

Global Goals for Oral Health

ADOPTED by the FDI General Assembly **September, 2003** in **Sydney, Australia**
(*Joint FDI - WHO - IADR Statement*)

Rationale

FDI and the WHO established the first Global Oral Health Goals jointly in 1981 to be achieved by the year 2000. A review of these goals, carried out just prior to the end of this period established that they had been useful and, for many populations, had been achieved or exceeded. Yet, for a significant proportion of the world's population they remained only a remote aspiration.

An FDI Public Health Section Workshop held in October 1999 in Mexico City examined the 1981 Global Goals. In parallel, WHO Headquarters and the WHO Regional Offices carried out evaluation of accomplishment of goals and initiated formulation of new goals for the year 2020.

A Working Group was subsequently appointed including members of FDI, WHO and IADR being chosen from different regions of the world, and this group has prepared new goals for the year 2020. These were submitted for comment to National Dental Associations, WHO Collaborating Centres in Oral Health and other interested individuals and groups.

Evidence

Having reviewed the Global and Regional Goals set for the year 2000: the uses to which they had been put and the success in achieving them, it was determined that new goals should reflect the overall aspirations of the dental profession for global oral health and that their successful use was dependent upon the details of the targets set reflecting national or more local oral health priorities.

Existing oral health goals from a number of countries and regions were reviewed to determine the most appropriate format for the new global goals. The format adopted allows both Global Goals and Objectives but encourages the local setting of national and local targets.

Future Research

There is a need for long-term follow-up on the use and utility of the new goals as well as recording the frequency of their successful attainment.

Public Health Significance

When planning and evaluating oral health programmes and services global, national and local goals can be invaluable in the shaping and enactment of health policies at all levels.

If achieved they provide a measure of oral health improvement and of the value of the oral health profession.

Global Oral Health Goals, Objectives and Targets for the Year 2020

Goals

- Promote oral health and minimize the impact of diseases of oral and craniofacial origin on general health and psychosocial development, giving emphasis to promoting oral health in populations with the greatest burden of such conditions and diseases.
- Minimize the impact of oral and craniofacial manifestations of general diseases on individuals and society, and use these manifestations for early diagnosis, prevention and effective management of systemic diseases.

Objectives

- Reduce mortality from oral and craniofacial diseases
- Reduce morbidity from oral and craniofacial diseases and thereby increase the quality of life
- Promote sustainable, priority-driven, policies and programmes in oral health systems that have been derived from systematic reviews of best practices (i.e. the policies are evidence-based)
- Develop accessible cost-effective oral health systems for the prevention and control of oral and craniofacial diseases using the common risk factor approach
- Integrate oral health promotion and care with other sectors that influence health
- Develop oral health programmes to improve general health
- Strengthen systems and methods for oral health surveillance, both processes and outcomes
- Promote social responsibility and ethical practices of care givers
- Reduce disparities in oral health between different socio-economic groups within countries and inequalities in oral health across countries
- Increase the number of health care providers who are trained in accurate epidemiological surveillance of oral diseases and disorders

Targets

The targets should be selected to match predetermined oral health priorities at a national or local level. Consideration should be given to the following areas when selecting targets, based on local priorities:

- pain
- functional disorders
- infectious diseases
- oro-pharyngeal cancer
- oral manifestations of HIV-infection
- noma

- trauma
- cranio-facial anomalies
- dental caries
- developmental anomalies of teeth
- periodontal diseases
- oral mucosal diseases
- salivary gland disorders
- tooth loss
- health care services
- health care information systems