

**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Seventy-second session  
Lomé, Togo, 22–26 August 2022

Agenda item 17.1

**PROGRESS REPORT ON THE REGIONAL ORAL HEALTH STRATEGY 2016–2025:  
ADDRESSING ORAL DISEASES AS PART OF NONCOMMUNICABLE DISEASES**

**Information Document**

**CONTENTS**

	<b>Paragraphs</b>
BACKGROUND .....	1–4
PROGRESS MADE/ACTIONS TAKEN.....	5–10
NEXT STEPS .....	11–13

## BACKGROUND

1. In 2016, around 45% of the population in the WHO African Region was estimated to suffer from oral diseases without notable improvements in the previous 25 years.<sup>1</sup> The burden of oral diseases shows significant inequalities, affecting marginalized populations throughout the life course.<sup>2</sup> Despite efforts by Member States to improve their national oral health situation, silo and vertical approaches rather than integrated cost-effective strategies remained the standard over recent decades.<sup>3</sup>
2. The Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases (NCDs) was endorsed in 2016.<sup>4</sup> This Strategy supports Member States in prioritizing oral health by integrating oral diseases into NCD prevention and control in the context of universal health coverage.
3. The Strategy sets four objectives: (a) strengthen national advocacy, leadership, and partnerships for addressing oral diseases as part of NCDs through a multisectoral approach; (b) reduce common risk factors, promoting oral health and ensuring access to appropriate fluorides; (c) strengthen health system capacity for integrated prevention and control of oral diseases; and (d) improve integrated surveillance of oral diseases, monitoring and evaluation of programmes and research.
4. This first progress report describes the status of implementation of the Strategy using the results of the survey on the status of implementation of the priority interventions under each objective across all 47 Member States.<sup>5</sup>

## PROGRESS MADE/ACTION TAKEN

5. National leadership of oral health is ascertained by the fact that 38 Member States<sup>6</sup> had an oral health unit within their ministry of health, of which 20 were under the NCD unit<sup>7</sup>. In six Member States<sup>8</sup>, the oral health unit was part of the national multisectoral NCD mechanism overseeing NCD engagement beyond the health sector. Seventeen Member States<sup>9</sup> had at least one oral health policy document. Additionally, 17 Member States<sup>10</sup> incorporated the oral health agenda into their national health and NCD policies. While

---

<sup>1</sup> Institute for Health Metrics and Evaluation. GBD Results Tool. <http://ghdx.healthdata.org/gbd-results-tool> accessed on 6 December 2021.

<sup>2</sup> WHO, Oral health Achieving better oral health as part of the universal health coverage and noncommunicable disease agendas towards 2030 Report by the Director-General, Geneva, World Health Organization, 2020 (EB148/8). [https://apps.who.int/gb/ebwha/pdf\\_files/EB148/B148\\_8-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_8-en.pdf) accessed on 6 December 2021.

<sup>3</sup> WHO, Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases: report of the Secretariat, Brazzaville, World Health Organization Regional Office for Africa, 2016 (AFR/RC66/5). <https://apps.who.int/iris/handle/10665/250994> accessed on 6 December 2021.

<sup>4</sup> WHO, Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases: report of the Secretariat, Brazzaville, World Health Organization Regional Office for Africa, 2016 (AFR/RC66/5). <https://apps.who.int/iris/handle/10665/250994> accessed on 6 December 2021.

<sup>5</sup> WHO, Mid-term assessment of the Regional Oral Health Strategy 2016–2025 in the WHO African Region, Brazzaville, World Health Organization Regional Office for Africa, 2022. (To be published)

<sup>6</sup> All Member States except Algeria, Burundi, Comoros, Eswatini, Gambia, Liberia, Malawi, Rwanda, and South Sudan. The oral health unit included oral health unit, division, department, and directorate.

<sup>7</sup> Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Guinea, Guinea-Bissau, Madagascar, Mali, Niger, Sao Tome and Principe, Sierra Leone, Togo, and United Republic of Tanzania.

<sup>8</sup> Benin, Equatorial Guinea, Eritrea, Guinea, Sierra Leone, and Togo.

<sup>9</sup> Cameroon, Chad, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Guinea, Madagascar, Mali, Mauritius, Namibia, Niger, Rwanda, South Africa, Togo, Uganda, United Republic of Tanzania, and Zambia. The oral health policy document included policies, strategies, and action plans.

<sup>10</sup> Benin, Burkina Faso, Cabo Verde, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ghana, Guinea, Kenya, Madagascar, Mauritius, Niger, Nigeria, South Africa, South Sudan, Togo, and Zambia.

Member States advocated for increased investment in oral health, nine of them<sup>11</sup> reported receiving no funds for oral health interventions.

6. To reduce common NCD risk factors, the oral health unit or a dedicated oral health officer contributed to the national programme to reduce tobacco use in 20 Member States<sup>12</sup> and promote a healthy diet in 26 Member States<sup>13</sup>. Moreover, 39 Member States<sup>14</sup> promoted access to fluoride toothpaste. However, it is difficult to measure how these interventions contributed to reducing common NCD risk factors, as well as the coverage of the population using fluoride toothpaste due to lack of resources and an appropriate surveillance system.

7. In terms of health system strengthening, 28 Member States<sup>15</sup> included oral health services in their essential health packages. However, about half of the Member States in the Region delivered essential oral health services without any financial protection mechanism for patients. In addition, there are low numbers of skilled oral health workers. For example, the Region had 3.3 dentists for 100 000 people between 2014 and 2019, which was approximately one tenth of the global ratio.<sup>16</sup> Only 11 Member States<sup>17</sup> had a plan for task-shifting oral health services to non-oral health professionals.

8. Regarding surveillance and monitoring systems, 31 Member States<sup>18</sup> integrated oral health indicators into existing integrated surveillance systems such as DHIS2 and the WHO STEPwise approach to NCD risk factor surveillance. Only nine<sup>19</sup> of the 17 Member States that reported having oral health policy documents, established a monitoring system to track the progress.

9. While Member States implemented various priority interventions, it is difficult to measure progress in the implementation of the Regional strategy due to the lack of baseline data and a monitoring framework. Moreover, the lack of political commitment, policies, resources, and data, hindered the acceleration of the oral health agenda. The COVID-19 pandemic also negatively affected oral health services.<sup>20</sup>

---

<sup>11</sup> Angola, Burundi, Cameroon, Congo, Equatorial Guinea, Ethiopia, Gabon, Ghana and South Sudan.

<sup>12</sup> Algeria, Benin, Burkina Faso, Cabo Verde, Central African Republic, Congo, Equatorial Guinea, Guinea, Kenya, Lesotho, Liberia, Mauritania, Mauritius, Namibia, Niger, South Africa, Togo, Uganda, Zambia, and Zimbabwe.

<sup>13</sup> Algeria, Benin, Botswana, Burkina Faso, Cabo Verde, Democratic Republic of the Congo, Eritrea, Gabon, Ghana, Guinea, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Mozambique, Niger, Nigeria, Sao Tome and Principe, Seychelles, Sierra Leone, South Africa, Togo, United Republic of Tanzania, and Zambia.

<sup>14</sup> All Member States except Burundi, Cabo Verde, Chad, Comoros, Equatorial Guinea, Guinea-Bissau, Mauritania, and Sao Tome and Principe.

<sup>15</sup> Algeria, Angola, Cabo Verde, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritius, Niger, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, and Zambia.

<sup>16</sup> WHO, The National Health Workforce Account Data Platform. Available from: <https://extranet.who.int/dhis2/dhis-web-pivot/index.html?id=slKIL116nppn>. accessed on 6 December 2021.

<sup>17</sup> Benin, Burkina Faso, Guinea, Malawi, Niger, Nigeria, Sierra Leone, South Africa, Togo, United Republic of Tanzania, and Zambia.

<sup>18</sup> All Member States except 13 Member States including Angola, Central African Republic, Chad, Comoros, Congo, Equatorial Guinea, Eswatini, Gambia, Guinea-Bissau, Kenya, Liberia, Sierra Leone, and Zimbabwe which did not integrate oral health into any existing integrated surveillance system as well as three Member States which responded to "Don't Know" including Burundi, Ethiopia, and Mauritania.

<sup>19</sup> Eritrea, Guinea, Mali, Namibia, Niger, Rwanda, Togo, United Republic of Tanzania, and Zambia.

<sup>20</sup> WHO, Continuity of essential oral health services during the COVID-19 pandemic in the who African Region: Results of a member state survey and policy recommendations, Brazzaville, WHO Regional Office for Africa, 2021. <https://www.afro.who.int/publications/continuity-essential-oral-health-services-during-covid-19-pandemic-who-african-region> accessed on 6 December 2021.

10. Despite these challenges, several opportunities also exist, including resolution WHA74.5 (2021) on oral health,<sup>21</sup> which requested WHO to develop a Global oral health strategy<sup>22</sup> in 2022 including its action plan, with a monitoring framework in 2023. Such global initiatives can be leveraged to increase political commitment and strengthen the implementation of the Regional strategy.

## **NEXT STEPS**

### **11. Member States should:**

- (a) strengthen political commitment to address oral health as part of NCDs and the drive towards universal health coverage by leveraging regional and global strategies;
- (b) allocate adequate resources to implement national oral health policies, focusing on key priority areas identified from the lessons learnt from the mid-term assessment of the Regional strategy;
- (c) foster integrated, cost-effective oral health services and surveillance relying on efficient workforce models as part of health system strengthening.

### **12. WHO should:**

- (a) develop an integrated monitoring framework for the Regional strategy aligned with the upcoming global monitoring framework towards 2030;
- (b) consider extending the Regional strategy to align it with the Global strategy by 2030;
- (c) provide guidance and tools to Member States to build capacity and mobilize resources to support the implementation of national oral health strategies and plans.

13. The Regional Committee took note of the progress report and endorsed the proposed next steps.

---

<sup>21</sup> Resolution WHA74.5, Oral Health. Geneva, World Health Organization, 2021.

[https://apps.who.int/gb/ebwha/pdf\\_files/WHA74/A74\\_R5-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R5-en.pdf) accessed, 6 December 2021.

<sup>22</sup> WHO, Draft global strategy on tackling oral diseases, Geneva, World Health Organization, 2022.

[https://apps.who.int/gb/ebwha/pdf\\_files/EB150/B150\\_7-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7-en.pdf) accessed on 7 March 2022.