Your guide to oral health policies

www.worldoralhealthday.org
Your guide to using World Oral Health Day to advocate oral health policies

Five calls to action for policymakers to help populations Live Mouth Smart

Introduction

As an internationally-recognized campaign, World Oral Health Day (WOHD) and its build-up provides an excellent opportunity to advocate population-wide measures to prevent oral disease and promote oral health.

This guide, which has primarily been prepared for FDI member national dental associations but can be used by anyone with an interest in oral health advocacy, recommends policy solutions and provides concrete measures that governments worldwide can implement to protect the oral health of their citizens. It is recognized that priorities, needs and challenges will vary according to geographical setting therefore, you may choose to concentrate your efforts on one particular policy call to action or alternatively advocate all of them. The main aim is to leverage the momentum around your WOHD campaigns to target government officials, policymakers, public health authorities, other decision makers or stakeholders such as the regional offices of the World Health Organization (WHO) to affect policy change.

In high- and mid-income countries, population-wide measures serve to reinforce oral hygiene of individuals. In low-income settings, where oral hygiene products are lacking or not within the means of the majority of people, population-wide measures are indispensable.
This guide draws inspiration from FDI’s oral health atlas entitled ‘The Challenge of Oral Disease – A Call for Global Action’\(^1\). You can download it in English, French and Spanish from the FDI Website at: www.fdiworldental.org/oral-health-atlas.

About this guide

This guide:

- Provides the global context for oral health advocacy and why it is critical for the oral health community to unite in its efforts in the fight against oral disease
- Outlines how WOHD can be leveraged for your advocacy efforts and details measures that can be implemented under five specific calls to action
- Shows how work can be focused around diseases that may be particularly prevalent in your country
- Gives tips on running an effective advocacy campaign and how to deal with the media

The WOHD 2017 ‘Live Mouth Smart’ campaign is outlined in detail in the campaign toolkit available through: www.worldoralhealthday.org

Global context for oral health advocacy

Why the oral health community must unite in its efforts in the fight against oral disease

Oral diseases affect 3.9 billion people globally and have a significant impact on individuals, communities, health systems, economies and society at large. Consequences of oral disease on individuals are both physiological and psycho-social. Yet despite their magnitude, awareness of oral disease among politicians, health planners and even members of the public health community remains low. This often leads to oral public health interventions to be regarded as a luxury rather than a fundamental human right. As a result, although oral disease is one of the most common non-communicable diseases (NCDs) worldwide it does not get the necessary attention. However, there is clear evidence that oral disease is not inevitable, but can be reduced or prevented through simple and effective measures at all stages of the life course, both at the individual and population levels. Urgent action is needed to avoid escalating costs to governments and individuals as well to control the growing disease burden.

FDI’s vision of ‘leading the world to optimal oral health’ requires a move from the current predominant curative care model, focused on individual clinical patient services, towards population-wide preventive interventions. This challenging paradigm shift will require a concerted effort from all stakeholders concerned with oral health. It will also require the forging of new partnerships with others from within and outside healthcare. International efforts to reduce the burden of other NCDs have shown that such bold moves are possible with strong leadership and broad political support. It is now time to ensure that oral health is integrated into these efforts.

FDI’s Vision 2020 advocacy strategy

FDI represents the interests of our member dental associations and the oral health community more broadly, at the global level through its Vision 2020 advocacy strategy. Working with UN agencies including the World Health Organization, international partners such as the World Health Professions Alliance and the Noncommunicable Disease Alliance (NCD Alliance), we ensure the voice of the oral health community is heard when policies are framed at the global level. By influencing
their content, we aim to support our members national-level advocacy efforts and give them the strongest basis for policy discussions with their local decision-makers. It is only by combining our efforts at both the global and national levels that we can succeed in raising the profile of oral disease on the global health and development agenda, as well as ensure effective policies are implemented.

**FDI’s new oral health definition**

Oral health is a key element of overall health. Individuals simply cannot be healthy without good oral health. Therefore, integration of oral health into NCD policies is critical and FDI’s new oral health definition — which positions oral health as an integral part of general health and well-being — is a first step in helping to achieve this.

As defined by FDI, oral health:

Is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and free from pain, discomfort and disease of the craniofacial complex.

Further attributes related to the definition state that oral health:

- Is a fundamental component of health and physical and mental well-being. It exists along a continuum influenced by the values and attitudes of individuals and communities
- Reflects the physiological, social and psychological attributes that are essential to the quality of life
- Is influenced by the individual’s changing experience, perceptions, expectations and ability to adapt to circumstances

The definition, raises awareness of the different dimensions of oral health and emphasizes that it does not occur in isolation, but is embedded in the wider framework of overall health. FDI encourages its member associations to adopt this new definition and is now developing a measurement tool to help define indicators by which to monitor oral disease status. This new tool is planned to be launched at FDI’s World Dental Congress in September 2017 and in the spirit of ‘what gets measured, gets done’ will allow for assessment of individual and population needs at a national level, and inevitably inform and drive oral health policies.

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Your national context

For your country-level activities, you would be well advised to collect some national facts and figures to illustrate and back up your oral health advocacy. These might be:

- **Scientific**: drawn from a peer-reviewed article in a national, regional or international scientific journal focusing on your country
- **Observational**: for example, the results of a national survey among dentists by your national dental association on the specific field of oral health you want to highlight in your campaign
- **Anecdotal**: if you don’t have facts and figures or survey results, you may have evidence from speaking with your members or, for example, perceptions of oral health derived from a special WOHD dental clinic you set up to give free dental check-ups in 2015 or 2016

Note that both policymakers and the public like to know where they stand compared to neighbouring countries. Any comparative information would therefore be a useful part of your campaign.
Harnessing the power of WOHD 2017 – *Live* Mouth Smart

The WOHD 2017 ‘*Live* Mouth Smart’ campaign empowers people to take control of their oral health – throughout life – so they can enjoy a healthy, functional mouth from childhood into old age. By living mouth smart people understand the meaning of good oral hygiene and how to avoid oral disease. However, the burden of oral disease can only be truly addressed by individual action combined with population-wide prevention strategies. For that, strong advocates are needed so that the voice of the oral health community is heard when policies are being framed.

The effectiveness of your WOHD campaigns can be significantly heightened if accompanied by changes at the policy level that facilitate healthy living. A person’s ability to *Live* Mouth Smart through a healthy diet and avoiding exposure to tobacco or excessive use of alcohol, in association with good oral hygiene habits, is greatly influenced by the environment in which they live and work. Therefore, we invite you to use WOHD as a platform to advocate policies that foster health-promoting environments that facilitate oral health within your community, country or region.

**The role of advocacy**

Advocacy aims to influence decisions within political, economic and social systems and institutions and translate awareness into action. You can make direct or indirect approaches to legislators on oral health issues and use many different tools to deliver your advocacy calls to action. The ones most suitable to your needs will depend on your national circumstances, priorities and resources, but include:

- In-person meetings
- Telephone calls
- Membership of specific committees and working groups involved in drafting legislation
- Workshops
- Press releases
- Direct mail campaigns
- Letters/charters
- Public calls to action
- Newsletters
- Campaigns
- Fact sheets
- Information sessions
- Books/scientific journals/articles
- Website
- Social Media – e.g. Twitter and Facebook

As professional associations working in the field of health, national dental associations represent practitioners with direct access to patient care, patient services and, ultimately, the public. It is this proximity that places you in a unique position to advocate positive change in the healthcare system.
When you carry out oral health advocacy, you are not only raising awareness of the burden of disease but also presenting solutions to key people with the power to make policies that further the cause.

**Five oral health policy calls to action**

The oral health community wants policymakers to:

1. **Integrate oral diseases into policies addressing non-communicable diseases (NCDs) and general health more broadly to secure health and well-being throughout life**

   Key message: You can’t be healthy without good oral health. Oral health is one of the main pillars of overall health and well-being and, given the shared risk factors with other NCDs, should be integrated into policies addressing them.

2. **Implement cost-effective, evidence-based population-wide oral health promotion measures**

   Key message: Population-based public health interventions such as measures to address affordable access to fluoride and reduce sugar consumption can positively influence oral health outcomes and decrease costs to the individual and to the economy.

3. **Recognize that oral health is a basic human right and essential to maintaining a good quality of life by providing universal health coverage and implementing policies that address social determinants**

   Key message: Broader integrative policies that take account of common risk factors and the root determinants of health through an ‘oral health in all policies’ approach, will result in equitable approaches to promoting better oral health and general health.

4. **Prioritize surveillance, monitoring and evaluation of oral diseases and recognize that this is an integral part of routine epidemiological data collection**

   Key message: Oral health data must be integrated into national disease surveillance. Monitoring risk factors and oral health needs is fundamental to developing appropriate interventions and programmes as well as to evaluating their effectiveness for long-term positive health outcomes.
5. Leverage World Oral Health Day on 20 March to promote oral health and support the work of national dental associations

Key message: World Oral Health Day is an internationally-recognized campaign that provides the ideal platform for governments to work with national dental associations to understand their country’s oral health challenges and launch policies that address oral diseases at a local, national and regional level.
Call to action 1

Integrate oral diseases into policies addressing non-communicable diseases and general health more broadly to secure health and well-being throughout life

Oral diseases, like all other diseases, share a wide range of risk factors. Some, such as age, sex and hereditary conditions, are intrinsic to the individual and cannot be changed or modified. Others, which are subject to behaviours and lifestyle, are considered to be modifiable risk factors, because individual action and modification of a particular habit or behaviour is possible. In reality, this change may be difficult to achieve without additional supportive interventions. Oral diseases are a significant NCD with untreated tooth decay being the single most prevalent and preventable disease, and oral cancer among the 10 most common cancers.

The modifiable risk factors of oral diseases include an unhealthy diet, particularly one high in sugar, tobacco use, and unhealthy alcohol consumption. These key risk factors are also shared with most of the other major NCDs. Hence adopting a common risk factor approach and fully integrating oral health into population-wide NCD prevention and health-promotion strategies should be encouraged.

KEY MESSAGE: You can’t be healthy without good oral health. Oral health is one of the main pillars of overall health and well-being and, given the shared risk factors with other NCDs, should be integrated into policies addressing them.

Unhealthy diet, particularly one high in sugar

Rationale

- Sugar is a leading risk factor for tooth decay
- Untreated tooth decay is the most common chronic disease, due to exposure to sugar and other risks, the lack of effective prevention and limited access to appropriate oral healthcare
- Tooth decay is principally caused by sugar consumption and can largely be prevented by reducing sugar intake, appropriate fluoride use and promoting good oral hygiene
• The highest levels of tooth decay are found in middle-income countries, where sugar consumption is on the rise and health systems are not able to provide appropriate prevention or access to oral healthcare
• The consequences of untreated tooth decay, particularly for children, are negative impacts on nutrition and growth, loss of days in school and at work, reduced overall productivity and significant impacts on quality of life and social interactions
• Reducing sugar as part of a healthy diet promotes better oral health and contributes to reducing the risk of oral diseases, obesity, diabetes and other NCDs
• Population-wide strategies and policies to reduce sugar consumption as part of a healthy diet have the highest potential to promote better oral health and prevent other NCDs

Campaign for:

• Higher taxation on sugar-rich food and sugar-sweetened beverages
• Transparent food labelling for informed consumer choices
• Limiting the marketing and availability of sugar-rich foods and sugar-sweetened beverages to children and adolescents
• Provision of simplified nutrition guidelines, including sugar intake, to promote healthy eating and drinking
• Strong regulation of sugar in baby foods and sugar-sweetened beverages
• Banning unhealthy food from the school environment
• Regulation of advertising and sponsorship of food manufacturers
• Promoting natural and indigenous products with good nutritional values over the use of processed food through integrated nutrition counselling

Use FDI’s ‘A practical guide to reduce sugars consumption and curb the epidemic of dental caries’ to help develop your sugar strategies³.

Tobacco use

Rationale

• Tobacco use in all forms is harmful to health, including oral health
• Globally, tobacco use is the leading preventable cause of death and disease, including oral conditions

Campaign for:

- Policies to strengthen tobacco control such as protecting people from tobacco smoke
- Policies to help quit tobacco use and warn about the dangers of tobacco use
- Higher taxes on tobacco products to reduce consumption
- Bans, or enforcing bans, on tobacco advertising, promotion and sponsorship

Harmful use of alcohol

Rationale

- Harmful use of alcohol is a major risk factor for more than 200 diseases, including oral cancer and periodontal disease
- Harmful use of alcohol must be addressed as part of a comprehensive approach to NCDs

Campaign for:

- Raising taxes on alcoholic beverages to reduce consumption
- Implementing and enforcing effective measures that regulate alcohol availability
- Strict zero-tolerance policies for drink driving
- Regulating, reducing or banning alcohol advertising and promotion
Call to action 2

Implement cost-effective evidence-based population-wide oral health promotion measures

FDI has recognized the role of population-wide strategies, notably fluoride, in supporting self-care and prevention, and thus promoting oral health and functionality. Good oral hygiene, a reduction in consumption of dietary sugars (see Call to action 1), and the regular, appropriate use of fluoride are key elements of effective tooth-decay prevention strategies.

Fluoride has been used for over 70 years in the prevention of tooth decay. A large body of scientific evidence demonstrating its effectiveness in population-wide studies supports its use. However, the evidence is still evolving and varies for different modes of delivery. The effect of fluoride is local (topical) on the tooth surface: inhibiting bacterial acid production, stopping enamel demineralization, enhancing remineralization (repair) and improving enamel resistance to future acid attacks.

Fluoride can reach the tooth surface in many ways: it can be added to water, salt or milk as part of community interventions; be professionally applied or prescribed as gel, varnish or tablets; or comprise part of self-care in toothpaste and mouth rinses. The evidence for these fluoridation methods varies from very strong to weak, so that the choice of the most suitable fluoridation strategy depends on many factors, including the evidence of effectiveness, the setting and the resources available. Fluorides are safe and effective if applied at recommended levels.

Sodium-fluoride is part of WHO’s model list of essential medicines, and access to fluorides has been recognized as a part of the basic human right to health. The potential for reducing inequalities in the tooth-decay burden through universal access to fluorides for dental health is largely missed through absence of preventive national fluoride policies promoting availability, affordability or use of fluoride products, and mandating water, salt or milk fluoridation.

**KEY MESSAGE:** population-based public health interventions such as policies to address affordable access to fluoride and reduce sugar consumption can positively influence oral health outcomes and decrease costs to the individual as well as the economy.
Prevention of tooth decay: fluorides

Rationale

- The consequences of untreated tooth decay, particularly for children, are negative impacts on nutrition and growth, loss of days in school and at work, reduced overall productivity and significant impacts on quality of life and social interactions.
- The use of fluorides for the prevention of tooth decay is safe, efficient and highly cost-effective. Increased efforts are required to promote access and use of appropriate fluorides to achieve universal access.
- Fluoride toothpaste is highly effective in preventing tooth decay. It is safe and readily available, but greater effort is required to improve its affordability and quality to ensure universal access.

Campaign for:

- Universal access to affordable and effective fluoride.
- Removal of taxation and tariffs on fluoride toothpaste and pass on savings to the consumer.
- Increasing taxation of toothpastes without fluoride to discourage their use.
- Enforcing equity pricing – differential prices for different populations, depending on purchasing power.
- Promoting generic competition and local production, while ensuring quality standards.
- Improving capacities of national food and drug administrations for better monitoring of toothpaste quality.
- Strengthening and enforcing the regulations of ISO 11609.
Call to action 3

Recognize that oral health is a basic human right and essential to maintaining a good quality of life by providing universal health coverage and implementing policies that address social determinants

The social determinants of health are the circumstances into which people are born, grow, live, work and age. These circumstances, which largely determine the behaviours people adopt and the choices they make, are in turn shaped by a wider set of forces: economics, social policies, education, politics and many more. The unequal distribution of all these determining factors accounts for the persisting and growing global differences in health status and disease burden. These inequalities in general and oral health within and between populations must be addressed by policymakers and those in public health.

Prevailing interventions that focus on modifying health behaviours and lifestyle choices have only limited success and have been criticized because they ignore the wider social influences that determine these choices. Only a broader integrative strategy that takes account of the common risk factors and the root determinants of health will result in equitable approaches to promoting better oral health and general health.

Oral diseases have considerable impact in terms of treatment costs and productivity losses. Linking and integrating oral health with the Sustainable Development Goals (SDGs) is crucial for better prioritization of oral diseases in the context of global public health and development.

KEY MESSAGE: broader integrative strategies that take account of common risk factors and the root determinants of health through an ‘oral health in all policies’ approach, will result in equitable approaches to promoting better oral health and general health.
Social determinants

Rationale

• The general and oral health of whole populations are largely determined by social factors and their interaction with a set of common risk factors, namely sugar, tobacco, alcohol and poor diet
• Systematically including health and oral health in all policies can help to reduce negative effects on health equity of policy decisions in other sectors and can contribute to increasing synergies for better health status of populations
• Measures to reduce exposure to risk factors to health and oral health are a key responsibility of governments in the context of protecting populations and improving their quality of life

Campaign for:

• Policies and approaches aimed at:
  o Reducing poverty
  o Increasing social inclusion
  o Improving the general levels of education and employment
  o Reducing barriers to healthcare
  o Promoting affordable housing, safe water and sanitation
  o Protecting minority and vulnerable groups for sustainable improved health and oral health status
• The systematic inclusion of health and oral health in all policies to reduce negative effects from policy decisions made in other sectors on health equity and contribute to increasing synergies for better health status of populations
• Maximization of opportunities to work effectively across disciplines and sectors to reduce inequalities in social determinants and people’s health
• Resources to be targeted to address health inequalities and support those with the greatest and more complex needs to reduce inequalities
• Measures to reduce exposure to risk factors to health and oral health through the regulation of unhealthy foods and the reduction of tobacco and alcohol use
Oral health and development

Rationale

- Linking and integrating oral health with the SDGs is crucial for better prioritization of oral diseases in the context of global public health and development
- It will be important to relate oral health systematically to the objectives of the SDGs, their indicators and targets from the outset. This will provide a framework for the systematic inclusion of oral healthcare in strengthening health systems, to promote oral healthcare and prevention in the context of universal health coverage; and to make strong advocacy arguments for cross-sectoral integration of oral health in sustainable human development
- Universal Health Coverage is an increasingly recognized concept aiming to ensure access to basic primary health services for all

Campaign for:

- Implementation of oral health strategies to be recognized as being of critical importance if the SDGs are to be met
- Universal access to primary oral healthcare, covering at least relief of pain, promotion of oral health and management of oral diseases, including tooth decay
- Basic oral healthcare as an integral part of Universal Health Coverage
- Increased focus on implementation and health-service research to evaluate existing Universal Oral Health Care models and to guide evidence-based policy decisions for new ones
- Strategies that encourage early detection of disease
Call to action 4

Prioritize surveillance, monitoring and evaluation of oral diseases and recognize that this is an integral part of routine epidemiological data collection

Despite the widespread nature of oral diseases, reliable, standardized global data are limited and there are serious gaps in recent epidemiological data, particularly in low- and middle-income countries. This is largely because oral health data are not integrated in national disease surveillance. Thus, general awareness of oral diseases among policymakers, health planners and the health community at large remains low. Existing interventions to prevent and control oral diseases are too often regarded as an expendable luxury, rather than as a fundamental human right for everyone. Consequently, a large proportion of the global burden remains unattended, and oral diseases receive only a low allocation of resources for surveillance, prevention, care and research.

Collecting data on health is a complex undertaking that requires an appropriate and agreed indicator framework, as well as a health system that includes reliable surveillance systems and ability to report data regularly. Moreover, political support to allocate sufficient resources to statistical analysis and commitment to transparency for open access is required. Much progress has been made in collecting data on general health and health systems performance. Yet, all areas of data collection related to oral health, oral health systems and oral health programme performance are significantly lagging behind.

FDI’s new oral health definition is a first step to unite the global oral health community under common language when referring to oral disease. The next step, which is underway, is to provide a measurement tool by which to monitor progress. These indicators will aid oral disease surveillance at national levels.

KEY MESSAGE: oral health data must be integrated into national disease surveillance. Monitoring risk factors and oral health needs is fundamental to developing appropriate interventions and programmes as well as to evaluating their effectiveness for long-term positive health outcomes.
Surveillance, monitoring and evaluation

Rationale

- Separate national oral health surveys are complex and costly to conduct, and hence not prioritized
- The persisting gaps in data on the prevalence of oral diseases, and their burden and severity in different populations, means that awareness of the significance of these diseases is poor
- Lack of good information creates a barrier to prioritizing their prevention and treatment, and limits the development of effective public health responses
- Monitoring risk factors and oral health needs is fundamental to developing appropriate interventions and programmes and to evaluating their effectiveness

Campaign for:

- Oral health and disease indicators to be included systematically in regular disease surveillance and epidemiological monitoring, including data on the related risk factors
- Cancer registries to be strengthened to cover oral cancer effectively
- Monitoring of noma, orofacial trauma and congenital malformations to be improved
- Collected data to be made universally accessible and compiled in repositories, so that they are available for research and informed policy decision-making
Call to action 5

Leverage World Oral Health Day on 20 March to promote oral health and support the work of national dental associations

Driving public awareness on oral health issues goes hand-in-hand with initiatives aimed at changing policy. Populations need to be empowered to make informed choices and governments need to take responsibility and safeguard the oral health of their citizens by implementing effective policies. WOHD provides the ideal platform for decision-makers to collaborate with their national dental association and be guided on the oral health challenges faced by their country as well as map out solutions together. Oral health professionals are key stakeholders and advisors to government, and national dental associations can help amplify their messages and support policy implementation.

Combating the oral disease burden will take a whole-of-society and whole-of-government approach and WOHD should be leveraged to educate as many people as possible on how to prevent, treat and manage oral disease. The oral disease burden can only truly be addressed by individual action combined with government-driven, population-based prevention strategies.

KEY MESSAGE: World Oral Health Day is an internationally-recognized campaign that provides the ideal platform for governments to work with national dental associations to understand their country’s oral health challenges and launch policies that address oral diseases at a local, national and regional level.

Why the need for oral health awareness campaigns

Rationale

- Oral diseases affect 3.9 billion people worldwide, with untreated tooth decay (dental caries) impacting almost half of the world’s population (44%), making it the most prevalent NCD
- Globally, between 60–90% of schoolchildren and nearly 100% adults have tooth decay, often leading to pain and discomfort
- Severe periodontal (gum) disease, which may result in tooth loss, is found in 15–20% of middle-aged (35–44 years) adults
• Severe periodontitis and untreated tooth decay in the primary teeth (milk teeth or baby teeth) are among the top 10 most prevalent of all conditions. Combined, these conditions affect 20% of the global population
• Globally, about 30% of people aged 65–74 years have no natural teeth, a burden expected to increase in the light of ageing populations
• Oral disease is associated with significant pain and anxiety, as well as disfigurement, acute and chronic infections, eating and sleep disruption, and can result in an impaired quality of life. In developing countries, this is exacerbated due to the lack of pain control and treatment not being readily available
• Oral conditions are the fourth most expensive to treat. In the United States alone, US$110 billion are spent yearly on oral healthcare. In the European Union, annual spending on oral healthcare was estimated at €79 billion in the years 2008-2012, which is more than the money invested in the care of cancer or respiratory diseases
• Oral health is essential to maintaining general health and well-being

Campaign for:

• Governments to recognize the lack of awareness on oral disease and implement policies that help to prevent and manage them
• Investment in prevention to help reduce costs to the individual as well as the economy
• Policymakers to work with national dental associations to define strategies to address the growing oral disease burden
• Government officials to show their support for WOHD events organized by the local/national dental association and use it as an opportunity to communicate their commitment to addressing oral disease
• Decision-makers to launch policies to combat oral disease on WOHD
Disease-specific action

Prioritize diseases that are particularly prevalent in your country

The five calls to action highlighted above focus on taking a broad approach to addressing the oral disease burden. However, you may choose to take a disease-specific approach and concentrate your advocacy efforts on a disease that is particularly prevalent in your geography.

Oral cancer

Oral cancer is a common cancer worldwide, and the typical patient is a middle-aged man. In some countries in South Asia oral cancer is the second most frequent cancer for men and is the most common cause of their premature death.

Rationale

- Oral cancer is among the 10 most common cancers worldwide
- Reducing tobacco and alcohol consumption can largely prevent it
- Survival rates are low compared to other cancers due to late detection and the complexities of appropriate care
- Survival rates can be improved with early detection
- The impact on quality of life for those who survive the disease can be high

Campaign for:

- Reducing the main risk factors (tobacco use and excessive alcohol consumption)
- Early detection to improve treatment outcomes through timely referral for specialist care
- Screening of patients with risk factors such as smoking or high alcohol consumption, where there is good evidence for its effectiveness (general population screening is not recommended)
- Availability of effective and appropriate specialist care
- Access to treatment through inclusion of oral cancer care in universal health coverage, the strengthening of health systems and a comprehensive approach to risk-factor reduction may help in addressing these inequalities
Integration of oral cancer in routine disease surveillance used for other cancers, including specialized oral cancer registries
- Strengthened capacities in oral pathology and histological diagnosis

**Noma**

**Rationale**
- Noma mainly affects children in Sub-Saharan Africa
- It is a rapidly progressive, destructive and frequently lethal disease of poverty and neglect

**Campaign for:**
- Measures to increase awareness of noma
- Comprehensive measures that contribute to reducing poverty, malnutrition and other environmental and behavioural risk factors of noma for children
- Measures to strengthen early detection of noma cases based on integrated community health strategies
- Rapid and appropriate primary care for patients with early stages of noma
- Referral of patients with advanced noma to specialist care
- Measures to strengthen integrated surveillance systems through documentation and reporting of noma cases

**Congenital anomalies**

**Rationale**
- Cleft lip and/or palate (orofacial clefts – OFC) are the most frequent birth defects of the face and mouth, creating a heavy burden in terms of mortality, disability, quality of life and financial cost

**Campaign for:**
- Measures to strengthen national registries for birth defects and OFC, as they are crucial for planning services and evaluating primary preventive interventions
- Combined efforts in essential healthcare, primary prevention and education to improve access to care for children with OFC
• A more comprehensive approach for NGOs involved in care for OFC, which goes beyond primary surgery services
• Measures to ensure that primary prevention takes account of genetic and environmental factors if the causes of OFC are to be addressed effectively
• Measures to ensure that primary prevention and essential surgery services for birth defects (including OFC) are available in the context of integrated healthcare
• Improved monitoring of congenital malformations

Oral trauma

Rationale

• Oral trauma is common and can be prevented by improving public health policies and raising awareness of risks related to violence, sports and road safety

Campaign for:

• Measures to enforce regulations to increase road safety through the mandatory use of seat belts, child seats, motorcycle and bicycle helmets, and the prevention of drunk-driving
• Implementation of appropriate strategies to reduce violence and bullying at school
• Measures to enforce the mandatory use of helmets or mouthguards to improve safety for contact sports
• Measures to strengthen the role of dentists in diagnosing trauma as a result of violence and child abuse
• Measures to ensure appropriate emergency care for improved post-trauma response
• Improved monitoring of orofacial trauma
Tools to get you started

How to run an effective advocacy campaign and deal with the media

Running an effective advocacy campaign

To carry out an effective advocacy campaign on a specific issue it is crucial to:

**Define: what the ultimate goal you want to achieve is**
For example, define which of the calls to action you want to focus your efforts on. You may decide to implement strategies for all five of them or alternatively choose to prioritize only one or two of them.

**Decide: what policy/priority/action you wish to promote, influence or change**
At the outset, it is better not to be too ambitious: you should read this guide and decide how to apply it to your national priorities.

**Identify: who makes the decision you are trying to influence and the timeline for the decision to be made**
These would include government ministers and their advisers, in particular Ministers of Health and Chief Dental Officers but, given the ‘whole-of-government’ focus, heads of other departments, parliamentarians (including members of the opposition) business leaders and other agencies that implement policy.

**Form alliances: with other groups with similar interests**
Who are the partners you could work with to be more effective? Contacting health profession national associations could be a start, as well as other groups such as professional and patient associations in the field of oral health and public health.

**Get the facts: this means being in possession of the data and facts to support your case**
‘Facts’ can be objective (e.g. evidence-based data); however, they can also be subjective (e.g. public appraisals of, e.g. public awareness campaigns) or patients’ perceptions of living with oral diseases or poor dental care. Statements of policy or best practice can also be used to support your arguments.
Devising appropriate tactics

There are numerous approaches: securing a place in the working group/committee charged with national implementation; ensuring allocation of a ‘civil society’ seat in public hearings; ensuring presence in the policy review process; direct contacts with ministers, parliamentarians and providing information and developing contacts among members of the media.

Dealing with the media

Getting started

For anyone looking to engage with journalists, but is unsure how to start, then this section of the guide is for you. If you have enough resources, then it would make life easier to hire an experienced public relations agency. However, we know that such a solution is not always possible for our members, so we hope that the following guidance will prove useful.

If you want to establish mutually beneficial media relationships, make sure you make a good first impression. For instance, find out which journalists have written relevant stories by carefully searching online news sites. Whenever possible, try to avoid blindly sending out press releases and other information without checking first to see if you’re targeting the right people. Journalists receive many emails and phone calls every working day, most of which are ignored because they are either irrelevant or uninteresting.

Preparing press releases

For beginners, the best way to write a press release is to adopt the 5Ws rule – What? Who? Where? When? Why?

The first few paragraphs of every press release should provide information concerning the first four Ws. The fifth W – Why – should follow afterwards, then continue the story by providing any other relevant information.

An example of the 5Ws approach

1. What is your story about?
   E.g. your dental association is calling on your country’s government to support the preventive model of oral healthcare based on the common risk factor approach to NCDs.

2. Where is this happening?
   Give details of your local initiative, i.e. are you launching a policy report though an event? If so, give information on the time, place, venue of where this is taking place.
3. Who is involved?
Mention any local stakeholders that are involved i.e. Minister of Health, Dental Schools, Regional WHO Office etc. or other sister organizations.

4. When is this happening?
E.g. a government campaign on nutrition, to be launched [date] but remember, if you can issue a press release on the same day that other important announcements or developments occur, you will have a better chance of gaining journalists’ attention.

5. Why is this happening?
(Adapt and use the key messages listed for each call to action depending on your area of focus).

Other points to remember when writing press releases:

- Include a quote from one or two people (but no more), to provide a human perspective on the story
- Keep your press release short – try to fit your story onto 1.5 sides of A4 maximum (and double-space the text so it’s easy to read)
- Make sure you add contact details (phone and email) at the bottom of the press release

Writing opinion articles
Local newspapers, trade press and a growing number of websites can provide opportunities for dental professionals to submit stories for publication. However, before you put fingers to keyboard or pen to paper, it is important to know the purpose of what you are writing, so that you understand the story and for whom you are writing.

The key requirements for any article are:

- Topical and relevant story - e.g. health promotion and disease prevention to cut public health expenditure
- A strong headline
- An interesting introduction
- The Five Ws (What is this story about; Who is involved, When and Where are things happening; Why is this happening?)
- Demonstrate your expertise – as dental practitioners, what insights can you provide that others cannot?

Once you have prepared strong answers for all these requirements, either telephone or email
your target journalist to see what they think. Remember that, unlike press releases, articles are more conversational and are usually opinion-led. Be sure to conclude with a strong finish / call to action.

**Things to avoid:**
- Long, repetitive sentences
- Bad jokes
- Medical or scientific jargon
- Assuming the readers know as much as you do about the topic you’re describing

**But don’t forget:**
- Always be accurate – and use spell-check
- Keep it simple and concise
- Keep to the word count
- Stay on topic
- Meet the deadline that you agreed with the journalist