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Regional Consultation Meeting on the Global Oral Health Report, 20-22 November 2019, Abuja, Nigeria

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Contents

Executive summary

The Regional Consultation Meeting on the Global Oral Health Report, as the side event of the Intercountry Workshop on the Regional Noma Control Programme, was held in Abuja on 19 November 2019. Thirty participants from 13 Member States attended the meeting. The participants were from the Ministry of Health (MoH), the World Health Organization (WHO) Country Office, partner agencies, WHO headquarters and the Regional Office for Africa (AFRO).

The specific objectives of the meeting were to: (1) discuss the oral health situation, challenges, and lessons learned from countries in the African Region; and (2) review and provide inputs into the draft Global Oral Health Report, including oral health country profiles; and (3) foster effective collaboration among oral health focal points in the MoH and WHO at the regional and global levels to promote oral health as part of the noncommunicable diseases (NCDs) and universal health coverage (UHC) agendas. To achieve these objectives, the meeting agenda included: (1) an introduction of WHO headquarters and AFRO's Oral Health Programme activities; (2) a country presentation in line with the topics of the WHO Global Oral Health Report; and (3) an introduction and discussion of the Global Oral Health Report.

During the country presentation and discussion, common problems were highlighted and suggestions made to achieve oral health for all in the African Region:

- Lack of resources to implement the policy and strategy of oral health required to build the chief dental officer's capacity for establishing or increasing domestic budget allocations for oral health;
- Strengthening integration of oral health into primary health care, with a public financing mechanism;
- Due to the inadequacy of available oral health workforce to meet the oral health needs of the population, task-shifting is unavoidable; which means more materials are needed to train non-dental staff on basic oral health;
- While the integration of oral health into existing surveillance systems should be continued, the data gathered needs to be analysed, reported and shared with political influencers and policy-makers to be effective.

Member States were encouraged to develop a culture of sharing experiences through interregional visits by WHO's facilitation.

Participants also mentioned that while oral health was recognized as part of NCDs and UHC in their countries, it had not been given due importance. Therefore, the importance of strengthening national leadership to advocate for political and resource commitment to oral health under NCDs and UHC was emphasized, as was the creation of sustainable collaboration with partners for oral health in NCDs and UHC programmes.

In this context, the Global Oral Health Report and its contents, including the country profile, were warmly welcomed by all participants. They will utilize this report as a reference for policy-makers and as an orientation for a wide range of stakeholders across different sectors in the advocacy process, toward better prioritization of oral health in global, regional, and national contexts, as part of NCDs and UHC.

1. Background

Oral health is important for overall health, well-being, and quality of life. In the Political Declaration on Noncommunicable Diseases endorsed during the first ever United Nations High-level Meeting on Noncommunicable Diseases in 2011, oral health was recognized as a major public health problem that could benefit from common responses to NCDs.[1] Most oral diseases share modifiable risk factors, such as tobacco use, alcohol consumption, and unhealthy diets high in free sugars, common to the four leading NCDs (cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes). The burden of oral diseases and other NCDs can be reduced through public health interventions that address these common risk factors. In addition to the NCDs' common risk factors, inadequate exposure to fluoride and a number of social determinants of health should be addressed to prevent oral diseases and reduce oral health inequalities.

Like many other health services, basic oral health care remains out of reach for millions of people. Oral diseases are some of the most expensive types of diseases to treat, due to high out-of-pocket expenditures. They also cause a major drain on the limited personal resources of the most vulnerable groups and increase the risk of poverty and further illness. In many low- and middle-income countries, coverage, availability, and access to oral health care – including early diagnosis, prevention, and basic treatment – are grossly inadequate or completely lacking. To improve oral health outcomes and reduce inequalities in access to care across the life course, it is necessary to integrate essential oral health care into UHC. UHC can help frame policy dialogue to address weak and fragmented primary oral health services and substantial out-of-pocket expenses associated with oral health care in many countries, which in turn, would help to achieve UHC.

Within such a context, the WHO Global Oral Health Programme is developing a new Global Oral Health Report. The previous one was published in 2003,[2] and a new and robust advocacy document is needed to reinforce the commitment to oral health at the global level and pave the way for further development of global policy guidance. The report aims to serve as a reference for policy-makers, to provide orientation for a wide range of stakeholders across different sectors, and to guide the advocacy process towards better prioritization of oral health in global, regional, and national contexts as part of the NCD and UHC agendas.

[1] Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases https://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf

[2] The World Oral Health Report 2003. https://www.who.int/oral_health/media/en/orh_report03_en.pdf

The Regional Consultation Meeting on the Global Oral Health Report highlighted and reviewed the current situation of oral health in the African Region and focused on strengthening collaboration among chief dental officers of the MoH and WHO officers at different levels of the Organization. In addition, inputs from countries on the draft Global Oral Health Report, including the oral health country profile, were discussed by participants.

1.1 Objectives

General objectives
Contribute to accelerating prevention and control of NCDs, UHC and the Sustainable Development Goals (SDGs).

Specific objectives

- Discuss the oral health situation, challenges, and lessons learned from countries in the African Region;
- Review and provide input into the draft Global Oral Health Report, including the oral health country profile;
- Foster effective collaboration among chief dental officers and WHO at the regional and global levels to promote oral health as part of the NCD and UHC agendas.

1.2 Expected outcomes

- Sharing the priorities, experiences, and lessons learned within the African Region
- Making an updated draft of the Global Oral Health Report available
- Providing a set of recommendations to strengthen collaboration among chief dental officers and WHO

2. Summary of proceedings

The meeting was officially opened by Dr Rex Gadama Mpanzanje, Project Manager, WHO Country Office in Nigeria. He acknowledged the importance of oral health in the African Region and the necessity of taking integrated approaches, such as being part of NCDs

and UHC. He noted that oral health had been recognized as an integral part of UHC and NCDs at the United Nations meetings on NCDs in 2011 and UHC in 2019[3] respectively.

After the opening remarks, Mr Nigel Borrow, of the Borrow Foundation, delivered a speech about past collaboration with WHO headquarters and other regions, and he explored the possibility of collaborating with Member States and WHO country offices in the Region to promote oral health, and prevent and control oral diseases.

After participant introductions, the overview and objectives of the workshop were presented.

The workshop was organized into the following sessions:

- Introduction of WHO headquarters and AFRO's Oral Health Programme activities
- Country presentation in line with the topics in the WHO Global Oral Health Report
- Introduction of the Global Oral Health Report
- Feedback and comments on the Global Oral Health Report.

2.1 Introduction of WHO headquarters and AFRO's Oral Health Programme activities

The three-year roadmap of the WHO headquarters Oral Health Programme and the AFRO Oral Health Programme at the WHO Regional Office for Africa were introduced at the morning session.

The WHO Thirteenth General Programme of Work (GPW 13)[4] sets out WHO's strategic direction, outlines the implementation framework, as well as a framework to measure progress towards achieving UHC, which addresses health emergencies and promotes healthier populations towards SDGs.

In the context of GPW 13, the WHO Oral Health Programme has developed and implemented priority activities in a synergic way while being mindful of country impact (namely the global and regional initiatives that can enhance support to countries).

The five main projects of the 2019–2021 WHO headquarters Oral Health Programme:

[3] Political declaration of the high-level meeting on universal health coverage https://undocs.org/en/A/RES/74/2

[4] Thirteenth general programme of work 2019-2023: https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023

1. Develop the WHO Global Oral Health Report for launch in 2020 and use it as a stepping stone to the Global Oral Health Action Plan 2021–2030

2. Accelerate the phase down the use of dental amalgam, as called for by the Minamata Convention on Mercury through:
    - development of the WHO Guidance on phasing down the use of dental amalgam
    - a pilot project in three countries to demonstrate the phase down the use of dental amalgam

3. Create a repository of 'best buys' and other recommended interventions and build country capacities for health promotion through the life course and UHC interventions by:
    - identifying and piloting in countries a set of cost-effective interventions on oral health

4. Use digital technologies to improve oral health worldwide through the following areas in the mOral Health Programme:
    - mOral Health Literacy – to improve the oral health literacy of communities and policy makers
    - mOral Health Training – to increase oral health knowledge and the skills of frontline health workers
    - mOral Health Early Detection – to provide early detection of oral diseases such as noma and oral cancer
    - mOral Health Surveillance – to strengthen the integrated oral health surveillance system

5. Reinforce oral health information systems, upgrade oral health indicators used for monitoring and decision-making, and support national oral health surveys and the use of existing NCD survey tools.

The following are the four main projects of the 2020-2021 AFRO Oral Health Programme:

1. Accelerate the implementation of the Regional Oral Health Strategy to:
    - support countries to develop/update the oral health strategy/policy or oral health components of the multisectoral NCD strategy/policy, in line with the Regional Oral Health Strategy 2016-2025
    - create a platform to enhance mutual collaboration among subregions

- publish a mid-term review report of the Regional Oral Health Strategy 2016-2025 in 2021
- integrate oral health surveillance into existing health information systems (e.g. WHO NCD STEPS,[5] WHO SARA survey[6])

2. Strengthen the capacity of countries to implement the National Noma Control Programme through:
   - technical and financial support to implement the National Noma Control Programme, including country visits
   - updated guidance that supports countries in developing three-year action plans, including the results framework
   - facilitated integration of noma surveillance into existing surveillance systems (e.g., polio Geographic Information System)

3. Implement the "phase down the use of dental amalgam" into the framework of the Minamata Convention at supported country levels through:
   - development of the "phasing down the use of dental amalgam" component as part of the regional guidance document of the health sector's response to the Minamata Convention, including best practices by countries

4. Initiate the "mOral Health Programme" to enhance health literacy:
   - support countries in adopting and implementing the mOral Health Programme to enhance oral health literacy to prevent oral diseases

2.2 Country presentation

Delegates from the MoH in six selected countries, including Kenya, Madagascar, Nigeria, Niger, Senegal, and Zambia, presented the points below related to the Global Oral Health Report. They discussed and shared the oral health situation, challenges, and lessons learned from countries in the African Region.

1: The current oral health situation in each country, including disease burden, policy, and strategy.

[5] STEPwise approach to surveillance (STEPS): https://www.who.int/ncds/surveillance/steps/en/
[6] Service Availability and Readiness Assessment (SARA): https://www.who.int/healthinfo/systems/sara_indicators_questionnaire/en/

2: The challenges, facilitating factors, and lessons learned in relation to the topics in the Global Oral Health Report:

- 2-1: UHC (Service coverage including essential oral health package, oral heath workforce, health financing for oral health services, and health information systems (surveillance))
- 2-2: Oral health integration into the NCD agenda
- 2-3: Adequate use of fluorides for prevention of dental caries
- 2-4: Phase down the use of dental amalgam in line with the Minamata Convention on Mercury.

A summary of the presentation and discussion related to each point is described below.

1: The current situation of oral health in each country – existence of policies/strategies related to oral health.

Most of the selected countries are developing or have developed oral health policies or oral health components of NCDs, primary health care and/or UHC policies/strategies. However, most countries lack resources to implement these policies/strategies. Although some countries have succeeded in mobilizing resources from international organizations, such as WHO, UNICEF and the World Bank, as well as private funding, there is a need to build the capacities of the chief dental officer so as to establish or increase domestic budget allocations for oral health.

Country	Current situation (Oral health policy/strategy)[7]	Current situation (Oral health components of policies/strategies)
Kenya	Finalization of the national oral health policy	UHC strategy and primary health care strategy
Madagascar	Politique national de santé bucco-dentaire (2010-2020)	-
Nigeria	The first national oral health policy was developed through a multidisciplinary approach in 2012 and is currently been reviewed.	National policy and strategic plan of action on prevention and control of noncommunicable diseases 2013
Niger	-	Plan stratégique multisectoriel de lutte contre les MNT 2020 – 2025
Senegal	Oral Health Policy Plan stratégique quinquennal de lutte contre les affections buccodentaires	National health development programme through a prevention strategy with integrated disease management and a community component

[7] Does not include policy related to the National Noma Control Programme

Country	Current situation (Oral health policy/strategy)[7]	Current situation (Oral health components of policies/strategies)
Zambia	Development of the oral health components of the NCD strategy (at zero draft)	Enactment of the National Alcohol Policy Bill in 2019; in the process of developing the Tobacco Control Bill

2: The challenges, facilitating factors, and lessons learned related to the topics in the Global Oral Health Report

2-1: Universal health coverage

Essential oral health package and health financing (financial protection)

Countries report that oral health service is integrated into essential health services; however, integration is more at the secondary level rather than at the primary care level.

While some countries cover the essential oral health service through public funds, others report that this service is mainly an out-of-pocket expense.

There is need for common ground on a set of 'best buys' to create a cost-effective essential oral health package and to develop the financing plan to improve the population coverage of oral care from promotion to prevention and care.

Country	Current situation

Kenya	• Currently, there are two plans for UHC: (1) UHC card in the pilot counties 2) National Health Insurance Fund (NHIF) for the entire population.
	  ○ UHC card: All citizens in the pilot counties are required to acquire a UHC card that allows them to access care without paying.
	  ○ NHIF: All public servants have to contribute to the NHIF; depending on the contribution made by an insured person, the benefit package components are different. The NHIF card is mandatory for all public servants but also available for all the population on voluntary basis. The Government is encouraging people to pay up and is hoping for 100% coverage by the year 2022.
	• Essential oral health service (basic curative service) is integrated into the benefit package for UHC card and NHIF users; however, the essential oral health service is integrated into the more advanced package (higher levels of care). The essential oral health service is not integrated into primary care/community health service.

Nigeria	• Funding for oral health care is derived mainly through out-of-pocket expenditure. This is poorly complemented by government allocations at both State and federal levels as well as by private organizations. • Oral health care is included in the National Health Insurance Scheme (NHIS) benefits package. Oral health providers are considered secondary care givers. Most dental treatments are provided on a fee-for-service basis in the package.

Country	Current situation
Senegal	• Essential oral care is integrated into the basic service package by mutual health services (for the benefit of those without health insurance) and is accessible. • Free service policies exist for vulnerable populations, such as children under five years, adults over 60 years, and people with equal opportunities cards.
Zambia	• Public oral health service is offered under the basic health care package through health centres, 1st-, 2nd-, and 3rd-level hospitals (soon to be reviewed) and outreach through mobile health services funded by the Government through the national budget. • Improvements have been made through massive construction and upgrading of various public health institutions that include oral health, procurement of medical equipment, and increased medical and dental supplies. • Funding is expected to improve through the introduction of the compulsory Social Health Insurance (Bill enacted in 2018).

Oral health workforce

In most countries, the oral health workforce available is inadequate to meet the oral health needs of the population in terms of number, skills mix, and skewed distribution, with an undefined scope of practice.

In this situation, early diagnosis and treatment through the use of non-dental health workers should be encouraged. To facilitate this, it is necessary to develop materials to train non-dental staff on basic oral health.

Country	Current situation
Kenya	• Government in the process of deploying Community Oral Health Care Officer to the lower level of care as part of the UHC strategy, although there is still a challenge of infrastructure.
Nigeria	• The oral health workforce available in the country is grossly inadequate to meet the oral health needs of the population in terms of number and skills mix. • Most of the personnel work in the urban areas, leaving rural areas grossly underserved.
Senegal	• Continuation of the paramedic skills building programme for the decentralization of dental care delivery. • Provision of continuous training for qualified agents in collaboration with the National Dental Association and Institute of Oral Health.
Zambia	• Government has developed a national training operation plan (NTOP) aimed at increasing human resources for health, which include the oral health workforce, by expanding the existing training institutions (TIs) and building new ones.

Health information system

Some countries have integrated oral health components into the existing surveillance system, such as Hospital Information Management System (HIMS), District Health Information System (DHIS), and NCD STEPS. Some countries have more ad hoc oral

health surveys. They should be encouraged to integrate oral health into NCD STEPS and SARA.

Even when data was gathered, it was not analysed or reported, so the information/reports should be shared with political influencers and policy-makers to be effective.

Country	Current situation
Kenya	• There is only an ad hoc system of health survey. There has been only one oral health survey conducted and launched in the year 2015. • Non-specific (a comprehensive) oral health information system needs to integrate oral health components into NCD STEPS and SARA.
Niger	• Will try to integrate oral health into NCD STEPS.
Nigeria	• Will try to integrate oral health into NCD STEPS.
Senegal	• Oral health was integrated into NCD STEPS on 2015. • Monitor and analyse the national oral health situation and establish the epidemiological profile of oral health in Senegal by integrating oral health components into DHIS2.
Zambia	• Data collection occurs through the integrated Hospital Information Management System (HIMS). • Data collecting tools are inadequate to capture specific relevant indicators. • The oral health component was included as part of NCD STEPS (2018).

2-2: Integration of oral health into the NCD agenda

Some countries have tried to integrate oral health into the entire NCD strategy, common risk factors strategy, and NCD surveillance. While oral health is recognized as being under NCDs, it is not given the same importance as other NCDs with respect to funding, promotion and prevention campaigns or roll-out of mass screenings. Therefore, strengthening national leadership for addressing oral health as part of NCDs, advocating for political and resource commitment to oral health within NCDs, and creating sustainable collaboration with partners for oral health in NCD programmes are required.

Country	Current Situation
Kenya	• NCD strategy includes oral health. • Oral health is recognized as being part of NCDs, but it is not given the same importance/weight when it comes to funding, promotion and prevention campaigns, or when doing mass screenings.
Niger	• The oral health component will be included as part of NCD STEPS.
Nigeria	• The NCD strategy includes oral health. • The oral health component will be included as part of NCD STEPS.
Senegal	• Integrate oral health into the NCD programme, including capacity-building of health providers to prevent NCDs and oral diseases through the common risk factors approach.
Zambia	• Development of the NCD strategy, including the oral health component (at zero draft). • The National Alcohol Policy Bill was enacted in 2019 (oral health contributed); the Tobacco Control Bill is in process, with oral health participating. • The oral health component was included as part of NCD STEPS (2018).

2-3: Adequate use of fluorides for prevention of dental caries

Some countries have tried to promote population-based fluoridation with legislation, while others have endemic fluorosis, and therefore need to create a balance between fluoridation and de-fluoridation. To facilitate the population-based strategy, providing the policy framework/legislation would be key to scaling up nationwide population-based fluoridation.

Country	Current situation
Kenya	• Promote fluoridated toothpaste and water de-fluoridation because Kenya has endemic fluorosis in some parts of the country.
Madagascar	• Madagascar selected salt fluoridation and fluoridated toothpaste as population-based fluoridation measures. To promote better access to fluoride, legislation on salt fluoridation (2014) and fluoridated toothpaste regulations/standards (updated 2018) were endorsed. • The share of fluoridation of marketed kitchen salt is 85%.
Senegal	• Conduct public awareness campaigns on the use of fluoride toothpaste, especially for children.
Zambia	• Fluoride toothpaste is readily available on the market. Discussion on a deliberate policy to support access to affordable fluoride for the vulnerable has commenced (the fluoridation of water is being considered in some areas by public water supplying companies).

2-4: Phase down the use of dental amalgam in line with the Minamata Convention on Mercury

Most countries have ratified the Minamata Convention. Some countries are taking measures to phase down the use of dental amalgam, while others are trying to phase out its use within the entire population or among specific vulnerable populations.

Phasing down the use of amalgam requires additional resources, and WHO was requested to offer more technical support to Member States. Multisectoral collaboration, especially with the Ministry of Environment (MoEV), is critical to achieving the phase down the use of dental amalgam.

Country	Ratification of the Convention	Current situation
Kenya	Signatory but yet to ratify	• Out of nine measures,[8] promoting oral health and preventing dental caries is the most prioritized measure. • There are discussions/negotiations for phase down vs phase out because Kenya still needs dental amalgam due to lack of alternative affordable materials. Additionally, oral health professionals in Kenya do not have enough expertise in the use of alternative materials. • The national amalgam phase down guidelines are in the initial draft stage in collaboration with the MoEV and the MoH. • Efforts in managing amalgam waste have been made, with the use of amalgam separators in one dental school and one public facility. • Amalgam is only used in the encapsulated form. • Education: Dentists do not know what to do with the stored amalgam waste yet, so the MoH provides an eLearning portal as continuing education for dentists. The MoH and the Kenya Dental Association provide training as part of continuous professional Development (CPD). This training is mandatory when renewing the annual practising licence with the Dental Council. ELearning is still in its very initial stages and the information posted is the same one taught during the CPD training. • Dental school curriculum is shifting towards training on alternative materials.
Madagascar	Signatory and ratified	• Absence of dental amalgam among suppliers of dental products and consumables. Moreover, patients request that oral health professionals use products of the same colour as their teeth in Madagascar, so that phasing down the use of dental amalgam does not have a huge impact in Madagascar.
Nigeria	Signatory and ratified	• Phasing down the use of dental amalgam is promoted in the general population, and phasing out is promoted among pregnant women and children below four years.
Niger	Signatory and ratified	-
Senegal	Signatory and ratified	• Conduct programme to raise awareness among stakeholders on the Minamata Convention.
Zambia	Signatory and ratified	• Zambia is determined to completely phase out amalgam in all practices by 2025. • Working with dental material suppliers to phase out amalgam in the supply contract framework. • Currently working with various NGOs and international organizations to end amalgam use in children and others in various settings.

[8] Minamata Convention phase down the use of dental amalgam nine measures: https://www.who.int/bulletin/volumes/96/6/17-203141/en/

Salient points of the discussion

- Public health solutions for oral diseases are most effective when integrated with those for other NCDs, UHC, and national public health programmes. But emphasis on oral health is still required within those programmes.
- Interventions for oral health need to be intensified, with a focus on prevention of oral diseases and integration of oral health into UHC, as well as the use of technology surveillance and data collection by integrating oral health indicators into existing surveillance tools such as NCD STEPS (STEP 1 to 3).
- Some participants were concerned about weakening the impact of oral health by integrating it into other agendas, such as NCDs, because oral health would be neglected compared with other major NCDs. However, the focal points of oral health in the country should be responsible for advocating its importance in other areas, especially in the light of the Brazzaville Declaration[9] signed in 2011 by Member States, which includes oral health as a priority in the African Region. Moreover, oral health was recognized as part of NCDs and UHC during the United Nations high-level meeting on NCDs (2011) and UHC (2019). Using these political commitments, it is the responsibility of each Member State to ensure that awareness of oral health is effectively driven locally.
- Member States should develop a culture of sharing experiences through interregional visits. To do so, AFRO will: (1) facilitate the online platform, and (2) offer a capacity-building workshop to enhance better collaboration among Member States.
- Multisectoral collaboration is critical to achieving the phase down the use of dental amalgam. In particular, the Libreville declaration on health and environment in Africa (2008)[10] is a key platform for enhancing collaboration between the MoH and the MoEV.

[9] Brazzaville Declaration on Noncommunicable Diseases Prevention and Control in the WHO African Region https://www.afro.who.int/sites/default/files/2017-06/ncds-brazzaville-declaration20110411.pdf

[10] The Libreville declaration on health and environment in Africa https://www.afro.who.int/publications/libreville-declaration

2.3 Country consultation on the Global Oral Health Report

In the afternoon, the WHO headquarters Dental Officer presented the Global Oral Health Report, including the country profile.

The overall aims of the Global Oral Health Report are to:

1. highlight the global public health importance and impact of oral diseases through the life course;
2. contribute to better prioritization of oral health in global health contexts (for instance, SDGs, UHC, NCDs, the Minamata Convention on Mercury) and to align with the WHO GPW 13;
3. outline potential contributions of the oral health community to the achievement of SDGs based on a new global vision for oral health;
4. promote commitment of global health organizations and stakeholders to address the burden of oral disease.

The specific objectives of the Report are to:

1. highlight multiple dimensions of the global challenges posed by the oral disease burden and oral health inequalities, both between and within countries;
2. emphasize the social determinants (including commercial determinants) and common risk factors that oral diseases and other NCDs share as a basis for integrated action;
3. present realistic pathways to achieving oral health for all in the context of UHC, including a range of complementary policy recommendations related to population-based prevention and people-centred care;
4. provide country profiles based on key health and oral health indicators for monitoring and evaluation, covering all WHO Member States (as web-only).

Key content areas of the WHO Global Oral Health Report include:

1. Disease burden, risk factors, determinants, and dimensions of impact
2. Health system responses and pathway towards UHC
3. Role and approach of WHO
4. Key policy, surveillance, and research recommendations
5. Country profiles

In particular, the country profiles may include the information below:

- Epidemiological information on oral diseases
- Oral health workforce information
- Existence of oral health policy and focal point of oral health in the MoH
- Results of NCD STEPS
- Ratification of the Minamata Convention
- Affordability of fluoridated toothpaste
- UHC monitoring indicators
- Population and general health statistics.

After this introduction, participants discussed how to utilize the Global Oral Health Report in each country and additional indicators or information that should be included in the Global Oral Health Report.

Basically, Member States will use this report to raise awareness about oral health among political influencers and policy-makers, to prioritize oral health agendas in their countries. Every Member State agreed on the contents of the main report. For the country profile, considering the African Region's situation, one key recommendation was to include additional indicators such as fluorosis and dental trauma, which were specifically a great burden in some countries.

3. Conclusion and next steps in line with the meeting's expected outcomes

During the country presentation and discussion, common problems and suggestions for achieving oral health for all in the African Region were reconfirmed, including the need to:

- address the lack of resources to implement the policy and strategy of oral health required to build the capacities of the chief dental officer so as to establish or increase domestic budget allocations for oral health;
- strengthen integration of oral health into primary health care, with a public financing mechanism;
- mitigate the shortfall in the oral health workforce, which is inadequate to meet the oral health needs of the population, making task-shifting unavoidable; develop the materials needed to train non-dental staff on basic oral health;

- continue integrating oral health into existing surveillance systems; the data gathered should be analysed, reported, and shared with political influencers and policy-makers to be effective.

To solve the problems, it was also pointed out that Member States should develop a culture of sharing experiences through interregional visits with WHO facilitation.
Most of the above points have been covered by the Brazzaville outcome document, which was endorsed at the Capacity-building Workshop to Develop the National Roadmap for Implementation of the Regional Oral Health Strategy in the African Region, held in Brazzaville, Republic of Congo, from 27 February to 1 March 2019.[11]

To support Member States in achieving oral health for all, all three levels of WHO have continued to contribute to the points below:

- advocate for increased political commitment at the highest level to address oral health as part of NCDs and UHC;
- provide guidance and resources, such as 'best buys' and phase down the use of dental amalgam;
- support and facilitate regional networks (online platform, regional workshop) for sharing information.

The WHO Oral Health Programme continues to develop the Global Oral Health Report to be published in 2020, with feedback from Member States.

[11] Capacity Building Workshop to Develop the National Roadmap for Implementation of the Regional Oral Health Strategy in the African Region: Meeting Report https://www.afro.who.int/publications/capacity-building-workshop-develop-national-roadmap-implementation-regional-oral

Annex 1: List of Participants

No	Name	Affiliation	Country
1	Telesphore Houansou	WHO Country Office (WCO)	Benin
2	Adjalla Jean Guy	The Ministry of Health (MoH)	Benin
3	Rose Drabo	MoH	Burkina Faso
4	Sarassoro Angèle Gnahoui	MoH	Cote d'Ivoire
5	Angeline Razanatsoa	WCO	Madagascar
6	Samoela Heredia Razafindramboho Ep Tida	MoH	Madagascar
7	Aichatou Diawara Gbaguidi	WCO	Niger
8	Assoumane Baya	MoH	Niger
9	Codou Mane	MoH	Senegal
10	Kpakpo-Adaba Adole	MoH	Togo
11	Marie-josé Kikoo Bora	WCO	Democratic Republic of Congo
12	Marie Louise Nyarwaya	MoH	Democratic Republic of the Congo
13	Boladale Alonge	MoH	Nigeria
14	Gloria Uzoigwe	MoH	Nigeria
15	Alberto Luis Papique	MoH	Guinea-Bissau
16	Amalia Mepatia	MoH	Mozambique
17	Miriam Muriithi	MoH	Kenya
18	Mayuni Sackson	MoH	Zambia
19	Nigel Borrow	The Borrow Foundation	United Kingdom
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21	Petra Raschkewitz	Hilfsaktion Noma e.V.	Germany
22	Roland Mittermayer	Hilfsaktion Noma e.V.	Germany
23	Modupe Olufunmilayo Ashiwaju	International Association for Dental Research (IADR) Nigerian Division and the University of Lagos Faculty of Dental Sciences	Nigeria
24	Eshikena Omoshibo Evelyn	World Dental Federation (FDI)	Nigeria
Secretariat			
1	Marie Dewan	WCO	Nigeria
2	Bridget Akudo Nwagbara	WCO	Nigeria
3	Benoit Varenne	WHO HQ	Switzerland
4	Prebo Brango	AFRO Intercountry Support Team (IST)	Zimbabwe
5	Patrick Chrisogone Williams Ouamanegba Kabore	AFRO IST	Gabon
6	Yuka Makino	AFRO	The Republic of Congo

Annex 2: Agenda

Time	Agenda	Responsible
08:00 – 09:00	**Registration**	**WHO Secretariat**
Session 1 **09:00–10:00**	**Official opening of the meeting, objectives and working methodology**	**WHO Secretariat**
	• Welcome remarks by WHO representative from WCO Nigeria • Speech by a guest (Mr Nigel Borrow, The Borrow Foundation, UK) • Introduction of participants, reminder, objectives, expected results and schedule • Administrative information and safety briefing	**Facilitator**: WHO Nigeria Team **Introduction:** Yuka Makino WHO AFRO
10:00–10:15	**Group photo and Health break**	
Session 2 **10:15–10:45**	**Current oral health situation globally and AFRO region**	**WHO Secretariat**
	• WHO headquarters presentation - The three-year roadmap of the WHO Oral Health Programme - Where are we right now? • AFRO presentation — Challenges and perspectives in the current regional health context (Each person presents for 10 mins, and 5 mins for Q and A)	**Presentation:** Benoit Varenne, WHO/HQ Yuka Makino WHO AFRO
Session 3 **10:45–13:00**	**Sharing experience from countries in line with the topics in the Global Oral Health Report**	**Member States**
	• Selected 5 countries to present the current situation, lessons learned related to the topics in the Global Oral Health Report such as UHC, Minamata Convention, Health Workforce, Best Buys Intervention including availability of fluoride toothpaste, Integration of oral health into NCDs agenda (Each country present 15 mins, followed by Q and A and general discussion)	**Facilitator:** Kabore Patrick, WHO/AFRO **Presentation:** Kenya Madagascar Niger Nigeria Senegal Zambia
13:00–14:30	**Lunch break**	
Session 4 **14:30–15:30**	**Presentation on the Global Oral Health Report**	
	Presentation of the draft Global Oral Health Report and the Oral Health Country Profile	**Presentation:** Benoit Varenne WHO/HQ
Session 5 **15:30–16:30**	**Regional consultation**	**WHO Secretariat**
	Discussion on the comments and inputs from the Member States with the Global Oral Health Report including • What do Member States expect from the Global Oral Health Report? • How do Member States want to utilize the Global Oral Health Report? • Is there any missing information which should be included in the Global Oral Health Report?	**Facilitator:** Prebo Barango WHO AFRO
16:30–17:00	**Closing remarks**	**WHO Secretariat**