





CONSENSUS PAPER

The World Health Organisation's Global Strategy and Action Plan on Oral Health: A Collaborative Response From Oral Health Professionals' Education Associations

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ABSTRACT

The World Health Organisation (WHO) resolution on Oral Health in 2021 quickly led to the development of a strategy for improving global oral health with specific targets and timelines set for 2030. As a result, oral health education associations in the United States and Europe took the lead to engage partner organisations and educational associations across the globe in defining collaborative actions aligned with the many content and impact areas this will have on oral health professionals' education. The identified areas of general educational consensus by the associations can then be translated into actions that are economical and easily implemented in various regions based on resources available per region or country. Oral health education can thus support and advance the WHO Action Plan broadly through these defined activities thereby contributing to increasing awareness of the value of oral health to the world's population.

1 | Introduction

The development and publication of the 'Global Strategy and Action Plan on Oral Health' [1] by the World Health Organisation (WHO) provides those of us in education of the oral health professions with simultaneous opportunities and challenges. The strategy outlines 100 specific actions focused on encouraging regional and national governments, state agencies, and key enabling actors to drive change locally for global impact. In publishing their

document and inviting comment, the WHO shares its vision of what oral health care professionals and the services they provide should look like in the future. This, by implication, places a focus and emphasis on a need for change in what and how oral health professionals of tomorrow are educated. For this reason, the relevant education associations, co-led by the Association for Dental Education in Europe (ADEE) and the American Dental Education Association (ADEA), decided to take purposeful collaborative action. The intention of this action was to devise an association-level

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shared understanding of the WHO action plan and the role associations and their members can play in delivering the action plan. The purpose of this commentary is to share this work to date.

2 | Simultaneous Opportunities and Challenges for Education in a Time of Global Re-Organisation

Delivering on global healthcare messages, at a time of increasing populism and nationalist focus, calls for new approaches [2]. The solution to global issues can only be realised through global coordinated action that includes key stakeholders [3, 4]. Global Health education must change in order to enable oral health professionals to play their part in delivering the vision as espoused in the forward of the WHO document by Dr. Tedros Adhanom Ghebreyesus, Director-General World Health Organisation. Here he boldly states that there is ‘No health without oral health’ [5]. Oral health leaders and educators need to help empower our students with a new vocabulary, passion for public health, and a reinforced understanding of the central role of oral health research in the healthcare professions.

To respond to this call to action, the leadership of ADEA and ADEE came together to explore a possible globally coordinated and regionally delivered response from Oral Health Professionals Education (OHPE) associations. In the context of oral health, the global challenges are considerable. Even a superficial review of the literature identifies:

- Oral diseases, despite being preventable, remain highly prevalent, affecting more than 3.5 billion people around the world; dental caries is the most common disease [6]
- Oral diseases represent a large group of diseases and conditions with considerable inequalities around access to and costs of care [7]
- Dentistry is, for the most part, viewed as a siloed profession disconnected from mainstream healthcare [8]
- The need for a new specific global oral health competence among the profession being integrated into the curriculum [9]
- A call for the professions and their educational foundations to re-orient towards a preventative model of oral health care [10]

From an education perspective, educators have a considerable role to play in changing the narrative of oral health professionals’ practice. Readers will be aware of the now familiar mantras of moving from ‘drill and fill’ to ‘seal and heal’, and there is ‘no health without oral health’ [11], as well as calls for universal oral healthcare coverage [12, 13]. Central to these perspectives is a view that oral health is an essential right of citizens of all countries and that this may be more effectively provided through publicly funded dental care models. To advance these foundational principles, conversations and collaborations among stakeholders at national, regional, and global levels need to occur [4]. Questions regarding funding [14], scope of practice, and membership of the oral health workforce [15], as well as the role that other healthcare professionals can play, must be clarified. Oral health education must be enabled to address the critical question: What should graduating dentists and other oral health care professionals be capable of doing to improve global oral health outcomes?

TABLE 1 | Collaborative meetings to-date.

Date	Forum	Venue
August 2023	Forum of European Heads and Dental Deans	Liverpool, UK
March 2024	ADEA annual session	New Orleans, USA
August 2024	IFDEA (International Federation of Dental Education Associations) invitational session at ADEE annual meeting	Leuven, Belgium
March 2025	ADEA annual session	National Harbour, USA
June 2025	IADR annual session side event	Barcelona, Spain
Planned for August 2025	ADEE annual meeting	Dublin, Ireland

3 | A Collaborative Response From Oral Health Professionals’ Education (OHPE) Associations

Driven by both organisations’ passion for collaboration and a sense of responsibility as healthcare professionals and educators, ADEE and ADEA commenced efforts to enable a global response to the WHO Global Oral Health Strategy and Action Plan in 2023. This collaboration has continued to gain momentum into 2025. In addition to several working meetings between the various offices, a series of shared workshops and open meetings were delivered between the associations’ leadership and members as per Table 1.

To ensure broad consensus on approach throughout this work, an open invitation to participate was issued to all known global dental education associations, and the following were directly invited to contribute:

- Associação Brasileira de Ensino Odontológico (ABENO)
- Association for Dental Education Asia Pacific (ADEAP)
- FDI World Dental Federation (FDI)
- International Association for Dental Research (IADR)
- International Federation of Dental Educators and Associations (IFDEA)
- International Federation of Dental Hygienists (IFDH)
- Korean Dental Education Association (KDEA)
- Association for Dental Education in Latin America and the Caribbean (ADELAC-UDUALC)
- South East Asian Association of Dental Education (SEAADE)

The aim of these collaborations is straightforward—to facilitate shared learning, exchange, and consensus discussion, to evolve shared resources and best practices in oral health education’s response to the WHO aspirations, and to further foster

collaboration between the associations, all of whom are at different stages of development with various mission-driven foci. The specifics of this collaborative work have now evolved through several important milestones:

1. First was a joint review of the WHO Global Strategy and Action Plan on Oral Health to identify areas where the associations and their members can contribute.
2. The second was the identification of specific programmes of supporting meetings and events that the associations can use to target work to help advance the action plan.
3. Third was the delivery of practical solutions, resources, and counsel that the associations can provide to members to help advance the action plan.

The outputs from these milestones are discussed in detail in the following section.

4 | The World Health Organisation's Global Strategy and Action Plan on Oral Health—The Associations' Perspectives

With 100 action items issued by the WHO, distilling key core messages may seem daunting and challenging. Thus, the associations approached their analysis first to identify where Dental Schools, Dental Education and Research Associations are specifically mentioned, and then progressed to identify where assistance within the wider discussions of the Action Plan could be provided.

Dental Education and Research received one direct mention in the Action Plan—Action 54, to ‘Champion the workforce reform agenda’ specifically requests research and education associations align with the workforce reform agenda. Dental Schools also received one direct mention in Action 49, to ‘Improve oral health workforce curricula and training’. From the associations’ perspective, these actions would seem to view dental schools’ and education associations’ role as responsive and supportive, offering little opportunity for input and insight at the earlier stages of enabling the Action Plan.

Exploring the plan further, it is clear that actions are targeted at specific actors: the Member States, the WHO secretariat, international partners, civil society organisations, and the private sector. While IADR and FDI have formal status as partners with the WHO, the majority of dental educational associations do not. However, universities and associations do have a role to play in engaging with civil society and the private sector through their faculty and students, and membership groups; thus, these roles need consideration. By removing the actions for member states and the WHO secretariat, etc., 41 actions remained. Within these 41 actions, there were 58 possible activities identified where oral health education associations and members could engage. We detail these in Appendix 1: Table A1. Based on the considerable volume of remaining activities for schools and the associations to engage in, the associations focused on how to make the core messages of these remaining actions more accessible to members. The conclusion of this exercise resulted

in the identification of four key themes evolving from the analysis of how the associations and their membership can assist as follows:

- Advocacy for the various initiatives within the plan, including universal oral healthcare, as well as prioritisation of prevention and community-based initiatives. The associations commit to assisting by developing an advocacy resource support package for members to use in national-level discussions.
- Curriculum review on various identified areas within the action plan and around an integrated curriculum for an expanding oral health workforce. The associations will develop a supporting informational resource for members.
- Enabling inter-professionalism and care by fostering collaboration and consensus around activities on critical issues such as workforce planning, the changing dental team, scope of practice, and teamwork with other health professions to promote universal healthcare.
- Enabling and reinforcing the value of a research focus within the graduating dentists, dental hygienists, and wider oral health team members’ undergraduate curricula. The associations will develop a resource support pack for members.

Given the limited direct mention of professional education within the WHO Action Plan, it is imperative for educational associations to empower member schools and programmes to facilitate engagement nationally and regionally in these important discussions to ensure the voice of OHPE is embedded in national responses. Ultimately, the Action Plan will be enacted nationally; thus, the associations’ role becomes one of enabling member insight into the core aspirations of the Action Plan and how they can assist national agencies. For the associations, particular concern remains around regions where oral health professional academia and educational associations are not as organised as those in more developed regions.

5 | Collaborative Response Theme One: Advocacy for the WHO Action Plan and Targets

Advocacy and support for the ambitious WHO Action Plan on Oral Health will be a key role for dental schools, dental hygiene schools and programmes, and the dental education associations. This is demonstrated by the fact that of the 58 tasks we identified, 13 make specific mention of advocacy; this specifically relates to Actions 14–16, 18–20, 38–41, 43, 73, and 74. The ability to enable impactful global change in oral health requires multi-stakeholder responses, support, and, importantly, a blended national/regional and international focus to achieve a cohesive change. Achieving such cohesion in a diverse context may prove challenging.

The associations consider it prudent that agreement at an international oral health educator level is necessary to devise a broader approach to advocacy, and this was the basis of discussion at ADEE 2024. This work in turn led to a consortium composed of ADEE, ADEA, ADEAP, SEAAGE, IADR,

ADELAC-UDUALC, and IFDH delivering a side event as part of the World Health Organisation global oral health meeting in Bangkok in November 2024. This was the first time many of these associations had a presence at this level of engagement. The session goal was to raise the member states' awareness and understanding of the role education providers can have in enabling this Action Plan. It also stressed the importance of including the voice of oral health professionals' education at each level of discussion, both regional and national, emphasising the value of participation in early discussions. The programme delivered a summary of the four themes outlined earlier and identified key opportunities and challenges, including:

- Lack of regional support structures for dental education in some areas, support and development are needed
- Poor understanding and underdevelopment of IPE/C in dental settings, which needs greater emphasis
- Engagement with wider healthcare professionals by oral health professionals currently lacks integration
- Diversity of the existing oral healthcare workforce, including variations in terminology, professionals, and scopes of practice across regions
- Variety in core curriculum and Quality Assurance approaches, driven by national agendas
- Need for improved engagement with educators in implementing the Plan, and its implications for academia

This work led to consensus regarding the need for a clearly defined document outlining strategies for an oral health education response to the WHO Action Plan from the associations' perspectives. The priority was to address positions concerning a wide array of activities, including oral health workforce planning, scope of practice, inter-professional practice, accessibility, resourcing, strategic reviews of educational offerings, and the delivery of new programmes, where necessary. In addition, a clear position needs to emphasise public health, non-communicable diseases (NCDs), and how these are addressed within the training programme. Once consensus is achieved on these principles, a series of resources will be made available to members for use at the national level for advocacy and other purposes. The associations have begun development of the advocacy resource pack, and it currently includes the following:

- A two-minute animation summarising the associations' approach and four pillars or themes for action. Members and academics are encouraged to use and share this animation to gain insight and understanding of the key role academia can play in enabling the WHO Global Oral Health Action Plan.
- A summary leaflet available for download to share with faculty and students summarising the four key themes. These, in turn, are supported by four more detailed pamphlets, one on each theme.

This content is available to download from the associations' various websites.

The associations appreciate that the level of, and opportunity for, engagement in advocacy very much depends on the local governments' willingness to invite such consultation and advocacy. While the resources we make available should assist in enabling faculty and other stakeholder engagement in meaningful conversation to advocate for the core principles of Universal Health Coverage, Public Dental Health, a community responsive and evidence-based dental service, it will be imperative for those engaged in advocacy to tailor their responses to local priorities and enablers. We call on those willing to share additional resources to do so, and the associations will add these to their respective websites.

6 | Collaborative Response Theme Two: Curriculum Review Aligned to the WHO Global Oral Health Action Plan

The evolution of membership within the oral health team and, in turn, their respective undergraduate curricula is a key factor that needs discussion in light of the WHO Action Plan. This is demonstrated by 19 of the 58 tasks we identified, making specific mention of curriculum review. In particular, the associations encourage national competent authorities and institutions to collaboratively engage in curriculum review in the following areas:

- General alignment with overarching ethos espoused by WHO (Actions 16, 21, 57)
- Emphasis on IPE (Actions 17, 57, 60)
- Public Dental Health and oral health promotion (Actions 18, 22, 37, 42, 58)
- Preventative oral health (Action 40)
- Curriculum alignment between professions and internationally (Actions 56, 58, 60)
- Sustainability (Action 75)
- Metrics (Action 86)
- Data protection (Action 87)
- Research skills (Action 97)

To enable this level of engagement, the associations believe that academic institutions, the health professions, and the national competent authorities need to engage in meaningful discussions around the scope of practices for each of the professions. Without this clarity and consensus on best practice in each profession, curriculum review will remain disconnected, and the professions fragmented.

From the association's own perspective, there is a commitment to establish and implement international principles for a global oral health professions curriculum. Such support would promote global educational quality improvement strategies, generally. The first stage of this was completed by March 2025 with the publication of 'Oral Health Education's Call to Action: Advancing the WHO Oral Health Action Plan'. Within this call, the associations outlined, 'Principles to Advance Four Global Oral Health Themes'. In the coming months, the

associations will publish outline guidance on curriculum review principles and approaches to support this call to action. The materials will be made available on the respective associations' websites via open access and will be available for translation locally.

7 | Collaborative Response Theme Three: Enabling Inter-Professionalism and Care

A core tenet of the WHO strategy and action plan is to build an agile and responsive oral health workforce. Within the 58 tasks we identified from the actions, inter-professional activity, skills, and education were featured six times in our responses to Actions 17, 54, 55, and 57.

While the shaping and management of national oral health workforces is not the direct purview of the OHPE associations, there is a clear benefit from national competent authorities engaging with the education sector at early stages of workforce discussions. Educators can provide the evidence-based rationale for the proposed approaches and ensure aligned delivery of education and educational practice. It is imperative that the concepts of inter-professional care (IPC) and education (IPE) are embraced by the oral health professions and are seen as positive. Work is needed to build a new narrative, one that sees oral health care being provided as part of wider universal healthcare [16, 17] which may mean that some elements of oral healthcare are provided by other healthcare professionals [18].

The associations commit to sharing international best practices to ensure alignment between espoused policy and implemented inter-professional practice within a diverse oral health workforce with varied scopes of practice internationally. In all of this work, the central role of contextual relevance will be stressed. An initial conversation between the associations regarding what tangible support they can collaboratively develop for IPE and IPC was held at the June 2025 IADR meeting. The associations commit to making supporting resources available via open access on their respective websites.

8 | Collaborative Response Theme Four: Enabling a Research Focus

Academia, particularly healthcare professionals' education, is based on principles and concepts of autonomy [19], integrity [20], and evidence-based data [21]. The scientific method and approach are central to what we teach. It is and must remain the basis of what makes oral health education and practice 'a profession'. Through scientific research agendas, the professions continues to advance, making oral health discoveries that improve global oral health and systemic health. In this current era of social media, artificial intelligence, haptics, and virtual reality, it has never been more important to enable our students to apply scientific rigour and maintain academic integrity in their practices. Some associations have already published faculty guidance or learning outcomes on embedding research within the curriculum [22]. However, it is acknowledged that considerable variation exists internationally in the current ability to enable research and critical thinking skills within

graduates. The associations will work collaboratively in this regard during 2026.

9 | Concluding Remarks

In a time when the world appears to be more fractured in many areas than it has been for some time, it is heartening to see the oral health professional associations proactively come together to enable a collaborative response to what could be an opportunity of a generation. The WHO Global Strategy and Action Plan on Oral Health offers oral health professionals an opportunity to not only advance the value of our professions but also to create a trajectory that will have a real impact on global oral and systemic health. The education associations are keenly aware of the financial and other resource constraints that exist, and for this reason, believe a collaborative response that prioritises and enables our diverse members' ability to have national conversations around the WHO strategy is not only a valuable contribution we can make, but also an impactful one.

The associations are their members, and we aim to empower these members to improve oral health professionals' education and ultimately, to improve oral health. We welcome other associations, industry, professional partners, and others to join us by sharing their relevant content via open access on our websites. Oral health is a global problem that requires a global solution, we all have a key role to play the associations continue to commit to delivering on their responsibilities through the reinforcement of the four identified pillars of Advocacy, Curriculum Review, IPE/IPC, and the Research Focus. Going forward, oral health professionals' education has a central role to play in the delivery of the WHO Global Strategy and Action Plan on Oral Health. As we continue this work and make supporting resources available, we invite colleagues to join calls to action nationally or regionally.

Conflicts of Interest

The authors declare no conflicts of interest.

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Appendix 1

TABLE A1 | Analysis of the WHO Action Plan, with the exception of the action for member states and the WHO secretariat etc.

Action number and details	Role for Dental Ed. Associations, etc.	Key action
Action area for strategic objective 1: Oral health governance—Proposed actions for international partners		
Action 14. Advocate for the Global Oral Health Action Plan: Develop technical expertise related to oral health as part of the support mandate of development partners and donor organisations. Promote oral health in alignment with the Global Oral Health Action Plan by including it as a topic in meetings within and outside of the health sector, such as donor, bi- and multi-lateral government meetings, conferences, and other forums.	1. Advocacy and EU level for support in collaboration with key partners CECD, CED, FEDCAR 2. Evolve Support for members in supporting National and International Priority	Advocacy at EU & Regional level Advocacy support pack for members
Action 15. Increase resources for oral health: Intensify efforts by development partners and donor organisations to address oral health and other NCDs as part of the global NCD and UHC agendas. Expand financial, technical, and human resource support. Use innovative financial mechanisms in programming for health, education, and social protection.	3. Advocate for an increase in resources at the EU Level. 4. Encourage members to prioritise supporting roles within academia related to strategy priorities and consider existing programmes being delivered and needing creation	Advocacy at EU & Regional level Advocacy support pack for members
Action 16. Support country implementation of the Global Oral Health Action Plan: Reinforce national capacities and resources for oral health through the provision of technical and financial support. Help establish and sustain national technical working groups on oral health involving donors, development partners and the national government. Strengthen the capacities of academic institutions and other non-state actors to act and advocate effectively. Prioritise support to low- and middle-income countries for developing, implementing and sustaining their national oral health plans.	5. Review the existing curriculum and prioritise related to the strategy. 6. Support members in national advocacy and evolve support mechanisms for members for implementation. 7. Establish collaborative links with LMI country networks in dental education	Curriculum review Advocacy support pack for members Collaborative Approach
Action area for strategic objective 1: Oral health governance—Proposed actions for civil society organisations		
Action 17. Promote a whole-of-government approach to oral health: Advocate for integrating management of oral diseases and other NCDs into primary health care. Engage in multi-sectoral coordination mechanisms to deliver on oral health and other NCD targets within and beyond the health sector.	8. Emphasis on the role of IPE 9. Provide member support for IPE 10. Curriculum delivery approach via IPE	Curriculum review and aligned support for members
Action 18. Advance oral health as a public good: Collaborate among civil society organisations, including oral health professional associations, to promote and protect oral health as a public good. Monitor and raise awareness of inappropriate partnerships in which there are conflicts of interest or undue influence. Participate in the development of government guidance on private sector engagement in oral health and NCD programmes. Advocate for governments to phase out subsidies for unhealthy foods and drinks. Support taxation of unhealthy commodities, such as tobacco, alcohol, and food and beverages with high free sugar content, in line with the provisions of the Framework Convention on Tobacco Control, the WHO Global Strategy to Reduce the Harmful Use of Alcohol, and other WHO guidance documents. Promote a holistic approach to tackling antimicrobial resistance based on the nine United Nations Sustainable Development Cooperation Framework. Include the oral health workforce in such measures.	11. Agree on guidance and consensus on conflict of interest 12. Supporting members to participate in the national debate 13. Curriculum on Public Dental Health Review	Curriculum review and aligned support for members Advocacy support pack for members
Action 19. Hold governments accountable to global oral health targets: Participate in regular monitoring of national NCD and UHC work, including development and use of oral health targets and indicators. Strengthen independent accountability efforts related to oral health. Advocate for the operationalization of UHC for oral health.	14. Advocate at the EU level for transparency in delivery 15. Empower and support membership to do so nationally	Advocacy at EU & Regional level Advocacy support pack for members

(Continues)

TABLE A1 | (Continued)

Action number and details	Role for Dental Ed. Associations, etc.	Key action
Action 20: Call for and participate in inclusive oral health governance mechanisms. Ensure that institutionalised oral health decision-making processes engage people living with oral diseases, special care needs, or disabilities, as well as oral health professionals.	16. Empower members to participate nationally	Advocacy support pack for members
Action area for strategic objective 1: Oral health governance—Proposed actions for the private sector		
Action 21. Align activities with global and national public health priorities: Use the Global Oral Health Action Plan and relevant regional and national policy guidance to incorporate public health principles and priorities in private sector activities to promote oral health.	17. Curriculum review to ensure alignment	Curriculum review and aligned support for members
Action 22. Support implementation of the Global Oral Health Action Plan: Identify areas for meaningful and appropriate engagement to support oral health public health priorities at the global, regional, or national level. Respect rules of engagement set by public entities and government partners, including voluntary commitments and mandatory measures, such as advertising for children. Ensure environmental and social responsibility and accountability in oral health practices.	18. Curriculum review to ensure alignment with overall strategy goals and objectives 19. Positive promotion of the strategy by ADEE to members and the public to increase awareness and a positive profile	Curriculum review and aligned support for members Promotional support pack for members
Action area for strategic objective 2: Oral health promotion and oral disease prevention—Proposed actions for international partners		
Action 37. Target risk factors and determinants of oral health: Integrate oral health into new or existing programmes that address NCDs more broadly, including common risk factors and determinants of health. Support and conduct research to strengthen the evidence for interventions that effectively target the determinants of oral health, including those that reduce oral health inequalities.	20. Curriculum review and research on best practice	Curriculum review and aligned support for members
Action 38. Consider oral health in policy impact assessments: Ensure that oral health is considered when conducting health, inequality, or environmental impact assessments in trade, food, environment, finance, and other sectors, so that unintended health impacts can be avoided and mitigation measures are put in place. Proposed actions for civil society organisations	21. Lobby and advocate for a standard set of indicators?	Advocacy at EU & Regional level
Action 39. Mobilise support for oral health promotion: Facilitate community action for health promotion among diverse groups, such as nongovernmental organisations, academia, media, human rights agencies, faith-based organisations, labour and trade unions, and organisations working with poor, vulnerable, and/or marginalised people. Support the development of personal, social, and advocacy skills to enable all people to achieve their full potential for effective self-care and comprehensive oral hygiene, including persons with impaired motor skills, such as children, people with disabilities, and older individuals.	22. Oral health advocacy action pack for members 23. Promotion of key agenda items 24. Integration into the annual session. 25. Member training and support	Advocacy support pack for members Promotion and communication
Action 40. Advocate for policies and regulations for oral disease prevention: Support policies aimed at creating healthy environments and settings, such as healthy school meals, tobacco-free environments, and related sales restrictions for minors. Advocate for the implementation of health taxes, including those for foods and beverages high in free sugars. Promote national action on the commercial determinants of health, such as mandatory legislation and regulation to limit the influence of food and drink corporations. Call for transparent conflict-of-interest policies between commercial corporations and oral health policy-makers, dental schools, and oral health researchers to limit undue influences and safeguard public health interests.	26. Advocate at the EU level for the prevention approach and the need for change 27. Support mechanisms for members on national advocacy. 28. Curriculum review and focus on oral disease prevention	Advocacy at EU and Regional level Advocacy support pack for members Curriculum review and aligned support for members

(Continues)

TABLE A1 | (Continued)

Action number and details	Role for Dental Ed. Associations, etc.	Key action
Action 41: Advocate for including professional, provider and patient organisations and diverse other civil society organisations in the development and implementation of policies related to oral health promotion, common risk factors, and the determinants of oral diseases and other NCDs. Strengthen transparency and commitment by holding all stakeholders accountable to the Global Oral Health Action Plan's actions on oral health promotion and oral disease prevention.	29. Support for members on participation 30. Advocacy and lobbying at the EU level	Advocacy support pack for members
Action area for strategic objective 2: Oral health promotion and oral disease prevention—Proposed actions for the private sector		
Action 42. Reduce marketing, advertising, and sale of harmful products: Prioritise monitoring, transparency, and compliance with voluntary and legally binding policies and regulations related to healthy settings, protection of vulnerable population groups, marketing, advertising and sponsorship, depending on country context. Consider the reformulation of products to reduce the intake of free sugars	31. Role of health promotion and awareness in the curriculum	Curriculum review and aligned support for members
Action 43. Improve affordability and quality of fluoride products for oral health: Cooperate with governments to improve the affordability and quality of fluoride-containing products for oral health. Ensure that tax reductions or subsidies applied to such products are entirely reflected in lower consumer prices.	32. Advocate at EU Level for the importance of fluoride through support of the Platform for better oral health agenda and other mechanisms	Advocacy at EU and Regional level
Action 44. Implement occupational oral health measures: Strengthen the commitment and contribution to oral health by implementing measures at the workplace, including through good corporate practices, workplace health and wellness programmes, and health insurance coverage for employees, according to the country context.	33. Oral health educators' wellness workplace support pack	Support pack for members
Global target 3: Innovative workforce model for oral health—Proposed actions for international partners		
Action 54. Champion the workforce reform agenda: Engage international professional, research, and dental education associations to align with the workforce reform agenda and support regional and national member associations. Support innovative oral health workforce models by focusing international and regional support on countries with the most critical workforce shortages. Consider financial and grant support for assessing, strengthening, and diversifying the oral health workforce.	34. Research and review into oral health team members, the scope of practice, and the application of wider IPE	Research
Action 55. Advance data, information, and accountability: Reinforce integrated health and oral health workforce planning. Provide technical support for collecting, analysing, and using data on the national oral health workforce for improved planning and accountability. Align these efforts with the health labour market framework and the national health workforce accounts reporting system.	35. Research and review into oral health team members, the scope of practice, and the application of wider IPE	Research
Action 56. Improve oral health training and accreditation: Under the oversight of the Ministry of Health and in collaboration with professional associations, integrate basic competencies for oral health in health worker training programmes on prevention and management of major NCDs. Promote mutual recognition of professional diplomas and qualifications by regional and national accreditation entities to enable free movement, license portability, and practice between countries and geographic areas of need for oral health professionals, by the WHO Global Code of Practice on the International Recruitment of Health Personnel.	36. Review of curriculum approach at EU level and lobby for standardisation	Curriculum approach review
Global target 3: Innovative workforce model for oral health—Proposed actions for civil society organisations		

(Continues)

TABLE A1 | (Continued)

Action number and details	Role for Dental Ed. Associations, etc.	Key action
Action 57. Collaborate to accelerate oral health workforce reform: For dental councils and oral health professional associations, develop appropriate task-sharing and interprofessional collaboration models and strengthen effective accreditation and regulation processes for improved workforce competency, quality, and efficiency, under government leadership and through collaboration with community and patient organisations, where appropriate. For academic training and research institutions, train the workforce to minimise the environmental impact of oral health services and prioritise oral health worker competencies in line with the WHO Competency Framework for Universal Health Coverage and the Global Strategy on Human Resources for Health: Workforce 2030.	37. Curriculum review and support IPE, delegation of tasks, scope of practice, etc. 38. Curriculum review against the WHO Competency Framework for Universal Health Coverage	Curriculum review and aligned support for members
Action 58. Strengthen oral health in primary health care: For dental councils and oral health professional associations, foster ongoing self-reflection of the dental profession on the goal of improving access to and quality of oral health care in primary health care and patient safety as a societal responsibility within and beyond dentistry.	39. Curriculum review and support public health, delegation of tasks, scope of practice, etc.	Curriculum review and aligned support for members
Action 59. Improve quality of oral health care through continuing education: For dental councils and oral health professional associations, support continuing education of the oral health workforce. Develop or review codes of practice and similar frameworks to enhance management of potential conflicts of interest and undue influences, including when dental and pharmaceutical companies and other private-sector entities sponsor professional education and conferences. Proposed actions for the private sector	40. Input and advocacy at EU level on lifelong learning, conflict of interest guidelines	Collaboration and input on consensus
Global target 3: Innovative workforce model for oral health—Proposed actions for the private sector		
Action 60. Align private and public oral health workforce training: Ensure involvement and alignment of public and private oral health workforce training institutions in meeting the requirements of national health workforce policies, plans, or strategies aimed at addressing current and future population health needs. Adapt concepts and programmes of private oral health education to include competency-based training. Strengthen oral health education in the public interest.	41. Curriculum review and support public health, delegation of tasks, scope of practice, etc.	Curriculum review and aligned support for members
Action area for strategic objective 4: Oral health care—Proposed actions for international partners		
Action 73. Strengthen UHC for oral health: Consider including oral health services in programmatic and budget planning for UHC. Support the development and implementation of a package of essential oral health services, particularly in low- and middle-income settings. Provide platforms to share lessons learned and key success factors to integrate oral health services into UHC schemes. Proposed actions for civil society organisations	42. Lobby at the EU level 43. Members support to lobby nationally	Advocacy at the EU & Regional level Advocacy support pack for members
Action 74. Mobilise stakeholders for oral health care: Consider establishing multistakeholder advisory committees for NCDs, including oral diseases and conditions, at national and local levels of government. Ensure representation of civil society organisations to strengthen participation and ownership. Encourage new and support existing civil society organisations to serve as advocates and catalysts to increase access to essential oral health care and promote its inclusion in UHC.	44. Actively participate in EU-level working groups, etc.	Advocacy at EU & Regional level

(Continues)

TABLE A1 | (Continued)

Action number and details	Role for Dental Ed. Associations, etc.	Key action
Action 75. Help mitigate environmental impacts of oral health care: Advocate for environmentally sound practices and sustainable use of natural resources in the context of oral health services, including accelerating the phasedown in the use of dental amalgam and minimising the use of single-use plastic and non-biodegradable materials. Proposed actions for the private sector	45. Curriculum review—Active promotion of sustainability	Curriculum review and aligned support for members
Action 76. Invest in digital oral health for all: Amplify research on and development of digital oral health care devices and technologies that are low-cost and simple to use, in support of population-based interventions.	46. Encourage and promote research in digital oral health	Research
Action 77. Commit to environmentally responsible manufacturing: Develop, produce and market oral health care products and supplies that are cost-effective, environmentally responsible and sustainable. Engage with governments to improve the availability and affordability of such products through bulk purchasing and other cost-saving approaches to public procurement. Accelerate research on and development of new mercury-free, safe and effective dental filling materials.	47. Encourage and promote research in sustainable materials and integrate alternatives into the curriculum	Research
Action 78. Establish sustainable public–private partnerships: Engage manufacturers and suppliers of oral care products in ethical, transparent and long-term partnership agreements with key national actors, in line with public health principles and the Global Oral Health Action Plan. Prioritise dental caries prevention and health promotion, thereby minimising the need for dental restoration. Improve access to essential oral health care and supplies, particularly in low- and middle-income settings, including supporting governmental initiatives to make these products more affordable. Encourage insurance policies and programmes that favour the use of quality alternatives to dental amalgam for dental restoration.	48. Research collaborations and partnerships 49. Support materials for members	Research
Action area for strategic objective 5: Oral health information systems—Proposed actions for international partners		
Action 85. Support the monitoring framework of the Global Oral Health Action Plan: Improve capacities of effective oral health information systems, surveillance, research and data analysis by providing appropriate tools and training opportunities for all stakeholders as part of broader health system strengthening.	50. Participate and promote the monitoring initiatives as they evolve	Promotion and communication
Action 86. Advance oral health metrics: Promote the use of oral health indicators aligned with global health metrics used to assess the burden of disease, such as prevalence and disability-adjusted life years, to strengthen usability of 24 information in the context of the Sustainable Development Goals and other key global health agendas. Proposed actions for civil society organisations	51. Curriculum review against metrics as they evolve and integration of the same into the curriculum	Curriculum review and aligned support for members
Action area for strategic objective 5: Oral health information systems—Proposed actions for civil society organisations		
Action 87. Promote oral health data protection and confidentiality: In accordance with country regulations, seek protection of patient and provider-related information while allowing anonymised data analysis and reporting for planning, evaluation and research. Proposed actions for the private sector	52. Curriculum review—Data protection update	Curriculum review and aligned support for members
Action area for strategic objective 5: Oral health information systems—Proposed actions for civil society organisations		
Action 88. Provide access to insurance data for research and service planning: Enable access to private oral health insurance data on coverage, health outcomes and economic information, in full compliance with national data protection policies.	Not application	N/A
Action area for strategic objective 6: Oral health research agendas—proposed actions for international partners		

(Continues)

TABLE A1 | (Continued)

Action number and details	Role for Dental Ed. Associations, etc.	Key action
<p>Action 94. Promote equity in all aspects of global oral health research: Support shared agenda setting for global oral health research, programme planning, implementation and evaluation. Foster equitable partnerships in priority setting, methodological choices, research funding, project management, analysing and reporting results and authorship in scientific publication. Ensure equitable access to data, research results and publications, including reducing or eliminating fees to access information.</p>	53. Participate and promote the collaborative research approach	Research
<p>Action 95. Facilitate reorientation of the oral health research agenda: Support the prioritisation of research on public health and population-based oral health interventions. Promote capacity building and training that meet the needs of new priorities for oral health research. Strengthen evidence on the prevalence and incidence of diseases and conditions of public health interest that may be under-researched, such as oro-facial clefts and noma.</p>		
Action area for strategic objective 6: Oral health research agendas—Proposed actions for civil society organisations		
<p>Action 96. Consider establishing a national oral health research alliance or task force: Engage academia, research institutions, professional associations, the government, community representatives, patients and other stakeholders in such an initiative. Support alignment with and prioritisation of the national oral health research agenda. Advocate for transparent reporting of research findings.</p>	54. Participate and promote the collaborative research approach	Research
<p>Action 97. Ensure research alignment with national oral health priorities: For academic and other relevant civil society organisations, review the research and science training curricula of academic and research institutions to assess whether they address public health, implementation research and national priorities. Promote oral health research priorities in relevant conferences and research forums.</p>	55. Research curriculum review	Curriculum review and aligned support for members
<p>Action 98. Conduct participatory research to identify oral health needs and interventions: When considering interventions for inclusion in essential oral health care packages and UHC, enlist the participation of diverse community members, including patients, people living with oral diseases and marginalised people. Establish patient public panels for prioritising studies, design and management of research, data collection, analysis, reporting and dissemination of findings. Evaluate different approaches to social participation and community engagement to improve oral health, such as citizen forums.</p>	56. Diversity and inclusion support for members	Diversity support pack for members
Action area for strategic objective 6: Oral health research agendas—Proposed actions for the private sector		
<p>Action 99. Develop public–private partnerships for oral health research: Strive to avoid or reduce real or perceived conflicts of interest and researcher bias in public–private research partnerships. Foster the public’s interest in reforming oral health research agendas. Collaborate with the public sector and other stakeholders in research on digital oral health technologies. Disseminate essential public health research and results in open-access platforms so that they are accessible to the public. Ensure low publication fees for low- and middle-income countries.</p>	57. Participate and promote the collaborative research approach	Research
<p>Action 100. Invest in research for safe, environmentally sound, mercury-free dental filling materials: Accelerate research and development of new mercury-free, safe and effective dental filling materials. Strengthen the production and trade of environmentally friendly and sustainable products and supplies.</p>	58. Participate and promote the collaborative research approach	Research