

Smile your way to a healthy life

Working together for everyone



Why does oral health matter?

Because oral conditions are the most prevalent non-communicable diseases (NCDs) in Europe

Oral conditions, which include dental caries (tooth decay), severe gum diseases, extensive tooth loss and oral cancers, affect around half of the adult population in the WHO European Region. To put it into perspective, the number of people with oral conditions globally is higher by 1 billion compared to those living with any of the main NCDs (cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes).

Recognising the significant global health burden of oral conditions, the World Health Organization (WHO) adopted in 2022 a landmark Strategy on Oral Health. It aims to integrate oral health within the NCD agenda and include it in Universal Health Coverage.

Oral cancers are the 8th most common cancer in Europe and have both high mortality rates and devastating consequences for those who survive. Although the main risk factors for oral cancer continue to be tobacco use and alcohol consumption, we are increasingly seeing a rise in oro-pharyngeal cancers (affecting the mouth and middle section of your throat) because of infections from the human papillomavirus (HPV).

Policies against smoking, smokeless tobacco, alcohol consumption, and the implementation of gender-neutral HPV vaccinations are essential to reduce the burden of oral cancers.



Because oral conditions are linked with other NCDs

Oral health is an essential component of general health and cannot be viewed in isolation. Oral conditions, such as severe gum diseases and extensive tooth loss, are linked with other NCDs including cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes.

People with severe gum diseases are 3 times more likely to also suffer from another health condition such as a stroke or a heart attack.

Because oral conditions impact people throughout their lives

Poor oral health negatively impacts individuals by causing pain, infection, and a decreased quality of life. Untreated dental caries is the most common chronic condition worldwide, affecting children and adults' ability to eat, speak, learn, work and sleep and often causing acute pain. Good oral health is also a key component of healthy ageing. Extensive tooth loss and oral conditions in older citizens can impact daily activities (e.g., difficulties eating) and lead to worse function, making them more vulnerable to illness and becoming frail.

Children and teenagers with dental caries are almost twice as likely to perform poorly in school and have poor school attendance than those without the condition.



Because oral conditions impact vulnerable populations the most

Oral diseases particularly impact disadvantaged and marginalised populations in the EU. People from lower socioeconomic backgrounds are much more likely to suffer from oral conditions, further compounded by economic and other barriers to access oral healthcare services. One of the economic barriers is the limited public coverage for oral healthcare costs across the EU – on average, people pay over 60% of treatment costs out-of-pocket.

People on low incomes are 3 times more likely to not have accessed oral healthcare compared to people on high incomes.



#1 Did you know?

Oral conditions share common risk factors with other NCDs. Modifiable risk factors include a high intake of sugars, as well as tobacco and alcohol consumption. The EU still has some way to go – the majority of EU citizens consume 5 times the amount of sugar daily than is recommended by the WHO. Taking a common risk factor approach to improve population health will reduce the burden of oral conditions and other major NCDs (e.g., cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes)

#2 Did you know?

Oral conditions rank third in costs behind cardiovascular diseases and diabetes, with patients covering most of the bill. Annually, oral conditions cost countries in the WHO European Region an estimated €100 billion in healthcare expenditure and an estimated €95 billion in lost productivity. Compared to other areas of healthcare, dental care in Europe is funded mostly by private patient payments. For example, in Spain and in Greece, practically all costs are covered by patients.

#3 Did you know?

Oral conditions are almost entirely preventable at an early stage with the right policies and incentives. Cost-effective interventions and public health initiatives to reduce the burden of oral conditions already exist. For example, a number of nursing homes in Belgium have implemented Gerodent, a preventive and curative oral healthcare programme which upon evaluation, significantly reduced the dental treatment needs of the residents. In Scotland, the Childsmile programme successfully promotes good oral health in children, for instance via fluoride toothpaste programmes in nurseries. It has improved the oral health of children across all socioeconomic groups, has reduced inequalities, and has lowered treatment-related costs.

What can EU policymakers do?

We call for policy action by policymakers to promote and maintain good oral health and wellbeing for all people in the EU to reduce the strain on societies and healthcare systems.

Here are 3 things you can do as an EU policymaker for the population:

1 Place oral conditions at the heart of the EU's ambitions to tackle the rising burden of non-communicable diseases.

We call for oral conditions to be recognised by the EU as one of the major NCDs, and to be given equal status and commitment as that given for cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. We ask for **oral conditions to form a key pillar of the expert sub-group on NCDs** (within the Expert Group on Public Health) so that the European Commission receives advice and guidance on public health aspects of oral health.

2 Include preventive oral healthcare medicines within the EU's Critical Medicines initiative.

We call for the inclusion of **essential oral healthcare medicines**, as defined by the WHO, **within the EU's ambition to tackle shortages of medicines**. Ensuring EU-wide access to these medicines, such as fluoride toothpaste, fluoride varnishes, silver-diamine fluoride, and glass ionomer, will contribute to reducing the burden of oral conditions and addressing antimicrobial resistance through the avoidance of excess antibiotic use in the EU population.

3 Dedicate funding from EU programmes such as EU4Health and Horizon Europe towards research in oral health.

We call for dedicated EU resources to support **research focusing on the public health aspects of oral health**. This should include research to **strengthen the evidence for interventions that effectively address the social and commercial determinants of oral (and overall) health**. Research to support the public health needs of people in the EU should be complemented by the implementation of pan-European data collection infrastructures, such as the future European Health Data Space.

Here are 3 things you can do as an EU policymaker to drive impact at Member State level:

1 Promote and encourage the adoption of best practices which have successfully improved oral health and have reduced risk factors shared with other non-communicable diseases.

We call for the uptake of **best practices to lower sugar, tobacco, and alcohol consumption across the EU**. For instance, the EU could convene Member State representatives to consider the experiences of the 7 countries who have successfully adopted taxes on sugar-sweetened drinks as part of their strategy to reduce the burden of NCDs, and encourage more countries to take similar action.

2 Support the implementation of the WHO Action Plan on Oral Health, with a focus on including essential oral healthcare within Universal Health Coverage.

We call for EU Member States to **implement at national level the actions attributed to governments within the WHO's Oral Health Innovative Strategy 2023–2030**. Actions for government bodies include, among others, innovative strategies for workforce development and the extension of essential oral healthcare as part of Universal Health Coverage for all, ensuring access for the most vulnerable in society. Prevention and oral health promotion must be placed at the forefront of all oral healthcare, with a clear focus on primary care.

3 Facilitate the implementation of integrated healthcare teams and a primary care workforce which can cater to the needs of the population.

We call for the EU's support with regards to the **transposition of minimum requirements for the education of future oral healthcare professionals**. This will require to provide students with **training which reflects the current and future needs of an EU ageing population, a changing demographic, and much higher treatment needs**. We also call on the EU to support Member States in implementing **integrated healthcare teams** who have **strong public health training** and can leverage this to improve the population's oral health.

About the Platform

The Platform for Better Oral Health in Europe is a joint initiative of the Association for Dental Education in Europe, the Council of European Chief Dental Officers, the European Association of Dental Public Health, the European Federation of Periodontology, the Oral Health Foundation, and the Pan-European Region of the International Association for Dental Research. In addition to this core group of organisations, the Platform collaborates with 20 European oral health and health associations, who advocate as part of the oral health community on a variety of issues. As the 'go to' umbrella representative of leading oral health organisations, our shared goal is to create a common European approach towards improved oral health outcomes through policy, research, education, promotion, and access to care.

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