

Hit or miss: a window of opportunity for global oral health

Habib Benzian, Director, The Health Bureau Ltd, Havering, UK
Martin Hobdell, Visiting Professor, Dept. of Epidemiology & Public Health,
University College London, UK
Judith Mackay, Senior Advisor, World Lung Foundation

Send your comments to the
Editor-in-Chief,
British Dental Journal,
64 Wimpole Street,
London
W1G 8YS
Email bdj@bda.org

EDITORIAL

The World Health Organisation (WHO) and the United Nations are calling for a High-level Summit on Chronic Diseases in September 2011 because the international health community has finally realised that the burden of chronic diseases, such as diabetes, cardiovascular diseases and cancer, is growing at alarming rates. The Millennium Development Goals, which focused mainly on infectious diseases, will expire in 2015, giving an opportunity to agree on new international development commitments and health targets. The mantra of the oral health community over the last decade has been that oral health is part of general health, sharing the same risk factors of other chronic diseases. The upcoming summit would be a unique opportunity to mainstream oral health issues in a bigger global context. Wishful thinking? So far, unfortunately, it looks like a 'miss'.

Addressing the neglect of chronic diseases in international health and development assistance was long overdue; a paper in *The Lancet* recently concluded that 'neglect of chronic diseases is a political, not a technical, failure since cost-effective interventions are available'. This is equally true for oral health. Caries affects more than 90% of the world's population, between 40-90% of all 12-year-olds in low- and middle-income countries suffer from it and its consequences, such as pain, chronic infection, lack of concentration and absenteeism from school, low quality of life and significant impact on growth, development and educational performance.¹ Even worse, in low-resource countries almost all caries remains untreated, exacerbating the consequences. For many populations, even in high-income countries, the levels of caries have reached epidemic proportions.²⁻⁴ Oral diseases are a serious public health problem, but there are realistic and evidence-based solutions available to address them, even in low-resource settings.

However, the current public and informal discussions in preparation for the summit largely ignore the most prevalent chronic disease on our planet, caries.⁵ While it is perfectly reasonable to focus on conditions such as diabetes, obesity, cancer or cardio-vascular diseases, which are major causes of worldwide morbidity and premature death, the important and worldwide impact of oral diseases, particular caries, on health, health systems and budgets (OECD countries spend 6-12% of their health budgets on oral care) is largely forgotten or underestimated.^{6,7} Is there any visible action from international stakeholders in oral health? So far, once again, it looks like a 'miss'.

In the past, oral health stakeholders have not succeeded in framing the neglect of oral health in a way that resonates directly with broader public health agendas.⁸ It would be unfortunate if this was to result in oral health, once again, being neglected in favour of other disease entities simply because they have more visible advocacy campaigns during the high-level meeting on non-communicable diseases in September 2011. We believe that it is time that the global oral health community join forces and embark on a process of alignment and integration with the international health and development agendas. This would require a concerted collaboration, agreement on a common problem definition and the suggested solutions. First of all, it would require international organisations, such as the FDI World Dental Federation, the International Association for Dental Research, the WHO Oral Health Unit, as well as other national and international organisations, to sit and talk. Without joint action and bold leadership no significant changes can be made for the billions affected by oral diseases. The opportunity of the High-level Summit on Chronic Diseases could still be turned into a 'hit', but the clock is ticking.

We join the WHO Director-General, Dr Margaret Chan, in her assessment during the 120th meeting of the WHO Executive Board in January 2007 when she said, that 'oral diseases are a neglected area of international health. We have the tools and best practices to address them, but we need to ensure that they are applied and implemented.' Dental diseases are not a niche area of health. It is only when oral health is incorporated within the current chronic disease discourse that lasting progress will be made. An important milestone in this process is ahead of us – let us not miss this unique window of opportunity!

1. Beaglehole R, Benzian H, Crail J, Mackay J. *The oral health atlas: mapping a neglected global health issue*. Geneva & Brighton: FDI World Dental Education Ltd & Myriad Editions, 2009.
2. Bagramian R A, Garcia-Godoy F, Volpe A R. The global increase in dental caries. A pending public health crisis. *Am J Dent* 2009; **22**: 3-8.
3. Edelstein B L. The dental caries pandemic and disparities problem. *BMC Oral Health* 2006; **6(Suppl 1)**: S2.
4. Petersen P E, Bourgeois D, Ogawa H, Estupinan-Day S, Ndiaye C. The global burden of oral diseases and risks to oral health. *Bull World Health Organ* 2005; **83**: 661-669.
5. Benzian H, Hobdell M, Mackay J. Putting teeth into chronic diseases. *Lancet* 2011; **377(9764)**: 464.
6. Oral health: prevention is key (Editorial). *Lancet* 2009; **373**: 1.
7. World Health Organization. Oral health: action plan for promotion and integrated disease prevention. World Health Assembly Resolution WHA60/R17 2007.
8. Benzian H, Hobdell M H, Holmgren C, Yee R, Monse B, Barnard J T, van Palenstein Helder W. Political priority of global oral health: an analysis of reasons for international neglect. *Int Dent J* 2011; in press.

DOI: 10.1038/sj.bdj.2011.93