

# WHO's draft fourteenth general programme of work

## FDI's response to the 4th Consultation Document

FDI World Dental Federation (FDI) — representing over one million dentists and close to 200 national dental associations globally, thanks the World Health Organization (WHO) for preparing the fourteenth General Programme of Work (GPW14). Following a thorough review of the 4th Consultation document and the WHO results framework for measuring impact, we are pleased to share the following comments and suggestions for your consideration.

### Strengths of the current draft

We commend WHO for the consultative process involving WHO Member States and the opportunity extended to civil society, especially those representing youth groups, older persons, and persons with disabilities, to share their perspectives on this draft.

FDI is also pleased that the current draft considers the strengths of WHO's thirteenth General Programme of Work and the lessons learnt from its implementation. Its overarching goal, "to promote, provide and protect health and well-being for all people, everywhere," remains relevant, given that an estimated 4.5 billion people did not have full access to essential health services as of 2021. Furthermore, we welcome the emphasis on prevention and the continuum of services and interventions across the life course. The six objectives of the draft GPW14, which uphold the primary health care (PHC) approach and consider climate change, the determinants of health and enhancing WHO's impact at the country level, are also noteworthy.

### Recommendations

One of the major strengths of the GPW14 is the opportunity to track its impact through health outcomes that demonstrate progress towards an equitable world. In this regard, **FDI welcomes the inclusion of the following indicators and urges that they be retained** as Member States continue reviewing and refining GPW14.

Strategic objective	Text	Rationale for retention
2 (page 50)	Proportion of countries that implement policy measures aimed at reducing free sugar intake.	<p>Excessive consumption of sugars from snacks, processed foods and sugar-sweetened beverages (SSBs) is one of the significant factors causing worldwide increases in oral disease, cardiovascular disease, cancer, obesity and diabetes. Unfortunately, there are indications that countries are struggling to address sugar consumption. For example, WHO's <a href="#">Sugars Country Score Card</a> flags that just 22 countries have implemented comprehensive measures to reduce sugars in the food supply or encourage consumers to make healthier food choices, including mandatory declaration of sugars on all pre-packaged food. Also, only a fifth of the world's population lives in countries with mandatory measures towards sugar reduction, including mandatory declaration of total or added sugars.</p> <p>Efforts to tackle tobacco use have been quite successful. Over a quarter of the world's population in 74 countries are now protected by comprehensive national smoke-free laws. Governments must now embrace the implementation of evidence-based policies addressing free sugar intake.</p> <p>FDI recognizes the adoption of this indicator as an opportunity to accelerate action to address sugar consumption and urges Member</p>

		States to strengthen their commitments to free sugar use reduction by its adoption.
3 (page 51)	WHA72.2 Prevalence of forgone care (not seeking medical care when needed)	<p>FDI strongly recommends the retention of this indicator, as it could serve as a proxy for measuring the effectiveness of the country's UHC policies. It could also help countries identify populations that should be better protected and services that should be included in national health insurance plans and programmes to make them fit for purpose.</p> <p><a href="#">A review of common trends and challenges in financing, access, coverage and provision of oral health care in 31 European countries</a> reported that dental care is the most frequent type of care for which people report unmet needs due to financial reasons. Vulnerable and low-income populations were the most affected. This demonstrates how health systems without oral health fail when assessed through the system's performance dimensions of equity, quality, responsiveness, efficiency, and resilience.</p>
3 (page 52)	Number of dentists per 10,000 population	<p>The monitoring framework for WHO's Thirteenth General Programme of Work (GPW13) included the density of health workers (doctors, nurses and midwives, pharmacists, dentists per 10,000 population) as an outcome indicator and highlighted its use for computing the UHC billion calculation. We strongly recommend the continuity of this approach and monitoring the density of dentists through GPW14. Dentists are responsible for diagnosing, treating, and preventing oral health conditions – some of the most prevalent in the world, affecting 45% of the world's population. The distribution of dentists also reflects the ease of accessing quality oral healthcare where and when needed. Therefore, integrating this indicator will ensure the mobilization of the necessary resources within WHO to support countries as they make efforts to track and report on it as part of their progress towards UHC.</p> <p>Furthermore, monitoring the distribution of dentists contributes to the 2030 Agenda for sustainable development, especially targets SDG Target 3. c on Health workforce - "substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States". Information on dentists and the health workforce will remain relevant for other WHO work areas, including noncommunicable diseases, as evidence of the interlinkages between oral health and several NCDs continues to emerge. Data on the distribution of dentists will also have significant relevance beyond 2030 in the context of pandemic prevention, preparedness, and response. It will also help to identify and address shortages in dental health professionals in an evidence-based manner, thereby contributing to WHO's Health Workforce agenda.</p>
4 (page 53)	<p>WHA74.5 Proportion of population entitled to essential oral health interventions as part of the UHC health benefit packages</p> <p>and</p> <p>Prevalence of the main oral diseases and conditions</p>	<p>Oral diseases affect 3.5 billion people worldwide, but oral healthcare is often not included in the country's UHC benefit packages. Consequently, accessing <a href="#">oral health care frequently requires high out-of-pocket expenditures</a>, leading to catastrophic costs and significant financial burdens. Including essential oral health interventions in UHC health benefit packages will accelerate the achievement of GPW14's overarching goal, which is "to promote, provide and protect health and well-being for all people, everywhere".</p> <p>Also, including these indicators reiterates WHO Member States' commitment to existing policies, especially the Global Oral Health Action Plan (2023–2030), which already requests data collection on</p>

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		these two areas. It will also ensure the allocation of the necessary resources (both human and financial) within WHO to support Member States.
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