral health needs of the countries in the WHO South-East Asia Region

Category of services	Oral health services	Who can deliver?							Requirements*
		Community health worker	Nursing officer	Medical officer	Dental Nurse (with special training preventive dental care)	Dental therapist (trained on preventive and restorative dental care)	Dental Surgeon	Specialist dental surgeon	
Oral health promotion	Counselling on <ul style="list-style-type: none"> <li>Oral hygiene and toothbrushing with fluoride toothpaste</li> <li>Quitting alcohol and tobacco use</li> <li>Rinsing mouth with clean water after every meal / snack</li> <li>Avoiding excessive sugar</li> </ul>	X	X	X	X	X	X	X	A. Oral hygiene counselling set B. Individual Oral hygiene counselling set  Healthy lifestyle counselling material
Screening and prevention of oral diseases and other conditions	Oral cavity examination for dental caries and gingivitis		X	X	X	X	X	X	C. Oral health examination set
	Application of fluoride varnish- to prevent the development of new caries as well as to help remineralization of early carious lesion				X	X	X	X	D. Fluoride varnish kit
	Application of pit and fissure sealants in molars for preventing new carious lesions by creating a hard shield that keeps food and bacteria from getting into tiny grooves of teeth				X	X	X	X	E. Dental diagnostic set F. Glass Ionomer sealant
	Application of silver diamine fluoride (SDF) to arrest progression of active carious lesion				X	X	X	X	E. Dental diagnostic set G. SDF solution

Category of services	Oral health services	Who can deliver?						Requirements*
		Community health worker	Nursing officer	Medical officer	Dental Nurse (with special training preventive dental care)	Dental therapist (trained on preventive and restorative dental care)	Dental Surgeon	
Management of dental caries and gum (periodontal) disease	Glass ionomer cement restoration to fill cavities caused by dental caries and restore function				X	X	X	H. ART material
	Scaling (dental cleaning), debrideme including root planning <i>involving non surgical removal of supra and subgingival calculus &amp; plaque for trea periodontitis</i>				X	X	X	E. Dental diagnostic set I. Scaling cleaning set J. Root cleaning set
	Simple tooth extraction - <i>Advanced dental caries with extensive pulp involvement, advanced periodontal disease, severe tooth mobility and severe tooth fracture are common indications for tooth extraction</i>				X	X	X	K. Simple local anesthesia set L. Simple tooth extraction set
	Simple composite restoration to fill cavities caused by dental caries, or to repair tooth fractures, restoring tooth function						X	M. Dental anesthetic set N. Resin composite
	Complex composite resin restoration to fill cavities caused by dental caries, or to repair tooth fractures, restoring tooth function						X	M. Dental anesthetic set N. Resin composite
	Root Canal Treatment (RCT) involves removal of the pulp, cleaning & disinfecting the root canals followed by a root filling. The coronal part of the tooth is then filled using a restorative material captured by an alternative action (GIC composite resin)						X	M. Dental anesthetic set O. Endodontic set
	Preformed crown restoration is applied to carious deciduous molars without local anesthetic or any form of caries removal, effectively isolating and arresting the active caries						X	P. Preformed crown set
	Pulpotomy-for preserving vital pulp in deciduous & immature permanent teeth, when the pulp has been exposed due to caries or trauma						X	M. Dental anesthetic set Q. Pulpotomy set

Category of services	Oral health services	Who can deliver?							Requirements*
		Community health worker	Nursing officer	Medical officer	Dental Nurse (with special training preventive dental	Dental therapist (trained on preventive and restorative dental	Dental Surgeon	Specialist dental surgeon	Health products required for the services (medicines / material / equipment / devices / laboratory / radiology)
	Crown restoration indicated as essential oral health care for teeth that have received RCT or are heavily restored							X	Dental laboratory set up and specialized workforce required
	Complex or multiple tooth extractions involves removing heavily carious permanent teeth or impacted teeth, utilizing specialized instruments with a risk of complications						X	X	M. Dental anesthetic set R. Multiple teeth extraction set S. Stitches set
Management of acute exacerbation of oral diseases	Oral antimicrobials for oral infections			X			X	X	C. Oral examination set Oral antibiotics
	Incision & drainage of dento-alveolar abscess is indicated in severe cases of bacterial infection when there is clinical evidence the infection spreading into surrounding bone and soft tissues.			X			X	X	C. Oral examination set K. Simple local anesthesia set Oral antibiotics
Management of traumatic dental injury	Dental Splint for oral trauma management (without basal bone breakage) and follow up management						X	X	M. Dental anesthesia set T. Intraoral radiology module
	Bone fracture reduction & dental splint for oral trauma management (with basal bone breakage) and follow up management							X	U. Dental trauma set M. Dental anesthesia set T. Intraoral radiology module U. Dental trauma set
Oral function rehabilitation	Removable resin denture partial or complete is a type of prosthetic to replace missing teeth and are indicated as part of essential oral health care in cases of severe tooth loss or edentulism.							X	Dental laboratory set up and specialized workforce required
Screening the high risk for oral premalignant lesions, diagnosis and management	<ul style="list-style-type: none"> <li>Counseling for prevention of oral cancer</li> <li>Creating awareness on early signs of oral cancer</li> <li>Advocating behaviour change for not using tobacco in any form &amp; quitting alcohol</li> <li>Tobacco cessation interventions</li> </ul>	X	X	X	X	X	X	X	Tobacco cessation guide and material
	Screen the high risk for oral pre-cancerous lesions and refer for biopsy				X	X			C. Oral health examination set
	Perform biopsy, confirm the diagnosis, and refer for further management					X	X	X	C. Oral health examination set V. Oral biopsy kit

\*Detailed requirements denoted by (A-V) will be provided to the participants to facilitate discussion

## Annexure V

### Detailed requirements: Designing an essential oral health services (promotive, preventive and curative) package to address priority oral health needs of the Member State

Source: [MEDEVIS \(medical devices\) database](#)

	Requirement
<b>A</b>	Oral Hygiene Counselling Set
<b>B</b>	Individual Oral Hygiene Counselling Set
<b>C</b>	Oral Health Examination Set
<b>D</b>	Fluoride Varnish Kit
<b>E</b>	Dental Diagnostic Set
<b>F</b>	Glass Ionomer Sealant
<b>G</b>	Silver Diamine Fluoride (SDF) Solution
<b>H</b>	Atraumatic Restorative Treatment (ART) Material
<b>I</b>	Scaling cleaning set
<b>J</b>	Root cleaning set
<b>K</b>	Simple Local Anesthesia Set
<b>L</b>	Simple Tooth Extraction Set
<b>M</b>	Dental Anesthesia Set
<b>N</b>	Resin Composite
<b>O</b>	Endodontic Set
<b>P</b>	Preformed Crown Set
<b>Q</b>	Pulpotomy Set
<b>R</b>	Multiple Teeth Extraction Socket
<b>S</b>	Stitches Set
<b>T</b>	Intraoral Radiology Module
<b>U</b>	Dental Trauma Set

## Annexure VI

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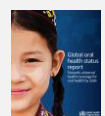
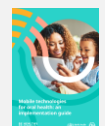



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## Annexure VII

### Links to technical documents

Technical Document	Clickable tile
Action plan for oral health in South-East Asia 2022-2030: towards universal health coverage for oral health	
A digital manual for the early diagnosis of oral neoplasia (International Agency for Research on Cancer)	
Draft global oral health action plan (2023-30)	
Global strategy on oral health	
Global oral health status report: towards universal health coverage for oral health by 2030	
Mobile technologies for oral health: an implementation guide	
Monitoring progress and the acceleration plan for NCDs, including oral health and integrated eye care, in the South-East Asia Region	
Prevention and treatment of dental caries with mercury-free products and minimal intervention	
Strategy for oral health in South-East Asia, 2013-2020	

## Annexure VIII

### Meeting agenda

Day 1 (28 March 2023)			
Time (Hrs.)	Agenda	Presenter / Technical resource / Moderator	Resources / arrangements
0900 – 0905	Message from the Regional Director SEARO	Dr. Jos Vandelaer, WHO Representative to Thailand	
0905 – 0910	Message from Ministry of Public Health, Royal Thai Government	Dr. Sarawut Boonsuk, Deputy Director-General, Department of Health, Ministry of Public Health of the Kingdom of Thailand	
0910 – 0915	Message from WHO, HQ	Dr. Benoit Varenne, Dental officer, WHO HQ	
0915 – 0920	Scope and purpose of the meeting	Dr. Nalika Gunawardena Technical officer (NCD), SEARO	
0920 – 1000	Introduction of participants by groups	Dr. Cherian Varghese, Regional Adviser (NCD), SEARO	
1000 – 1030	Group photo and refreshments		
1030 – 1115	An Overview of the status of oral health in South-East Asia and the Action Plan for Oral Health in South-East Asia 2022–2030	Nalika	<ul style="list-style-type: none"> <li>Regional Profile of OH status</li> <li>11 Country profiles</li> <li>Regional Action Plan on OH</li> </ul>
1115 – 1230	Panel discussion- Country focal points 'Towards Universal health coverage for the oral health of in South-East Asia by 2023.'	Moderator- Cherian	<ul style="list-style-type: none"> <li>5 mins per country</li> <li>Each country focal point will reflect upon a pre-assigned key aspect</li> </ul>
1230 – 1330	Lunch		
	<b>Country groupwork - Designing an essential oral health services (promotive, preventive and curative) package to address priority oral health needs of the country</b>		
	<i>Country experiences</i>		
1330 – 1340	Introduction to the groupwork	Nalika	Guiding material
1340 – 1430	Group work- Participants in three groups (3 countries per group)	Facilitators- Benoit, Nalika, Kumar Rajan (Consultant - oral health, SEARO)	Template
1430 – 1500	Group presentations	Moderators- Cherian / Nalika	Template
1500 – 1530	Healthy break		
1530 – 1540	A. Strengthening oral health surveillance and information systems for evidence informed decisions	Thailand	Presentations and discussions based on templates
1540 – 1600	Discussion	Moderator - Bangladesh	
1600 – 1610	B. Ensuring availability of topical fluorides (self and professionally applied) to prevent caries	Sri Lanka	
1610 – 1630	Discussion	Moderator- Bhutan	
1630 – 1640	C. Ensuring skilled oral health workforce to deliver essential oral health services at all levels of the health care system	India	
1640 – 1700	Discussion	Moderator - Nepal	
1700	Announcement on arrangements for the field visit	Nalika	
End of day 1			

**Day 2 (29 March 2023)**

Time (Hrs.)	Agenda	Presenter / Technical resource / Moderator	Resources / arrangements
0830	Leave hotel		<ul style="list-style-type: none"> <li>In two pre-assigned groups (A and B)</li> <li>Ten participants will be allocated per minivan. Details will be provided on Day 1</li> </ul>
0930	<b>Arrival – Samutprakarn Province</b>		
	<b>Group A site – primary health care setting and workplace setting</b>	Resource persons	Observations and discussions based on the technical guides
0930 – 1030	Work setting – Siam GS battery industry	<ul style="list-style-type: none"> <li>Bureau of Dental Health, Department of Health, Ministry of Public Health</li> </ul>	
1045 – 1110	Primary healthcare settings – bang Pu Mai sub-district health promoting hospitals	<ul style="list-style-type: none"> <li>Samut Prakan Provincial Public Health Office oral health team</li> </ul>	
	Visit the primary health care unit		
1110-1130	Samutprakarn oral health team presents oral health services in Primary Health Care	<ul style="list-style-type: none"> <li>District health officer</li> <li>village health volunteers</li> </ul>	
1130 – 1200	Discussion	Moderators Dr Sushera, Dr Voramom / Cherian / Nalika	
	<b>Group B site – workplace setting and school setting</b>	Resource persons	Observations and discussions based on the technical guides
0930 – 1030	Work setting - C.B. TACT Auto parts and accessory manufacturing plant	<ul style="list-style-type: none"> <li>Bureau of Dental Health, Department of Health, Ministry of Public Health</li> </ul>	
1045 – 1110	Bang Phriang Child Development Centre	<ul style="list-style-type: none"> <li>Samut Prakan Provincial Public Health Office oral health team</li> </ul>	
	School oral health presentation at the Phriang Pro Rak Thai Building (video clip)		
1110-1130	Samutprakarn oral health team presents school oral health services	<ul style="list-style-type: none"> <li>President of Bang Phriang sub district local authority</li> <li>Abbot (monk)</li> <li>Director of Education Division of local authority</li> <li>Bang Phriang Child Development Center teacher</li> </ul>	<i>*Due to the school vacation, the session will be conducted as a session using audio-visuals of the programmes and discussions with the stakeholders, including beneficiaries</i>
1130 – 1200	Discussion	Moderator Dr Warut / Dr Suvajee Good	
1200 – 1330	<b>Lunch</b>		
1330 – 1400	Welcome and an overview of the oral health PPP project in the Samutprakarn Province and discussion	<ul style="list-style-type: none"> <li>Provincial Chief Medical Officer, Samut Prakan Provincial Health Office</li> <li>WHO Collaborating Centre for Oral Health Education and Research, Mahidol University Faculty of Dentistry</li> </ul>	
1400 – 1500	Group work among participants -discussions and reflections on <ul style="list-style-type: none"> <li>integration of essential oral health care services in primary health care</li> <li>oral health-promoting environments in schools and workplaces</li> </ul>	Facilitators- Cherian / Nalika / Suvajee	Reflections based on the technical guides
1500 – 1530	Moderated discussion on reflections the field visit experience	Moderators- Cherian / Nalika / Suvajee	Discussion based on the technical guide
1530 – 1700	<b>End of day 2 and return to hotel</b>		

**Day 3 (30 March 2023)**

<b>Time (Hrs.)</b>	<b>Agenda</b>	<b>Presenter / Technical resource / Moderator</b>	<b>Resources / arrangements</b>
0900 – 0910	Recap of day 1 and day 2	Cherian	
0910 – 0940	<p>IARC <i>Handbook</i> Vol. 19 - Oral Cancer prevention: Evidence of effectiveness of primary prevention and secondary prevention interventions of oral cancer</p> <p>From evidence to implementation tools: Supplements to the IARC <i>Handbook</i> Vol. 19</p>	<p>Resource persons</p> <ul style="list-style-type: none"> <li>• Dr. Lauby-Secretan, International Agency for Research on Cancer</li> <li>• Dr. Suzanne Nethan, International Agency for Research on Cancer</li> </ul> <p>Moderators- Cherian / Pankaj</p>	Flyers of the Preambles for primary prevention, for secondary prevention, and for the outcomes of <i>Handbook</i> Vol. 19
0940 – 1010	An overview of oral cancer prevention and early detection as applicable to oral health care providers	<p>Resource person</p> <p>Dr Pankaj Chaturvedi Deputy Director Center for Cancer Epidemiology Tata Memorial Centre, Mumbai</p>	
1010 – 1030	Discussion	Moderators- Cherian / Pankaj	
1030 – 1100	<b>Healthy break</b>		
	<b>Country groupwork – developing / strengthening national oral health plan / programme, adapting the action plan for oral health in South East Asia 2022-2030</b>		
1100 – 1230	Country group discussions	Facilitators – Benoit / Suvajee / Pankaj / Cherian / Nalika / Rajan	<ul style="list-style-type: none"> <li>• Template</li> </ul>
1230 – 1330	<b>Lunch</b>		
	<b>Country groupwork presentations</b>		
1330 – 1500	<p>Country presentations 10 minutes each country –</p> <ul style="list-style-type: none"> <li>• 5 minutes presentation</li> <li>• 5 minutes feedback</li> </ul>	<p>Moderators – Benoit / Suvajee / Pankaj / Cherian / Nalika / Rajan</p>	<ul style="list-style-type: none"> <li>• Template</li> </ul>
1500 – 1530	Next steps and closing		
<b>End of the meeting</b>			

The Action plan for oral health in South-East Asia 2022–2030 was adopted to be implemented by the Member States at the 75 Regional Committee in 2022. The plan recognizes the public health importance of major oral diseases and conditions, and the high burden of oral diseases and conditions. The Regional Meeting for Implementing the Action Plan for Oral Health, 2022-2030 was organized on 28 – 30 March 2023 in Bangkok, Thailand was the first step of technical support of the World Health Organization for Member States to adapt and implement the plan according to national priorities and context. The report summarizes the proceedings in terms of key technical inputs and next steps towards universal health coverage for oral health in the Region.