Joint Response of ADEE, FEHDD, IFDEA and the O-Health-Edu Project team
On the Draft for a Global Strategy on Oral Health (WHO Resolution WHA 74.5)

The **Association for Dental Education in Europe (ADEE)**, represents more than 200 institutions dedicated to the education of Oral Health Professionals in over 50 countries. ADEE has facilitated the reestablishment of The **Forum of European Heads and Deans of Dental Schools (FEHDD)** in 2008 to provide a means of bringing together Dental School Deans, Heads and their deputies from Europe and further afield, to explore current topics of interest. ADEE is also facilitating **the International Federation Dental Educators and Associations (IFDEA),** an initiative aimed to provide a virtual space of collaboration for the associations for Oral Health Education around the globe. ADEE is also dissemination partner for the Erasmus + project, **O-Health-Edu**, an active partnership including ten Oral Health Higher Education Institutions aimed to better understand the current state of oral health education within the EU, and to develop a suite of online tools that will support the aggregation, interrogation and presentation of oral health education program data, and curriculum documents.

Collaboratively and independently these four oral health professional associations recognizes the World Health Assembly adopted resolution WHA 74.5 (2021) as a pivotal document to orient and inspire the future development of Oral Health Education Programs. Consequently, we are responding to the call for consultation on the resolution requested from the Director General for drafting a global strategy on tackling oral diseases, as well as the development of a global action plan on oral health. ADEE, IFDEA, FEHDD and O-Health-Edu offer the following feedback on this draft document. Prior to addressing the specifics of the WHO discussion paper a brief profile of ADEE is provided for context.

ADEE, IFDEA, FEHDD and O-Health-Edu and their respective membership embrace the WHO definition of oral health as the state of well-being that encompasses numerous functions (from breathing to eating, speaking, smiling and socializing) thus enabling individuals to achieve their full capacity and participation in society, comfortably and confidently. Consequently, since our foundations such a perspective is reflected in all teaching and research activities the concept of oral health as an essential component of the patient's general health, wellbeing and quality of life, from birth to old age. ADEE consensus papers, documents and proposals for Oral Health Education have early and consistently taken into account the Agenda for Sustainable Development Goals, as well as the WHO's documents cited in the Resolution referred to the essential rapport between education, oral health and general health and wellbeing.

ADEE's profile and competencies of the European oral health professionals have progressively developed competencies, implementing learning outcomes addressing the burden of oral diseases, including its relationship with the other noncommunicable diseases, the relevance of cancers of the lip and oral cavity and its prevention, and the need for a rapid diagnosis of precancerous lesions and birth defects, with emphasis in those signalling rare diseases. In a similar manner, the association of oral health and the patient's social and economic status, as well as the commercial determinants and risk factors for the population's oral health have been developed as the knowledge-based competencies of the future oral health workforce in advocacy in prevention and oral health promotion. Most ADEE institutional members offer oral healthcare services to their populations, mostly through conventions with their public

healthcare systems. University Dental Hospitals provide not only primary dental care, but also highly specialized treatments for complex ailments. Moreover, as a part of their social engagement, most University Dental Hospitals maintain programs that provide dental treatment to vulnerable patients.

ADEE activities, congresses, formative activities and publications, all reflect the ethos of our communities of practice, to collaborate in the implementation of the Vision expressed in the Strategy: universal oral health coverage for all people in 2030. ADEE's collaborative effort is aimed to contribute to the goal of developing responses to promote oral health, reduce oral diseases as well as other oral conditions and oral health inequalities. ADEE membership's expertise has contributed for years to the research in education of the oral health workforce. Thus for these reasons the proposals of the WHO are welcome and overdue.

We wish to highlight the following key aspects be considered and reflected in the enabling of the WHO position from an oral health professional's education perspective:

1. Oral Health Professional Educators should be seen as key stakeholders in enabling this strategy and should be included from the outset at national and European, global levels so as to make such dramatic change achievable. Acknowledgement of national and local diversity in funding, education and healthcare systems will be essential to ensure equity in provision.
2. Curricula should be grounded in a competence approach, encompassing scientific evidence and best practices, and changes will take upwards of 5 years to impact graduate outturn. Realistic timetables for achieving the objectives should be set to reflect this. Ensuring the revised curricula are quality assured will be necessary and requires structural and other supports.
3. The concept of inter-professionalism is central to the success of this strategy. Implementing IPE in education and clinical practice is a step change for many professionals and will need lengthy consultation, facilitation and a long-term view to be achieved.
4. Lifelong learning will be central to enabling mind set change and a responsive workforce in a rapidly changing context. Enabling educational, clinical and sustainable practice structures to support this at a national and European, global level will be necessary.
5. Research and scientific evidence must lead the rationale debate and consensus making process. Oral health research, educational research and advancing technologies including haptics continue to shape the curriculum in many ways. Ensuring such innovations are integrated into the strategy and ways of working is critical.
6. Student wellbeing and workload will need in depth consideration, student workloads are already stretched and simply adding new skills and competence to an already busy curriculum is not the answer, thus wider professional reframing is required.

The following return to your discussion paper, the vision, goals, principles and strategic objectives to discuss these points within this context in turn:

Proposals Vision:
ADEE, IFDEA, FEHDD and O-Health-Edu welcome the laudable vision of the proposal to attain universal oral health coverage for all people by 2030, however we do question its possible success in such a short timeframe. Given the complexities of healthcare and education as

further highlighted by the COVID 19 pandemic, much resource investment and a change agenda must be embedded within these two service provisions. Setting achievable and realistic deadlines the majority of countries will be able to attain without further hardship is important. Perhaps a more realistic timeline for such strategic and operational change of this scale would be 2035 or 2040.

Proposed Goal:
Again, ADEE, IFDEA, FEHDD and O-Health-Edu very much welcome this goal which should firmly place oral health on the agenda and enable the quantifiable assessment of this over time. However, while reading the goal there seems to be misalignment in the language used in the vision. The vision states universal health will be achieved by 2030, the goal opens up to just taking stock by 2030. Such change in language albeit small is important as it implicitly implies the WHO may feel the vision is not attainable.

Guiding Principles:
ADEE, IFDEA, FEHDD and O-Health-Edu broadly welcome the 6 guiding principles as a means of enabling strategic change in the provision of healthcare scores and education. We make specific comment on the following:

Principle 1: A public health approach to oral health and Principle 2: Integration of oral health in primary health care
We agree in that the first step for addressing the public health approach to oral health must address the more prevalent and the more severe oral diseases and conditions. However, given the growing evidence that there are common causal mechanisms linking many systemic ailments to oral diseases and conditions, the draft document should signal the need for a long-term integration of oral health professionals and services within the public healthcare systems. Thus, the draft should propose starting with primary care collaboration and then progressing to the oral and general health professionals team effort to take care of the more complex patients and conditions in the hospitals.

The integration of oral care to the primary healthcare is very much welcomed, however we advise that the amount of programme change the accommodating text will require both in practice and academic environments should not be under estimated. Embedding a culture of inter professionalism will need a step change in mind sets for many professions, both in healthcare and in all the public services, and in the education environment, etc. This will need considerable re-negotiation of roles, responsibilities, accountability and thereafter education programme updating and course development. Consequently, all stakeholders will need to dedicate considerable workload, resource commitments and of course time to this endeavour.

Principle 3: A new oral health workforce model to respond to population needs
Again this is a laudable objective, however it will entail considerable negotiation of work practices, roles and responsibilities and potentially the demise of some oral health professions. Such negotiations at a national and regional level will need considerable time to be effectively enabled.

The resulting changes in professional role, definition and competence will need time to be quantified, qualified, documented, and broken down to meaningful learning outcomes and teaching strategies. This will then require a review of the teaching workforce to align in advance of delivering new teaching and training models. A lead in of 5 to 10 years is we feel a necessity at a minimum to make such dramatic change in both health and education sectors. We must

keep in mind that changes need to be negotiated in an inclusive manner and resulting changes in programmes will require accreditation and quality assurance, all of which is for the most part built on a 3 to 5 years cycle.

Principle 4: People-centred oral health care and Principle 5: Tailored oral health across the life course

Both principles are welcomed. We do remind the WHO that with regards oral health education a person centred approach has been at the core of ADEE and its members for many years. Such principles place emphasis on the importance of the social, cultural and contextual factors of healthcare and education. These in turn place emphasis on oral healthcare as being a complex system that needs a competence based approach in teaching and learning. We also remind you that the student patient relationship adds a level of complexity in oral health training as many students practice since their initial formative years on live patients. This fact makes them excellent advocates for Oral Health, as proven by the numerous charities and projects addressed to children, older and deprived patients they lead in our Faculties.

The formation of specialists in oral health dedicated to prenatal, infant, child and adolescents or to older patients has been the object of numerous research projects and consensus papers from their respective ADEE's communities of practice. These experiences lead us to remark that oral health specialities must be regulated and integrated in the health systems in order to attain the objective of integrating age-appropriate oral health strategies within the relevant health programmes across the population's life course.

Principle 6: Optimizing digital technologies for oral health

There is no doubt that technologies can play a key role in delivering this strategy. However, we would stress that it is important that technology is viewed as an enabler rather than a deliverer of oral healthcare. ADEE and its membership continue to embrace technologies in its teaching and practices of dentistry and to work towards standards for the use of same. Our long experience enables us to caution that while technologies provide valuable opportunities they do so at considerable upfront costs. Costs that for many countries may be better invested in upskilling or retraining staff.

Strategic Objectives

Each of the strategic objectives are welcomed by ADEE, IFDEA, FEHDD and O-Health-Edu with the *caveat* that national agencies are mandated to engage in a meaningful collective consultation and negotiation process not only with the public, the students and the professions but with the educators throughout the process also.

ADEE's long experience in harmonisation of Oral Health Education programs leads us to signal that the changes in professional practice result in changes in education and vice versa, thus multi stakeholder and sectorial consultation must be attained early if these objectives are to be achieved. Consequently we propose some *addenda* to the Strategic Objectives in the Draft, in order to ensure that the education of the future Oral Health Professionals is harmonized both with the WHO Global Strategy on Oral Health and with the formation of the other professionals included in the Health Workforce.

Strategic Objective 1: Oral Health Governance

In order to better attain the recognition and integration of oral health in all relevant policies and public health programs (including national noncommunicable disease and universal health coverage agendas), and to implement the required educational programs, the National Oral Health Unit that constitutes the core of Objective 1 must include a representative of the Oral Health Education system.

Consequently, we proposes to modify the point 26 redaction to:

26. "Central to this process is establishing or strengthening the capacity of a national oral health unit. A dedicated, qualified, functional, well-resourced, and accountable oral health unit should be established or reinforced within noncommunicable disease structures and other relevant **public health and education services**."

Strategic Objective 2: Oral Health Promotion and Oral Disease Prevention

In order to promote Oral Health Equity, the education of all Health professionals, including Oral Health professionals and other health workers, both already practicing and in formation, must include learning outcomes related with the evidence-based, cost-effective and sustainable oral health promotion and interventions to prevent oral diseases and conditions proposed by the National Oral Health Unit.

Consequently, we proposes to add to the point 28 redaction the following statement:

28. "Prevention efforts target key risk factors and social and commercial determinants of oral diseases and other oral conditions. These initiatives should be fully integrated and mutually reinforcing with other relevant noncommunicable disease prevention strategies and regulatory policies related to tobacco, harmful alcohol use and unhealthy food and beverage products, as well as the use of fluorides for prevention of dental caries. **These preventive efforts and joint initiatives must include formative projects aimed to ensure that all the practicing members of the Health Workforce, as well as all Health students are competent to collectively address the adequate Oral Health Strategies"**

Strategic Objective 3: Primary Oral Health Care - Build workforce capacity
Strategic Objective 4: Oral Health Information Systems - Enhance oral health surveillance and information systems to provide timely and relevant feedback to decision-makers for evidence-based policy-making

These particular objective have been the essence of all ADEE activities since its foundation. In order to attain the objective of increase access by the entire population to safe, effective, and affordable primary oral health care as part of the universal health coverage, Oral Health Education must enable the future professionals to be active members of all levels of healthcare, from primary public and private healthcare to the most specialized multidisciplinary teams. This will also facilitate the objective to enhance Oral Health Surveillance and data management, thus feeding the information systems both at a national and at a global level with relevant feedback to ensure an evidence-based policy-making. Our experience shows that interprofessional education constitutes the most effective learning experience to acquire these competencies.

Thus, to build a team workforce capacity ADEE proposes the following alternative text for point 30:

30. "**Oral health professionals must be active** members of the primary health care team and work side-by-side with other health workers **by applying their specific competencies to collaboratively** tackling oral health conditions and other non-communicable diseases, with a focus on addressing common risk factors and supporting general health check-ups. **To initiate the building of such workforce capacity, these competencies, added to the ones related with Health Surveillance and Information Systems as well as Sustainability must be developed in the adequate Interprofessional Health Education graduate and postgraduate programs."**

Strategic Objective 5: Oral Health Research Agenda

ADEE members are the institutions that essentially carry out the Education and Research in Oral Health. Oral health related research has experienced an enormous progress in the last decades by applying the most advanced research methods and techniques and collaborating in equal conditions with all other science areas. The objective aimed to the creation and continuously updating of a new research agenda focused on public health aspects of oral health and innovation for better impact on both general oral health is then in complete agreement with ADEE's proposals and actions. However, the text on point 32 does not reflect the present state of Oral Health and Education Research as it is developed by the ADEE educational research community.

In a similar manner than interprofessional education has proven its excellence for acquiring competencies, the more successful research is nowadays interdisciplinary. Oral health research projects must be considered as an integral part of National and International Health Research programs in order to adequately address the common risk factors and causal mechanisms for many ailments that affect our populations, be the initial signs and symptoms diagnosed or treated by an Oral Health professional or by any other Health Workforce member. Other interdisciplinary research success stories in which Oral health researchers contribution has been pivotal include biomaterials, tissue regeneration, genomic-proteomics of oral/systemic diseases and craniofacial development, rare diseases, haptics, 3D and digital technologies and minimally invasive interventions.

The alternative redaction of point 32 we propose is thus:

32. "**Strategic objective 5 strives to move beyond the historical oral health research agenda that was heavily focused on dental technology and problem description, rather than problem-solving. The new oral health research agenda should reinforce its recently developed strengths, such as biomaterials, tissue regeneration, genomic-proteomics of oral and systemic diseases, craniofacial development, rare diseases, haptic, digital and 3D technologies and minimally invasive interventions. Moreover, new research initiatives must be specifically aimed to public oral health programs, population-based interventions, learning health systems, workforce models, and the public health aspects of oral diseases and conditions, such as primary health care interventions, environmentally sustainable practice, and economic analyses to identify cost-effective oral health interventions.**

Since interdisciplinarity is a key factor in the success of numerous research projects, Oral Health objectives must be included in National and International research programs and Oral Health Professionals must be considered members of the research teams in equal conditions than the other scientists and technicians."

Role of ADEE, IFDEA, FEHDD and O-Health-Edu in the Development of the WHO's Global Strategy on Oral Health

As the voice of Oral Health Academic Institutions in the WHO European Region, ADEE is actively engaged in advocacy, resource mobilization, exchange of information, sharing of lessons learned, capacity-building and collaborative research to achieve the goals and objectives of the Strategy at global, regional and national level. ADEE's contribution to the success of the WHO Global Strategy on Oral Health would be then sustained by our long history of collegiality, consensus and collaboration with global partners, including the European Union through numerous EU-funded projects, as well as student's, professional's, and other research and academic associations.

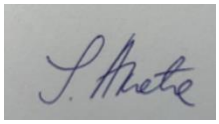
The O-Health-Edu ERASMUS + Project, an active partnership including ADEE and ten Oral Health Higher Education Institutions also members of ADEE, is aimed to better understand the current state of oral health education within the EU, and to develop a suite of online tools that will support the aggregation, interrogation and presentation of oral health education program data, and curriculum documents. These efforts are in line with the WHO Global Strategy, since one of its strategic objectives is to define the priorities for a strategic vision and support changes for oral health professionals' education in 2030.

The Forum of European Heads and Deans of Dental Schools was re-established in 2008 to provide a means of bringing together Dental School Deans, Heads and their deputies from Europe and further afield to explore current topics of interest. Their meetings are part of the ADEE annual scientific meetings, and their objectives are to provide training, support and networking to improve the governance of the Oral Health Education Institutions. Their last meetings have been dedicated to themes directly related with the WHO Global Strategy, such as Diversity, Equity and Inclusion; Resilience in a time of change and the New clinical practice challenges arising from Covid in the clinical education environment.

ADEE is presently leading the International Federation Dental Educators and Associations (IFDEA), an initiative aimed to provide a virtual space of collaboration for the associations for Oral Health Education around the globe. This global open space will constitute a forum to facilitate the collaboration in the implementation of the Educational aspects of the WHO Global Strategy.

ADEE's vast experience in the harmonization of the Oral Health Education in Europe with a Global Perspective could thus be applied to coordinate all ADEE's various efforts and activities to collaborate in the International Coalition on Oral Health as an active partner to support countries and Oral Health Schools in the implementation of the WHO's Global Strategy on Oral Health.

This submission is made on behalf of the organisations by:



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