

Integrating Oral Health into the Global NCD and UHC Agendas: A Call to Action for Public Health Associations

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"There is no health without oral health."

Background

Non-Communicable Diseases (NCDs) – including oral diseases – represent the single most significant health challenge of our time. In 2021, NCDs accounted for 41 million deaths, representing 71% of all global mortality (WHO, 2025). The burden is most significant in low- and middle-income countries (LMICs), which account for 78% of NCD deaths and 85% of premature deaths (Kassa & Grace, 2022). This burden particularly affects vulnerable groups such as children, adolescents, older adults, and ethnic minorities. Beyond the human toll, NCDs impose immense economic and social costs, straining health systems and threatening sustainable development.

Oral diseases affect over 3.5 billion people worldwide and are among the most prevalent NCDs (Watt et al., 2019; WHO, 2022). They share common, preventable risk factors with other NCDs — including tobacco use, diets high in free sugars, harmful alcohol consumption, stress, and limited access to preventive care — and are bi-directionally linked with major systemic diseases. Periodontitis can worsen diabetes and cardiovascular outcomes; diabetes increases susceptibility to oral diseases; HPV-related oral cancers intersect with wider cancer burdens.

Despite this interconnection, oral health remains largely siloed from NCD policies, Universal Healthcare Coverage (UHC) packages, and primary health care (PHC) strategies. This omission undermines prevention, delays early detection, and widens inequities, particularly in LMICs. Integrating oral health into broader NCD and PHC agendas is therefore essential to reduce global disease burden, advance equity, and achieve the Sustainable Development Goals.

The WHO 2021 Oral Health Resolution, the Global Oral Health Action Plan (2023–2030), and multiple NCD frameworks provide the policy scaffolding for integration. Countries such as Thailand and Brazil demonstrate that integration is achievable and cost-effective. The challenge is no longer the evidence — it is the political will, operational leadership, and unified advocacy to make integration universal.

Purpose and Scope

This statement sets out the World Federation of Public Health Associations' (WFPHA) position: **Oral health must be embedded within all NCD and UHC responses as a matter of urgency and equity.**

It calls on public health associations (PHAs) — as the voice of public health within their countries — to lead the charge in breaking down policy silos, mobilising their networks, and ensuring that oral health integration becomes standard practice in NCD prevention, management, and financing.

Why This Matters for Public Health Associations

Mandate: PHAs exist to champion the public's health across all domains. Oral health is a mirror of overall health — excluding it from NCD frameworks undermines their core mission.

Leverage: PHAs sit at the intersection of science, advocacy, and policy — uniquely positioned to influence Ministries of Health, parliamentarians, and donor agencies.

Equity: Oral health neglect widens health inequalities, especially in LMICs, where treatment costs are catastrophic for households.

Systems Impact: Integrated prevention saves money, reduces disease burden, and strengthens primary care.

Audiences Affected and Recommendations

For Governments and Ministries of Health

- Integrate oral health services and indicators into national NCD strategies and UHC packages, with dedicated financing and protection against out-of-pocket costs.
- Embed basic oral health screening, preventive advice, and referral pathways into PHC.
- Target shared risk factors (tobacco, sugar, alcohol) through taxation, regulation, and public awareness.

For Global and Regional Health Organisations

- Mandate oral health integration in all NCD and UHC technical guidance
- Allocate funding for LMIC implementation of the WHO's Global Oral Health Action Plan
- Monitor integration using indicators aligned with WHO's NCD and SDG frameworks (e.g., PHC centres offering oral health services, oral health status of people with diabetes)

For National Public Health Associations and Academic Institutions

- Make oral-systemic health a core competency in public health training
- Conduct and disseminate implementation research on integrated care models
- Advocate for integrating oral health within national primary health care systems
- Advocate for and co-design policies that place oral health within national NCD monitoring systems

For Health Professionals and Professional Bodies

- Create interprofessional protocols for integrated NCD–oral health care
- Expand the scope of practice where appropriate to allow preventive oral health interventions in PHC
- Embed oral health into continuing professional development for all health cadres

For Civil Society and Community Networks

- Unite oral health and NCD advocacy movements for stronger political pressure.

- Engage communities in prevention programs addressing shared risk factors
- Hold governments accountable for oral health integration targets

For the Oral Hygiene Industry

- Engage industries that produce oral hygiene products, such as toothpaste and toothbrush manufacturers, within this policy framework.
- These industries play a crucial role in shaping how individuals maintain their oral health.
- Policy design should incorporate considerations of pricing, taxation, and industry accountability.
- Without their alignment and engagement, critical opportunities for policy improvement may be missed.
- Ensure transparency, avoid conflicts of interest, and align operations with the overarching goals of the policy.

The Call to Action

We, the World Federation of Public Health Associations, call upon every public health association to:

1. **Adopt** oral health integration as a strategic priority in your national advocacy agenda
2. **Advocate** with your Ministry of Health to include oral health in NCD strategies, UHC packages, and PHC delivery
3. **Mobilise** interprofessional coalitions that link oral health, NCDs, and health equity
4. **Monitor** and report on your country's progress toward integration

The evidence is unequivocal. The global frameworks exist. The cost of inaction is measured in lives lost and the deepening of inequalities. Oral health is not a luxury — it is a fundamental human right and an inseparable component of the fight against NCDs.

The time for integrated action is now.

References

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