

6- NCDs and Oral health

Statement:

This MMI statement is supported by PHM. We welcome WHO's call to develop a Global Oral Health Program and integrate oral health with other NCDs. Oral health problems, including access to oral healthcare for People With Disabilities, are cross-cutting issues and best addressed through improving social determinants of health, rather than taking an individualistic approach. Meeting SDG goal no. 3, i.e. access to water and sanitation, is thus key to maintaining oral hygiene.

WHO's recognition of the issue of underfunding and poor implementation of NCDs, including oral health programs, and its link to the market and commercial interests of bilateral donors is vital to analyze the shortcomings of donor-driven programs. We urge WHO to encourage MS to publicly fund these programs, as well as long-term and palliative care for people with NCDs like cancer.

WHO must also focus on helping MS to strengthen the public health system for provisioning of long-term and palliative care. Oral health should be part of a universal, publicly funded health care system, delivered via comprehensive PHC.

We are concerned about the negative influence of the food, alcohol and fossil-fuel industries in advisory bodies responsible for creating policy and technical packages for excess sodium consumption, cardiovascular diseases, and so on. The food, tobacco, alcohol and beverage industry should not participate in decision-making on the design, implementation, or evaluation of policies related to prevention of NCDs. It is futile to ask the industry to self-regulate and we encourage WHO to develop stronger accountability mechanisms for enforcement and monitoring purposes. This includes securing commitments from MS regarding the implementation of fiscal measures like sugar-tax to promote prevention of oral health problems in line with the precedent set by the landmark Framework Convention on Tobacco Control.