EDITORIAL

The 6x6 approach to NCDs: time to include oral diseases and sugars

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ommunicating public health issues effectively is as much an art as it is a science.1 This is particularly true for oral health, a topic often mired in negative narratives of pain, neglect and economic loss. The framing of these issues can significantly shape public perception and policy priorities. Whether through stark epidemiological evidence or personal stories, the goal is always to underscore the importance of the cause and persuade stakeholders to act. For public health policy makers, numbers and impact matter, but also whether there are effective interventions to address the problem, which population groups are affected, or what the price tag is.

The recent WHO Global Oral Health Status Report and the ensuing global oral health policies have thrown into sharp relief the dire state of oral health globally, positioning oral diseases as an urgent public health issue that demands immediate action. Faced with such stark and saddening realities, is there an urgency to change the way we frame and communicate about oral health issues, as they can significantly shape public perception and policy priority setting?²

We believe there is, and we are proposing a deeper integration of oral diseases and sugar consumption into the framework of chronic, non-communicable diseases (NCDs). In a recent paper, published in *Lancet Public Health* in November 2023,³ we reviewed the pros and cons of expanding the current conceptual frame for NCDs from an approach encompassing five key diseases and risk factors to a 6×6 approach by including oral diseases and sugar as a sixth disease and risk factor.

There is strong consensus that oral diseases are part of NCDs, sharing

determinants and common risk factors with cardiovascular diseases, cancer, diabetes and chronic pulmonary diseases. To generate global momentum to address these four diseases, they were packaged together with four key risk factors: tobacco and alcohol use, unhealthy diet, and lack of physical activity. This conceptual and communicative framing developed more than 20 years ago was a crucial step to uncover the global burden and impact of chronic diseases on human health. In 2018, mental health and air pollution were added, resulting in the current 5x5 matrix of NCDs and common risk factors.





Recent initiatives, including the Lancet Series on Oral Health, have begun to build momentum for the integration of oral health into the broader NCD conversation. These efforts highlight the growing body of evidence linking oral health to general health outcomes and the potential for significant public health gains through integrated, preventive health strategies. Oral diseases are not only highly prevalent, they also signify a broader public health challenge that intersects with many other NCDs through shared risk factors like sugar consumption.

The evidence is clear: sugars, a primary driver of oral diseases, are also implicated in a range of other NCDs, from diabetes to cardiovascular diseases. Yet, current policy approaches often fail to adequately address

the unique and pervasive risk that sugar poses to global health. The inclusion of oral diseases and sugar in the NCD framework is not just a matter of expanding a list; it's about recognising the interconnectedness of health outcomes and addressing the root causes of disease in a holistic manner.

The push for a 6×6 framework will not be without challenges. Resistance from the sugar industry, competition for resources, and resistance to change pose significant obstacles. However, the benefits of such an expansion – improved health outcomes, reduced disparities, and a more holistic understanding of health – are too important

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to ignore. As the global health community looks towards the fourth UN High-level Meeting on NCDs in 2025, it is imperative that oral health and sugar consumption are placed firmly on the agenda.

In telling the story of NCDs, then, let's ensure oral health and the impact of sugar consumption are not just footnotes but integral chapters in the narrative.

References

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https://doi.org/10.1038/s41415-024-7316-9