

Oral Health Matters - Ep 6

Supporting oral health as a global priority

SUMMARY KEYWORDS

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SPEAKERS

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Richard Watt 00:04

Welcome to Oral Health Matters, a podcast that shines a spotlight on oral health and calls for it to be embraced as a key part of the global public health agenda. I'm Richard Watt, Professor of Dental Public Health at University College London. In this first series of our podcast, I'll be in conversation with oral health policy makers and members of the Core Research Programme, a team of researchers and activists from around the world who are working to tackle the problem of oral diseases in Kenya, Colombia, India and Brazil. In episode six, we're discussing current and forthcoming developments in global and national oral health policy. I'm delighted to be joined by Dr Benoit Varenne, Oral Health Lead at the World Health Organization, and Dr Dympna Kavanagh, Chief Dental Officer in the Department of Health in Ireland. Benoit has extensive experience of working in the WHO Africa region, and more recently, in leading the oral health programme in Geneva. Dympna, in addition to being chief dentist in Ireland, is also President of the Council of European Chief Dental Officers. So welcome to both of you, and many thanks for joining us on this podcast. So let me start off with a sort of broad question. In the last few years, far greater attention has been placed on oral health as a policy priority at WHO. Could we explore why you think this has happened, and what were the drivers for this development? Benoit, do you want to start off by answering that first question?

Benoit Varenne 01:44

With pleasure Richard, and thanks for the invitation. It's really great to be with you and Dympna today to discuss such important topics. Yes, it's true that the last few years, a number of things happened on the global oral health agenda. I think that it's definitely a combination of factors, drivers, and also a succession of events. I can mention three main factors that could explain, you know, why this happened. The first one, I think, for me, it's definitely and it's not because it's you Richard, it's the the publication of the Lancet Series on oral health, published in in 2019. It was, I think, a good and very important event in the global health arena. So it was for the first time, more or less that, you know, the Lancet, this prestigious journal, you know, published a title and a series of papers on oral health. So it helps, definitely, you know, to increase awareness towards, you know, public health expert and beyond the oral health area. So it definitely contributed, you know, to open the eyes of non specialist and

experts for sure. The second one, second driver, you know, is for sure, political one. And based on, on just this publication, you know, in 2019 in WHO, we decided to invite the main authors to participate in in what we call it, at this time, at WHO lunchtime seminar. It was on December 2019 to discuss, you know, with senior manager at WHO level. And so we invited a small group of health attaches, people in charge of health issues, you know, at permanent mission based in Geneva. So at this time, we had Japan, Netherlands, Schilling, and Sweden. So I think this was the beginning so of the reflection about, of course, importance of oral health, importance of oral disease burden, and, oh, we can, you know, move this agenda and respond to this situation at this time or so, it was quite important to notice that in 2019 or so, we had that internal level kind of deep reform, you know, on the organigram of the organization, with establishment of new division and department, and the decision was taken, you know, to reallocate the oral health program in the NCD non communicable disease department. So for the quite long time, oral health programme was part of Health Promotion Department. So moving to NCD helped a lot, you know, to reshape, to redefine the global health agenda at large. And could explain also the what's happened with the resolution couple of years ago.

Richard Watt 04:43

Brilliant - Thank you Benoit, and we'll come back to a few of these points in in our following questions. But thank you for that opening. Dympna, from you at a sort of national level as a chief dentist, the developments at WHO, how does that filter down to to sort of your national level? And is that a supportive agenda? This is an important agenda. How would you respond to that?

Dympna Kavanagh 05:04

Absolutely and again. Just want to say my thanks for inviting me here today. It's great to be able to chat amongst colleagues and friends about oral health. So in the first instance, who has a huge importance at a national level for member states, it is very rarely that government can choose not to listen to various groups, to professionals. Indeed, you could argue even to the public, but for very sensible reasons, they very much signed up to who and as a member state in Ireland, particularly our membership of WHO is critically important to us. We are at the very edge of Europe. We're leaning out into the Atlantic. Often we feel very isolated. Increasingly, since 2019, in the EU, we have been very much alone, an English speaking country within the EU, so being part of the greater Europe of the 53 member states with everybody else as a really significant for us. So WHO coming out with an oral health resolution like this has had a profound impact, but in Ireland in particular, I would also like to emphasize that there was a lot of momentum already moving in oral health. And I have to go back, I was thinking this morning, almost 20 years, if we look at in Ireland, in the, what we would call the tiger years, where there was tremendous wealth in Ireland in the 1990s and into the early noughties, right up till 2006 and 2007 there was, you could argue, a surplus of money and personal wealth available to people in those times, there was almost no need for oral health policy, or there was a sense that there was almost no need for public services. And I returned to Ireland, actually, in those, what we call the tiger years, and I worked in the public service. And in fact, it was really, really difficult to get dentists because people were not interested in being employed in the public service. And then very quickly, it almost seemed like overnight, times changed, and the recession came, a very, very large financial crash that seems historical now, but for many of us, lived through it very recently, and overnight, the importance of public services in areas like oral health in particular became really important and very important politically, because for the first time, the public was saying they could afford a certain

standard of oral health services that they paid for privately, and within a very short period of time, their children had braces on teeth. They had paid out for very expensive treatments that they could no longer afford, and they were very much looking at the government to provide public services for them. And in the recession as well, it was also a critical time for the government, because they too had to stop public service funding. So at a time of great need for the public, it was also a time when the government, for the first time in very many years, had no money to put into public services, but also had not taken the advantage, we would say, now looking back, of building up our infrastructure through those Tiger years. So I was just giving you a sense politically of we had already started that momentum, and that went on to us developing a policy internally. Politically. They very much wanted to develop new public services. They didn't want to find themselves in this situation again, while we moved on from the financial recession when we had got our policy together, many policies, as you know, come out at a national level, and they're never implemented, and it sounds very disappointing, but they do need a real push internationally to get them implemented, and at a really critical time for us, WHO resolution came out, and for us, it was the real driver that we needed and benefited from to drive policy to go forward. So yes, WHO was really important from Ireland, from our perspective. So we have got this exciting time. Things are moving forward. And Benoit, you highlighted the importance of the NCD agenda, because at WHO, obviously we are now embedded within that department. Looking at the NCD broader agenda, has the case for NCDs increased in recent years? Or do you think recognition of NCDs is diminished in recent years? Benoit,, what do you think? Do you think NCDs are on the ascendancy or descendancy?

Benoit Varenne 09:38

Good question. I think, if we are looking a bit back, you know, the broader NCD agenda is, has been, and it's still quite slow and complex process. Because, as you remind, you know, most of the high level commitment started in 2011 you know, with the first high level meeting on NCDs in New York. And so it was the beginning of ringing the alarm bell, and start thinking, Oh, to to respond to this massive, you know, killers that the major NCDs are representative. And after that, it's followed by development of global NCD action plan in 2014 and later, 2018 new high level meetings, bringing together, you know, president, prime ministers, ministers of health, to reaffirm the political commitment. But we have to admit that today, you know, at more or less one year of the next high level meeting, in 2025 the situation is really not so good. You know, the SDG target, the 3.4 target, you know, is not on good track at all. NCD at large are still under the radars of major donors or public health agencies. It's something that we have to recognize. Universal Health Coverage for major NCDs are not achieved at all compared with communicable disease. So it's, it's a kind of very long way, but it's the reason that, and we'll discuss probably later, that this 2025 high table meeting would be really important for major NCDs, but also for oral health.

10:52

Great well, we'll come back directly to that point just in a second, because I understand how important this meeting in 2025 is going to be back to Dymrna now, just thinking oral health developments in Ireland, the link with NCDs. Does that feel comfortable? Is that a sort of comfortable connection at a national level, placing oral health within an NCD agenda, or do you feel you're sort of placed in a either primary care or other sort of structures? How does it work for you? Just as an Ireland as an example?

Dympna Kavanagh 12:10

Thanks for that. Richard and I think Ireland is similar to a lot of other countries in that traditionally, we've been in primary care, or even worse, I would argue that we've been siloed off into a very separate section. And interestingly, for many chief dental officers, I think it's this whole separation from the rest of health that has been really, really challenging to our work. So again, the WHO has opened up the government's eyes and politicians eyes to say for the first time, for many of them, that oral health should be a part of general health. I think Covid was really helpful to us. I mean, perhaps not very helpful in the broader sense, but helpful to oral health, especially in Ireland. For the first time, dentists were accepted much more as part of the general health profession, we introduced legislation that allowed dentists and the oral health professionals to carry out medical work under the direction of a doctor. We also enabled hygienists and dentists and students to go out and provide vaccinations. And that also really helped the public to see and politicians and policy makers in the broader sense to see dentistry as part of the broader sense of health. Then post Covid, chronic disease programmes in diabetes, cardiovascular disease in particular, which have really taken off in Ireland and have been really bought into by the public, very, very popular with the public now, who has given us the opportunity to open the conversation and say, first of all, we want oral health to move much more into that NCD agenda, but also to enable us to be part of the conversation. When others are talking about diabetes, cardiovascular disease, it has opened up that the public health will come to oral health and my team and say, well, we want to input from oral health in this area, so I appreciate exactly what Benoit was saying. We've a long, long way to go, but WHO has opened up those shoots for us and enabled us to become part of the greater health agenda. But as I said, Yes, a lot of work to do yet.

Benoit Varenne 14:23

Well, certainly in our other episodes, this integration of oral health and general health has been such a common, obvious theme. But it's good to hear it from both of you, from your policy perspective as well. That's great, but let's now perhaps move on to this high level who meeting in 2025 on NCDs and Benoit, do you want to just tell us a little bit about why this meeting next year is so important and and its relevance to oral health? Yes, sure Richard. It's definitely important, because it would be a time for discussion, you know and to define and to adopt a new, ambitious and achievable, you know, political declaration on NCDs toward 2050 so this is the official, you know objective to discuss and adopt a new, a new agenda for NCDs for the next 25 years. Of course, this discussion would be based on, first, you know, the review on progress made so far, based on on the global NCD action plan, you know, nine global targets, and the number of indicators. But also it would be based on new evidence, on grounded, in key, sometimes emerging global priorities, such as, of course, climate change, UHC, engagement with civil society and people living with NCDs as an example. You know, all this, it's not new topics, but it's definitely become really a priority. Human rights or so is part of this new so all these topics will be discussed. And I at level representative, you know, will will discuss about all to ensure that NCD, you know, should be more, you know, integrated into all these umbrella topics, and ensuring that better prioritisation in countries, and probably more achievable targets, you know, toward 2030 so it would be definitely to define this important framework, and probably Later, a new global action plan to to accelerate, of course, the global NCD response, because, as mentioned before, we are not on good track. For sure, it would be very competitive., you know, agenda and views, we know that there is no alignment so far on the best way you know to to strengthen NCD buy into prevention and control. So a lot of discussion and preparatory process so on ongoing so far. WHO is in charge of organising a

number of high level events, including one on oral health, I hope that we can discuss briefly on that it's really important date deadline for all, and we have to be prepared.

17:26

And Dympna, back to the sort of national level, this high level meeting is, is that on your radar in terms of of what state, national governments can do? Is it, how would you, how would you summarise your input and preparation for that event.

Dympna Kavanagh 17:43

It's really important from our perspective. I mean, Ireland takes over the EU presidency in 2026 so the political system is very aware of, you know, all of the areas globally that they want, you know, encouraging all of us as officials to be involved in issues globally. But even if that wasn't happening, the real opportunity for us as policy makers is the preparation of ministerial speeches, ensuring that the key areas that we want to communicate and get across are brought to the attention of the ministers. And you know, a UN high level meeting is a real focal point for us to get access to the highest level, to our Taoiseachs and Tánaistes, which is the same as prime ministers, and enable us to put a spotlight on oral health. I think the other really important part of it for us particularly is to raise the risk factor issue, as has been raised with other non communicable diseases. So for instance, our ministers on our political side are very fluent with the fact that obesity is linked with diabetes and cardiovascular disease, but yet we don't get the opportunity to discuss sugar as a risk factor in the same way, or they're very fluent with tobacco, and many of the impacts we've made in relation to tobacco and non communicable disease, as especially in Ireland, in relation to alcohol. As you know, we've made massive strides in public health policy. However, while we have a sugar tax for sweetened beverages in Ireland, it is real opportunity for us to raise this issue in the very same way as the other risk factors have been raised to the political system, and hopefully that we can then put a greater focus on not just sugar tax in drinks, but in the much broader food domain, but also moving away from talking about intervention, even talking about secondary prevention, such as toothpaste and fluoride, all very good things, but moving back to the cause and the root cause of the issue for us in many areas of oral health, which is sugar itself as a risk factor and the broader and government bringing policy decisions that we need our government to make in relation to that issue and tackle it with the same eagerness that they have in relation to tobacco and alcohol. So a real opportunity, I feel, for us as a nation to do that.

20:14

Good luck with that. And of course, Ireland was such a pioneer in your tobacco control agenda, certainly in Europe, you sort of led many of us in terms of the benefits of smoke free public spaces, etc. So fingers crossed. Ireland can lead the way in sugar policy as well. That would be absolutely wonderful.

Dympna Kavanagh 20:32

Yes. I mean, we're the evaluation of our sugar tax is ongoing at the moment, but for every success that we see linked with that, we can see how we can, on a much broader policy agenda, achieve so much more. Yeah, as you rightly say, Yes, we have pushed the public health agenda. We're looking at the banning of sun beds now, and we have a very good history and tradition, but we really need to push

hard into the sugar industry, and it's a very formidable industry to battle with. We're up for it, but we need many more others to work with us to take on this task as well.

21:08

Coming towards the end, because we've raised some really important issues. And Benoit, I'd like to come back to you, because you've mentioned about a forthcoming oral health event and the importance of that event. Do you want to say a little bit more about the event and perhaps what others can do to support it.

Benoit Varenne 21:25

Yes, with with pleasure. So as part of what we call, you know, the road to 2025 this UN eight level meeting at NCD department level, we are organizing a number of high level events. We had the first meeting on on humanitarian emergency related to NCD in the beginning of the year. We have a so council meeting in November. We are organizing, you know, kind of first ever global meeting to be hosted by Thailand government. The main objective of this, this meeting is to, of course, reaffirm, you know, the political commitment from member states following the resolution 2021 but also to contribute Yeah, the bank Bangkok Declaration on oral health to the DG report that would be presented, you know, in preparation of the UN high level meeting. And in addition, would like to use this, this unique opportunity, to bring together, you know, all member states, all oral health leads, plus UHC leads from from member states to to work on national oral health board map, you know, that would be aligned, adapted, of course, to national context, to the global reflection plan. And in addition to that, we have the ambition, you know, to to establish kind of global coalition on oral health, bringing together countries, of course, governments, but also non state actors, partners and even private sector. So this would be built during the global ref meeting, and the final of course outcome of this meeting is really to accelerate the implementation of the global reflection plan in all countries with, of course, a focus on on low and middle income countries.

Richard Watt 23:32

It sounds a exciting, daunting, but really thrilling challenge ahead, and November isn't so far off. So we look forward to hearing more of the details, but wonder if I could finish off my with my last question for both of you is, what the wider research or advocacy community, what can we do to help both of you with your agendas and moving them forwards? And maybe Dympna, if you could, you could respond that you know what type of things would really help you at a national level, with your policy drivers, etc, that researchers, community groups, others could do that would be of support to you?

Dympna Kavanagh 24:14

What we really need is research moving away from I appreciate that we need evaluation and we need surveys of the status quo, of what's happening in our country, but we need a refocus to look at much more innovative ways of say, workforce planning is just one area, instead of what we haven't had an opportunity to do is look at truly innovative ways of how we can provide our services, and in fact, learn from other countries, such as, in fact, lower income countries. I was listening to my colleagues in Nigeria and how they were taking very innovative action, leaning on the public and the community to as they would have seen it fill up the gaps where dentists were missing. And I would argue that in many areas in Europe, and certainly I can speak for Ireland, is that we're not dissimilar in our rural and

disadvantaged areas where dentists don't want to work, and where we have a community that we haven't embraced working with as much as I as we would like. So when I talk about us looking at innovative research on workforce, I would say, overall, in relation to research, a key area for us is, how can we look at getting the voice of the community and the people that we are serving and get their voice heard for policy makers, hear how they feel about not just services we're providing, but about their oral health and how we can build on more and more infrastructure to enable people to get involved in providing for their own, both their oral health care and looking after themselves. We've made some strides in Ireland in relation to healthy Ireland surveys since 2012 where we interview and go out to the community, and since 2015 2016 oral health has been a key part of that. We see the results that come out of Healthy Ireland, where we know quality of life due to poor oral health is really impacted, and we hear the voice of the public, but getting the public involved and enabling them to be involved and informing us about policy that has proven really, really challenging for us. Workforce, as I said, as well as a key area that has been neglected. But it's fair to say that pretty much every area of oral health research we need to have as part of the WHO planning. And we really welcomed that component in WHO action plan. Every national, country must have a coordinated research plan specifically for oral health. That is something that is really helpful to open the dialog on. But now it's to rise to the challenge in those key areas.

Richard Watt 27:02

Benoit, from your perspective, is there anything that the sort of global oral health research community can do to help you move your agenda forwards?

Benoit Varenne 27:11

Yes yes of course, and I'm fully aligned with you on that. You know, we definitely need more research, you know, focusing on public health, on cost effective population based activities, you know, including upstream intervention, you know, reduction of sugar consumption, all to address commercial determinants of health. All these questions are really, really so important to bridge the gap in terms of inequality, in terms of burden of diseases. So there is a lot of research, of area of research that have been, you know, a lot of attention. So, so far, it's part of the global reflection plan, really, to strengthen, to develop at national level, very ambitious public health research agenda, national public health research agenda, of course on oral health and to translate, of course, this scientific evidence into policy options for countries and for to support and help chief dental officer again, because they are leading the work, they are doing a fantastic job, but usually without enough, you know, budget, financial support and working time to time in isolation. So this research community should have to play a very important role on this purpose.

Richard Watt 28:42

Many thanks to both of you. This has been a fascinating conversation. I think you know, reflecting on what we've covered in our in our last 25/30 minutes, oral health policy, certainly a very exciting time in terms of international, global level, as well as at national level, the opportunities around NCD integration, the high level meeting next year, those critical discussions taking place in New York and beforehand, all provide so much opportunity for things to be moved forward. We know it's not easy, but it's a really, really brilliant time to be involved in oral health policy. So thank you Benoit and thank you Dympna and to you for listening to this episode of our podcast. This is the last in our first series of Oral

Health Matters podcast. I hope you've found our conversation as interesting and stimulating as I have. Our podcast is produced by the Dental Public Health Group at UCL, with production support from Research Podcasts and funding from the UK National Institute for Health and Social Care Research. We'll be back in spring 2025 with series two until then, goodbye and thank you.