

Washington, D.C.  
September 1997

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*Provisional Agenda Item 5.9*

CD40/20 (Eng.)  
16 July 1997  
ORIGINAL: ENGLISH

## **ORAL HEALTH**

Oral health continues to be a critical aspect of general health conditions in the Americas and the Caribbean because of its weight in the global burden of disease, its associated treatment costs, and the potential for effective prevention. Dental caries is the most common disease among children in the Region of the Americas; approximately 90% of school-age children (5-17 years) are affected. However, with early intervention, dental caries can be either prevented or treated at a reduced cost.

A variety of systemic conditions and/or their sequelae, such as diabetes and oral and pharyngeal cancer, produce manifestations in the form of dental caries, periodontal conditions, and tooth loss. Of emerging importance are HIV/AIDS and hepatitis B; besides the clinical effect, they are important for transmission in the dental care setting.

This document sets forth innovative concepts for the allocation and management of oral health resources. The groundwork for water and salt fluoridation programs has been laid by PAHO. Largely as a result of PAHO's initiatives and leadership, a number of conditions now exist which enable the success of water and salt fluoridation in the Region of the Americas. First, many countries (Chile, Colombia, Costa Rica, Jamaica, Mexico, Peru, and Uruguay) which formerly had limited capacity to implement water and salt fluoridation programs have benefited from PAHO's technical cooperation and support. Currently, these countries have mature policies, sufficient infrastructure, and programmatic capabilities that allow their programs to be consolidated, so that effectiveness in caries reduction and sustainability of the programs are predominant. Second, PAHO and these countries have accumulated a significant level of expertise and technical experience which can be transferred to other countries. Third, underpinning these developments, there is now an emerging recognition that the most promising strategy for improving the oral health of millions in the Region resides in water and salt fluoridation, the key factor in changing the epidemiological profile of oral health for the Region of the Americas in a relatively short period of time. It is expected that most countries in the Region will have reached the WHO goal of a DMFT-12 (decayed/missing/filled teeth for 12 year-old children) of 3 by the year 2000.

At its 120th Session in June 1997, the Executive Committee reviewed Document CE12012 and recommended that the Directing Council consider the adoption of a resolution which addresses oral health strategies aimed at supporting government efforts to improve the effectiveness and efficiency of oral health preventive programs, and to strengthen the organization and delivery of oral health services in the Region.

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## Executive Summary

Current oral health data in Latin America and the Caribbean (LAC) indicate that most countries have a high prevalence of dental caries and periodontal diseases. Of emerging importance are oral and pharyngeal cancers, HIV/AIDS, and hepatitis B. Besides the clinical effect of HIV/AIDS in the oral cavity, HIV/AIDS and hepatitis B are important because of the potential for transmission in the dental care setting. In general, most of these diseases are distributed unevenly in the population. Dental caries and periodontal diseases, though highly prevalent throughout the Region, are most severe among low-income, poorly educated populations; most oral and pharyngeal cancers are associated with tobacco and alcohol use; and HIV infection is related to sexual behavior and intravenous drug use.

To alter this epidemiological profile and its determinants, countries can draw on an organized network of services for the delivery of oral health care, mostly curative, with the participation of the public and private sectors. These services, however, may be inadequate to address communities' changing needs. In many LAC countries, public dental services are poorly organized, underfinanced, and understaffed. Quality of care may be accessible only in urban areas at high costs. Private providers, on the other hand, may be easier to reach, but their approach is mostly curative and costly. As a result, higher income groups enjoy greater access to dental services.

Since dental conditions are usually not life-threatening, they are not included in mortality statistics, nor in national health policies. Competition for resources with other health conditions hinders planning and policy making for oral health programs in the Region.

Assisting countries in the Region to change both the epidemiological profile of oral health and the adverse characteristics of the dental care delivery systems poses the greatest challenge to the PAHO Regional Oral Health Program for the 1990s and beyond. PAHO will play an active role in assisting countries to strengthen their ability to respond to the oral health challenge and pursue oral health sector reform as the year 2000 approaches. PAHO strategic objectives in support of oral health in the Region are:

- To promote improvement of oral health conditions in the countries of the Americas, with emphasis on those with a greater burden of disease.
- To assist countries to develop accessible, effective, and sustainable oral health services.

In 1994 the Organization launched a multiyear plan to support the implementation of fluoridation programs in the countries. In 1996, the Executive Committee's Subcommittee on Planning and Programming reviewed a document on oral health which described PAHO's regional strategy for oral health. At the 120th Session of the Executive Committee, the Secretariat delineated general strategic guidelines for countries to consider during the 1990s and beyond. A major thrust of PAHO's strategy is fluoridation, which is the most cost-effective means of preventing dental caries and thereby avoiding more serious problems. Another

important component of the strategy is support for information, education, and communication programs aimed at improving or encouraging decision-making, community awareness, and behavioral changes to prevent dental caries, periodontal disease, oral and pharyngeal cancer, oral conditions related to HIV/AIDS, and prevention of the transmission of HIV and hepatitis B in oral health care settings. In addition, the strategy supports the improvement of oral health programs in the public sector and promotes the development and training of human resources for oral health. In order to increase the impact of its actions, the PAHO oral health program has built strategic alliances and mobilized extrabudgetary funds from various sources. The Subcommittee congratulated the Program for a very succinct but comprehensive document. Several representatives pointed out that oral health was not considered a public health priority in many countries, yet it was one of the areas in which preventive measures could be most cost-effective.

The Executive Committee reviewed Document CE12012 and reaffirmed the benefits of prevention and the cost effectiveness of implementing fluoridation programs. The Committee pointed out, in view of the financial constraints within the Organization, the importance of mobilizing extrabudgetary support and resources, and the Program was commended for its successful efforts in this regard.

The Executive Committee adopted Resolution CE120.R6 which recommends that the Directing Council consider the adoption of a resolution that addresses the Organization's commitment to the proposed oral health strategy (Annex E).

**TO CONSULT THE COMPLETE DOCUMENT YOU MAY CLICK HERE ON [DOC. NO. 130, CE12012](#), presented to the 120<sup>th</sup> Executive Committee.**

**ANNEX: CE120.R6**

**ORAL HEALTH**

*THE 120th MEETING OF THE EXECUTIVE COMMITTEE,*

Having seen the report on the oral health of the population of the Americas (Document CE12012),

*RESOLVES:*

To recommend to the Directing Council the adoption of a resolution in the following terms:

*THE XL MEETING OF THE DIRECTING COUNCIL,*

Having seen the report on the oral health of the population of the Americas (Document CD4020);

Considering the strategic and programmatic guidelines of the Pan American Health Organization for the period 1995-1998 and its regional oral health strategy;

Recognizing that oral health is a key aspect of general health conditions throughout the Region of the Americas, owing to its importance as part of the overall disease burden, the costs associated with its treatment, and the possibility of effective prevention measures; and

Recognizing that PAHO has cooperated with the countries of the Region in establishing conceptual and technical bases for the development of policies, infrastructures, and program capabilities in relation to national oral health programs,

*RESOLVES:*

1. To endorse Document CD4020 describing the oral health situation in the Region and the proposed strategies for support to government efforts to improve the effectiveness and efficiency of preventive oral health programs and to strengthen the organization and delivery of oral health services in the Region.
2. To urge the Member States to:
  - (a) promote the establishment and development of national programs for the prevention of oral and dental diseases, with emphasis on fluoridation via water, salt, or another vehicle as an effective and efficient way to reduce dental caries in the population;
  - (b) promote the establishment and strengthening of effective and sustainable national oral health services that are accessible to the neediest populations;
  - (c) strengthen the technical capabilities of the national and local institutions responsible for the oral health of the neediest population groups in their countries;
  - (d) promote measures for intersectoral cooperation among the respective countries to foster the proper development of their national oral health programs.
3. To request the Director to:
  - (a) support the establishment and coordination of strategic alliances to promote and facilitate the development of PAHO's regional strategy for oral health;
  - (b) encourage technical cooperation among countries in activities that promote oral health.

*(Adopted at the seventh plenary session,  
26 June 1997)*