



COMMITTEE A2
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GLOBAL MODEL UN **WHO** 2026

ANNOTATED BIBLIOGRAPHY

COMMITTEE A2: ORAL HEALTH

Simulation: Committee A2

Welcome to Global Model WHO 2026,

We are very pleased to introduce you to the most authentic simulation of the World Health Organization in the world; and hope to contribute to your understanding of the organization, its mandate, and its critical role in global affairs.

Through a series of pre-conference webinars that will be offered and documents – like this resource guide – we aim to educate you not only about the global issues on the UN agenda, but also about the ways and means through which those topics are discussed, debated and negotiated by real UN diplomats.

This resource guide will provide you with a head start in doing research to gain a deeper understanding of the global issue that you will be discussing and the actions that the government you have been assigned recommends that the international community should take to address this issue. To make the research process a bit easier, the resource guide has been divided into sections and sub-sections to assist you in researching these two components. We strongly recommend you to give a careful look through the sources listed below so that the interaction with your peers is as exciting as possible.

We wish you all the very best in this journey of learning!

TOPIC DESCRIPTION

Oral diseases are among the world's most common noncommunicable diseases, affecting an estimated 3.5 billion people. Yet, prevention and treatment remain inaccessible or unaffordable for many people, and oral health services are often separated from primary health care and universal health coverage. WHO's Global Strategy and Action Plan on Oral Health 2023–2030 seeks a fundamental shift from a predominantly treatment-oriented model toward prevention, integration into primary health care and universal health coverage, and action on common NCD risk factors. Member States have already agreed on a global strategy, action plan and targets for 2030

Key Points and Main Issues

WHO's Global Strategy and Action Plan on Oral Health 2023–2030 treats oral health as a public-health and universal-health-coverage issue, not simply as a matter of dental treatment. Its vision is universal health coverage for oral health by 2030, with prevention, treatment and rehabilitation available without financial hardship. For delegates, the central negotiating challenge is how countries with very different disease burdens, health systems, workforces and financial resources can move toward that goal while addressing the social and commercial determinants of oral disease.

1. INTEGRATING ORAL HEALTH INTO UNIVERSAL HEALTH COVERAGE AND PRIMARY HEALTH CARE

Oral health services are often separated from general health systems and paid for directly by patients. WHO calls for essential oral-health care to be included in UHC benefit packages and integrated into primary health care so that people can obtain preventive and basic treatment without financial hardship.

Key issues include:

- Defining an essential package: Countries must decide which preventive, emergency, restorative and rehabilitative services should be publicly covered.
- Financial protection: High out-of-pocket costs can cause people to delay or avoid dental care, particularly lower-income households.
- Primary health care integration: Oral-health workers should be part of primary-care teams, with clear referral pathways to higher levels of care.
- Public and private providers: In countries where private dentistry supplies much of the care, governments must decide how private providers can participate in publicly financed coverage.
- Quality and patient safety: Expanding coverage must be accompanied by systems for monitoring the quality of both public and private oral-health services.
- Essential medicines and supplies: Public procurement systems need reliable access to the medicines, materials and consumables required for basic oral-health care.
- Different national starting points: A high-income insurance-based system and a lower-resource public health system may need different routes toward the same UHC goal.

Key Points and Main Issues (cont.)

Recommended Actions

- Define a nationally appropriate essential oral-health benefit package.
- Integrate basic oral-health services into primary health care and existing UHC programmes.
- Increase public financing or pooled payment arrangements that protect vulnerable groups from financial hardship.
- Develop referral systems linking community and primary care with more specialized services.
- Monitor quality, access and financial protection rather than measuring coverage only by the number of facilities or dentists.

Issues for delegates to consider

- What oral-health services should every country aim to include in an essential UHC package?
- Should WHO recommend a common global minimum package, or should each country determine coverage according to resources and disease burden?

2. SHIFTING FROM TREATMENT TO PREVENTION AND ADDRESSING COMMON RISK FACTORS

WHO's strategy calls for a stronger public-health approach that prevents oral disease before extensive treatment is required. Dental caries, periodontal disease and oral cancers share important risk factors with other noncommunicable diseases, including free sugars, tobacco and harmful alcohol use. Prevention therefore involves both individual self-care and population-level policy.

Key issues include:

- Free sugars: WHO links free-sugar consumption directly to dental caries and recommends limiting intake to less than 10% of total energy, and ideally below 5%.
- Tobacco and alcohol: These are major risk factors for oral cancer and also affect general health, making integrated NCD policies important.
- Oral-health education: Education can improve knowledge and self-care, but information alone may have limited effect when unhealthy products are cheap, widely available or heavily marketed.

Key Points and Main Issues (cont.)

- Fluoride toothpaste: Affordable, quality fluoride toothpaste is one of the most practical population-level tools for preventing dental caries.
- Population policies: Taxes, marketing restrictions, nutrition labelling, reformulation and healthy public procurement can reduce exposure to major risk factors.
- Prevention incentives: Payment systems that reward procedures can encourage treatment rather than prevention; WHO asks countries to consider financing models that support preventive care.
- Life-course approach: Prevention needs differ for children, adolescents, adults and older persons.

Recommended Actions

- Integrate oral-health prevention into national NCD strategies.
- Improve affordable access to quality fluoride toothpaste and other evidence-based preventive interventions.
- Consider fiscal and regulatory policies that reduce consumption of free sugars and exposure to tobacco and harmful alcohol use.
- Use schools, primary health care and community programmes to reach children and populations with limited access to dental services.
- Review payment and reimbursement systems so that prevention is not financially disadvantaged compared with treatment.

Issues for delegates to consider

- How far should governments go beyond education and regulate products or marketing that contribute to oral disease?
- How can countries make preventive measures affordable without creating programmes that are difficult to sustain?

3. REDUCING ORAL-HEALTH INEQUALITIES AND REACHING UNDERSERVED POPULATIONS

WHO emphasizes that oral diseases disproportionately affect people who are poor, socially marginalized or otherwise underserved. Achieving national improvements without reducing these inequalities would fall short of the strategy's goal. Delegates therefore need to consider who is least able to obtain preventive and treatment services and why.

Key Points and Main Issues (cont.)

Key issues include:

- Income and poverty: Cost can prevent people from seeking care until pain or disease becomes severe.
- Geographic inequality: Rural, remote and underserved urban areas may have fewer oral-health workers and facilities.
- Children and older persons: These groups may have particular preventive, treatment and access needs.
- Persons with disabilities: Physical, communication, financial and institutional barriers can limit access to appropriate oral-health care.
- Migrants, displaced persons and marginalized communities: Legal status, language, mobility and exclusion can affect access.
- Indigenous populations and other historically underserved groups: National averages may hide substantially poorer outcomes.
- Equity in financing: Equal subsidies do not necessarily produce equal access when some populations face much greater barriers.
- Disaggregated data: Governments need data by income, geography, age, disability and other relevant characteristics to identify inequalities.

Recommended Actions

- Identify populations experiencing the greatest oral-health burden and access barriers.
- Direct additional preventive and service resources toward underserved populations.
- Design facilities, information and services to be accessible to persons with disabilities.
- Include oral health in school health, healthy-ageing and other programmes serving high-risk groups.
- Collect and publish disaggregated data so that improvements in national averages do not conceal persistent inequalities.

Issues for delegates to consider

- Should countries prioritize universal expansion of services or first direct additional resources toward groups with the poorest access?
- How should progress on oral-health equity be measured?

4. Building and Distributing the Oral-Health Workforce

Many countries do not have enough oral-health workers to provide the services their populations need, and existing professionals may be concentrated in wealthier or urban areas. WHO therefore encourages innovative workforce models rather than assuming that every service must be delivered by a dentist.

Key Points and Main Issues (cont.)

Key issues include:

- Workforce shortages: Increasing the number of dentists alone may be slow and expensive.
- Unequal distribution: National dentist-to-population ratios can hide severe shortages in rural and low-income areas.
- Skill mix: Dental therapists, hygienists, nurses, assistants, community health workers and other primary-care professionals can perform appropriate preventive or basic functions.
- Scope-of-practice rules: Expanding roles may require changes to licensing, accreditation and professional regulation.
- Education and training: Oral-health curricula should include prevention, public health, interprofessional care and environmental sustainability as well as clinical skills.
- Retention: Countries need strategies to retain trained personnel and encourage service in underserved areas.
- International recruitment: Migration of oral-health professionals can benefit individuals and destination countries but may worsen shortages in countries of origin.

Recommended Actions

- Include oral-health personnel in national health-workforce strategies and investment plans.
- Expand competency-based training and appropriate task sharing where it can safely increase access.
- Train primary-care and community health workers to support oral-health promotion, early detection and referral.
- Use incentives and service models to improve workforce distribution in underserved areas.
- Maintain clear quality, licensing and supervision standards when scopes of practice are expanded.

Issues for delegates to consider

- Which oral-health services should be safely provided by workers other than dentists?
- How can countries expand the workforce without lowering quality or worsening international workforce inequalities?

Key Points and Main Issues

5. FLUORIDE AND POPULATION-LEVEL PREVENTION OF DENTAL CARIES

Fluoride is central to the prevention of dental caries, but countries use different delivery methods depending on infrastructure, cost, population coverage and public acceptance. WHO supports safe and cost-effective approaches such as quality fluoride toothpaste, topical fluoride and water fluoridation where appropriate.

Key issues include:

- Fluoride toothpaste: Its effectiveness depends on adequate fluoride concentration, product quality, affordability and regular use.
- Water fluoridation: It can reach large populations without requiring individual action, but feasibility depends on water systems and national circumstances.
- Topical fluoride: Varnishes and other applications may be useful for children and populations at higher risk.
- Alternative delivery systems: Countries without centralized water supplies may need other population or community approaches.
- Safety and monitoring: Fluoride programmes require appropriate concentration standards and surveillance.
- Public trust: Fluoridation policies can become politically controversial even where health authorities consider them safe and effective.
- Equity: Population approaches can reduce disparities when they reach people who otherwise have limited access to preventive dental care.

Recommended Actions

- Ensure affordable access to quality fluoride toothpaste.
- Use evidence and local infrastructure to determine the most appropriate fluoride-delivery methods.
- Monitor fluoride exposure and programme effectiveness.
- Provide clear public communication about benefits, risks and safeguards.
- Prioritize preventive programmes that reach populations with the greatest burden of untreated caries.

Issues for delegates to consider

- Should WHO encourage water fluoridation more strongly, or leave the choice entirely to national and local authorities?
- How can countries prevent caries where centralized fluoridated water is not feasible?

Key Points and Main Issues (cont.)

6. ADDRESSING SOCIAL AND COMMERCIAL DETERMINANTS OF ORAL HEALTH

WHO explicitly identifies social and commercial determinants as drivers of oral disease. This means delegates must look beyond dental clinics to the economic and commercial environments that shape consumption of sugar, tobacco, alcohol and other risk factors.

Key issues include:

- Commercial influence: Companies shape product formulation, price, availability, advertising and consumer preferences.
- Marketing to children: Children may be particularly vulnerable to promotion of sugary foods and beverages.
- Affordability: Healthier choices and fluoride toothpaste may be less affordable than products that increase oral-disease risk.
- Industry engagement: Governments may need technical cooperation with industry while also managing conflicts of interest.
- Common-risk-factor approach: Policies reducing sugar, tobacco and harmful alcohol use can benefit oral health and other NCD outcomes simultaneously.
- Socioeconomic conditions: Education, employment, income and living conditions affect both exposure to risks and ability to obtain care.
- Individual responsibility versus structural policy: Governments must decide how much emphasis to place on personal behaviour and how much on regulation of the environments in which choices are made.

Recommended Actions

- Include oral-health objectives in broader NCD, nutrition and tobacco-control policies.
- Protect children from inappropriate marketing of products associated with oral disease.
- Consider taxes, labelling, procurement standards and reformulation policies where appropriate.
- Use transparent safeguards when engaging industries whose products affect oral health.
- Evaluate whether prevention policies reduce or widen socioeconomic inequalities.

Issues for delegates to consider

- How should governments balance individual choice with regulation of commercial practices that contribute to oral disease?
- What safeguards are needed when the private sector participates in oral-health programmes or policy development?

Key Points and Main Issues

7. MOVING TOWARD ENVIRONMENTALLY SUSTAINABLE AND MERCURY-FREE ORAL HEALTH CARE

Oral-health services have environmental consequences through mercury-containing dental amalgam, chemicals, waste, single-use materials, water use and energy consumption. WHO calls for environmentally sound oral-health care and mercury-free alternatives, while the Minamata Convention creates an additional international framework for reducing and ending dental-amalgam use.

Key issues include:

- Dental amalgam: Amalgam contains mercury and can release mercury across production, clinical use, removal and disposal.
- Mercury-free alternatives: Countries differ in access to, cost of and experience with alternative restorative materials.
- Transition timelines: Rapid elimination may be easier for well-resourced systems than for countries where amalgam remains an affordable and durable treatment option.
- Minimal intervention: Preventing caries and treating it earlier can reduce the need for extensive restorative procedures.
- Dental waste: Clinics must manage mercury, chemicals, plastics and other waste safely.
- Water and energy: Environmental sustainability also includes efficient use of resources and reduction of carbon emissions.
- Coordination: Health ministries need to work with environment ministries and other authorities responsible for Minamata Convention implementation.

Recommended Actions

- Develop national plans for transition toward mercury-free restorative care consistent with international commitments.
- Expand access to safe, affordable and effective alternatives to dental amalgam.
- Strengthen waste-management standards and environmental practices in dental facilities.
- Prioritize prevention and minimally invasive treatment to reduce material use and environmental impact.
- Provide technical and financial support to countries that may struggle to implement new environmental requirements.

Issues for delegates to consider

- Should all countries follow the same timetable for eliminating dental amalgam?
- How should international assistance address the additional costs of mercury-free alternatives in lower-resource settings?

Key Points and Main Issues (cont.)

8. STRENGTHENING SURVEILLANCE, DATA AND RESEARCH

Many countries lack current, nationally representative information on oral disease, inequalities, workforce capacity, service use and spending. WHO therefore calls for oral health to be integrated into national health-information systems and for research agendas to focus on public-health needs.

Key issues include:

- National surveillance: Countries need regular information on dental caries, periodontal disease, tooth loss, oral cancer and other priority conditions.
- Service data: Governments need to know who receives care, what services are delivered and where gaps remain.
- Workforce and spending data: Planning requires information on personnel, facilities, supplies and financing.
- Integration with NCD and UHC monitoring: Oral health should not remain in a separate information silo.
- Disaggregated data: Monitoring should reveal inequalities rather than only national averages.
- Digital methods: Mobile devices, imaging and other technologies may lower the cost of data collection and support early detection.
- Data protection: Electronic records and digital surveillance must protect confidentiality and personal information.
- Research priorities: Countries need evidence on interventions that are affordable and feasible in their own settings, not only studies from high-income systems.

Recommended Actions

- Integrate oral-health indicators into national health, NCD and UHC information systems.
- Conduct periodic population-based oral-health surveys where needed.
- Track workforce, spending, service readiness and access as well as disease prevalence.
- Develop national oral-health research priorities linked to policy needs.
- Use digital tools where they improve access or data quality while maintaining privacy and data-protection safeguards.

Issues for delegates to consider

- Which indicators should all countries report so that progress toward the 2030 targets can be compared?
- How can lower-resource countries strengthen surveillance without creating expensive parallel data systems?

Key Points and Main Issues (cont.)

9. INTEGRATING ORAL CANCER, NOMA AND OTHER SERIOUS ORAL CONDITIONS INTO PUBLIC HEALTH

The global oral-health agenda extends beyond dental caries. Oral and lip cancers, severe periodontal disease, noma, congenital conditions and oral manifestations of other diseases can cause major disability or death. These conditions also demonstrate why oral health must be linked with broader health programmes.

Key issues include:

- Oral cancer: Tobacco, alcohol and, in some settings, areca nut are important risk factors; early detection can improve outcomes.
- HPV: Some oral and oropharyngeal cancers are associated with human papillomavirus, linking oral health with vaccination and cancer-prevention policy.
- Noma: This devastating disease is strongly associated with extreme poverty, malnutrition, poor hygiene and weakened immunity and was recognized by WHO as a neglected tropical disease in 2023.
- Early detection and referral: Primary-care workers can play a role in identifying suspicious lesions and referring patients.
- Nutrition and infection: Serious oral conditions may be linked to wider problems of malnutrition, infectious disease and social deprivation.
- Stigma and disability: Facial disfigurement and loss of oral function can create long-term social and economic consequences.
- Integration: Cancer control, NTD programmes, maternal and child health and nutrition programmes can provide entry points for oral-health action.

Recommended Actions

- Include oral-cancer prevention and early detection in relevant NCD and cancer-control programmes.
- Integrate noma prevention, detection and treatment with nutrition, child health and neglected tropical disease programmes where relevant.
- Train appropriate primary-care workers in early recognition and referral.
- Address tobacco, alcohol and other major risk factors through common-risk-factor policies.
- Improve rehabilitation and psychosocial support for people affected by severe oral conditions.

Issues for delegates to consider

- How much priority should global oral-health policy give to relatively rare but devastating conditions such as noma?
- Which oral conditions can most effectively be addressed through existing programmes rather than separate oral-health systems?

Key Points and Main Issues (cont.)

10. USING DIGITAL TECHNOLOGIES AND INNOVATION WITHOUT WIDENING INEQUALITIES

WHO identifies digital technologies as a potential tool for improving oral-health literacy, workforce training, surveillance, early detection, consultation and referral. Their value, however, depends on infrastructure, evidence, affordability, privacy protections and whether underserved populations can actually use them.

Key issues include:

- Teledentistry: Remote consultation can extend expertise to areas with few dental professionals.
- Mobile health: Phones can support health education, appointment systems, follow-up and referral.
- Digital imaging and AI: New tools may assist screening, diagnosis and surveillance but require evidence of accuracy and appropriate oversight.
- Digital divide: People without reliable connectivity, devices or digital literacy may be excluded.
- Data privacy: Oral-health records and images contain sensitive health information and require safeguards.
- Workforce impact: Digital tools should support rather than substitute for appropriately trained health workers where clinical care is needed.
- Cost-effectiveness: New technology can be attractive but may divert resources from basic preventive and primary-care services if benefits are not demonstrated.

Recommended Actions

- Use digital tools where they address a clearly identified access, surveillance or workforce problem.
- Evaluate effectiveness, safety and cost-effectiveness before large-scale implementation.
- Develop privacy, cybersecurity and data-governance safeguards.
- Design digital programmes so that people with limited connectivity or digital literacy are not excluded.
- Integrate digital oral-health tools with broader national digital-health systems where feasible.

Issues for delegates to consider

- Where can digital technology add the most value to oral health in countries with limited numbers of dentists?
- How can governments prevent investment in sophisticated technology from diverting resources from basic preventive services?

Key Points and Main Issues (cont.)

CENTRAL QUESTIONS FOR DELEGATES

1. How should countries define the essential oral-health services that should be included in universal health coverage?
2. How can governments reduce out-of-pocket costs while keeping oral-health financing sustainable?
3. How much emphasis should be placed on prevention and regulation of common risk factors compared with expanding clinical treatment?
4. How can countries increase the oral-health workforce and improve its distribution without compromising quality?
5. Which fluoride strategies are most appropriate in countries with different infrastructure, resources and public attitudes?
6. How should governments address the commercial determinants of oral disease, particularly sugar, tobacco and alcohol?
7. How quickly should countries transition away from dental amalgam, and what support should be available to countries facing higher transition costs?
8. Which oral-health indicators should countries monitor to measure progress toward WHO's 2030 targets and reveal inequalities?
9. How should oral cancer, noma and other serious oral conditions be integrated into broader public-health programmes?
10. Where can digital technologies improve access and efficiency without widening inequalities or creating new privacy risks?

The central challenge is therefore not simply to expand dental treatment. Delegates must decide how to move oral health into the mainstream of public health and universal health coverage, prevent disease by addressing common risk factors and commercial determinants, protect people from financial hardship, build an appropriate workforce, reduce inequalities, improve data and research, and make oral-health care environmentally sustainable. WHO's action plan explicitly recognizes that these actions must be adapted to national resources, population needs and social, economic and political circumstances.

World Health Organization. Oral Health Equity for Persons with Disabilities: Policy Brief (18 August 2026).**2026**

WHO's new policy brief focuses on the poorer oral-health outcomes and access barriers experienced by persons with disabilities. It emphasizes three priorities: putting disability equity at the centre of oral-health policy, meaningfully involving persons with disabilities and their representative organizations in decisions, and improving disability-inclusive data and accountability. This is useful for negotiations on equity, UHC and the design of oral-health services for populations that are often underserved.

UNEP. How Does the World Move Away from Mercury in Dentistry? (12 August 2026).**2026**

UNEP's Global Mercury Partnership explains why dental amalgam remains an important environmental and health-policy issue. It describes how mercury can be released across the life cycle of amalgam—from production and use to removal and waste—and places the transition to mercury-free dentistry within implementation of the Minamata Convention. Delegates can use it when considering the pace of amalgam phase-out, affordability of alternatives and support needed by lower-resource health systems.

UNEP. EU Phase-Out of Dental Amalgam Fully in Force (1 July 2026).**2026**

This UNEP Global Mercury Partnership resource explains the full implementation of the European Union's dental-amalgam phase-out in July 2026, including restrictions on manufacture and import. It provides a concrete example of a large group of countries moving beyond a gradual phase-down toward elimination, while also highlighting differences with countries where amalgam remains in use.

World Health Organization. Western Pacific Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health (27 March 2026).

2026

WHO's Western Pacific plan translates the global oral-health agenda into regional action through five acceleration projects and 2030 targets. It prioritizes oral diseases within the NCD agenda, UHC and primary health care. This is particularly useful for delegates representing Australia, Japan, Malaysia, New Zealand, the Philippines, Singapore and Viet Nam because it shows the regional policy framework within which their national positions are developing.

World Health Organization. WHO Guideline on Environmentally Friendly and Less Invasive Oral Health Care for Preventing and Managing Dental Caries(5 March 2026).

2026

This guideline recommends mercury-free and minimally invasive approaches to preventing and treating dental caries. It assesses effectiveness, cost-effectiveness, toxicity and environmental impact for interventions including fluoride varnish, silver diamine fluoride, sealants, glass ionomer cements and resin-based composites. It is central to debates over how countries can expand affordable oral-health care while reducing environmental harm and dependence on dental amalgam.

UNDP. UNDP at the Minamata Convention COP-6: Eliminating Mercury from Consumer and Health-Care Products (11 October 2025).

2025

UNDP describes its work with the Global Environment Facility to help countries eliminate mercury-containing products and improve mercury-waste management. Dental amalgam is explicitly included alongside other mercury-added health products. The resource is useful for delegates considering the financing, technical assistance and capacity-building needed to implement mercury commitments in health systems.

UNEP. Minamata Convention COP-6 Agrees to End the Use of Dental Amalgam by 2034 (8 November 2025)

2025

This UNEP news release summarizes the decision by Parties to the Minamata Convention to end dental-amalgam use globally by 2034. It is important for delegates because it changes the policy context for WHO's earlier goal of phasing down amalgam: countries now have to consider how quickly they can move to mercury-free alternatives while maintaining affordable access to restorative dental care.

World Health Organization. Sugars and Dental Caries (14 August 2025).

2025

WHO explains the causal relationship between free-sugar consumption and dental caries and recommends population-level measures including nutrition labelling, reformulation, healthier public procurement, restrictions on marketing to children and taxes on sugar-sweetened beverages. The resource is especially useful for negotiations over whether governments should rely mainly on education and individual behaviour or also regulate the food environment.

UNICEF. Oral Health Factsheet: Children and Adolescents (2025)

2025

UNICEF Europe and Central Asia, working with WHO Europe, highlights the burden of tooth decay among children and the importance of prevention. It gives delegates a child-rights and life-course perspective and supports discussion of school-based programmes, access to fluoride toothpaste, healthy food environments and early prevention rather than waiting until children require treatment.

IAEA. Radiation Protection in Dental Radiology (2022)

2022

IAEA guidance addresses justification and optimization of X-ray exposure in dental radiology for patients, carers and dental staff. Although older than most resources in this bibliography, it is included because the IAEA has a specialized UN-system role in radiation safety and dental imaging. It helps delegates consider how expansion of diagnostic dental services should be accompanied by appropriate safety standards, training and quality assurance.

FAO Diet, Nutrition and the Prevention of Chronic Diseases — Dental Disease (Seminal Resource).

This FAO/WHO technical material explains the relationship between diet, free sugars, fluoride and dental caries. It is older than the normal four-year window but remains useful for understanding FAO's nutrition-related interest in oral health and the evidence behind population approaches to sugar consumption. It should be read alongside WHO's newer 2025 technical material on sugars and dental caries.

Singapore Ministry of Health — Dental Health Affordability and Capacity of Public Dental Services (10 September 2026)

2026

In this parliamentary response, Singapore's Ministry of Health explains how it uses income-tiered subsidies, MediSave and public dental capacity planning to improve affordability while managing long-term health financing. This is a strong negotiating source for Singapore because it shows the government balancing wider dental coverage with fiscal sustainability and projected demand.

Singapore Ministry of Health — Incorporating Dental Screening and Malnutrition Risk Assessment into Healthier SG (6 May 2026)

2026

This official parliamentary response links oral health to healthy ageing and nutrition. It describes community dental screening for seniors, referral pathways and expanded subsidies for preventive and restorative procedures. Delegates can use it to identify Singapore's emphasis on prevention, ageing populations, targeted subsidies and integration of oral health with broader health policy.

Government of India — National Oral Health Programme

2026

India's National Health Mission describes a programme intended to integrate comprehensive oral-health services into existing public health facilities. Its objectives include improving determinants of oral health, reducing oral disease, integrating prevention with general health care and supporting dental units at district and lower levels. This provides direct evidence of India's preference for integration with primary and public health systems.

Government of India — National Dental Commission Established (20 March 2026) 2026

The Government of India announced a new National Dental Commission and autonomous boards to replace the Dental Council of India. The reform focuses on quality, accountability and modernization of dental education while linking workforce regulation to access to affordable oral health care. It is useful for negotiations concerning workforce capacity, professional standards and health-system reform.

Saudi Arabia Saudi Ministry of Health — Oral Health (3 May 2026) 2026

Saudi Arabia's Ministry of Health presents oral health as part of preventive health and Vision 2030, highlighting integration of dental services in primary health centres, early screening and public-awareness programmes. The page also stresses reducing sugar intake and tobacco use. It provides a concise statement of the Kingdom's prevention-oriented approach.

Tanzania Ministry of Health/World Health Organization — National Oral Health Strategic Plan 2026–2031 (May 2026) 2026

Tanzania's new national strategy aims to expand equitable and affordable oral-health services and is explicitly aligned with WHO's Global Strategy and Action Plan. Priorities include governance, workforce, commodities and equipment, prevention, infrastructure, surveillance and research. It is one of the strongest country-position resources in the bibliography because it sets out a current national negotiating framework in detail.

Government of Canada — Canadian Dental Care Plan

2026

Canada's national dental plan subsidizes oral-health care for eligible residents and provides information on covered services, provider participation and annual eligibility. It is particularly useful for negotiations on UHC and financial protection because it shows a high-income country expanding public support for dental care while using eligibility rules and cost-sharing arrangements.

Australian Government — Dental Health and Development of the National Oral Health Plan 2025–2034

2026

The Australian Government's dental-health portal describes the Child Dental Benefits Schedule and the process for developing the next ten-year National Oral Health Plan. Recent consultation material provides delegates with evidence about Australia's priorities concerning prevention, children, access, service organization and national planning.

United Kingdom — Oral Health Collection and 2026 Water-Fluoridation Monitoring (7 August 2026)

2026

The UK Government's oral-health collection brings together surveillance, prevention and fluoridation material and was updated in 2026 with a new health-monitoring report on water fluoridation. It is useful for examining the UK's reliance on population-level prevention, evidence monitoring and efforts to reduce inequalities in oral health.

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Australian Government — Dental Health and Development of the National Oral Health Plan 2025–2034**2026**

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United Kingdom — Oral Health Collection and 2026 Water-Fluoridation Monitoring (7 August 2026)**2026**

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Brazil Ministry of Health — Brasil Sorridente: National Oral Health Policy (2025–2026)**2026**

Brazil's Ministry of Health describes Brasil Sorridente as a national policy integrated across the Unified Health System (SUS), from primary care to specialized services and prosthetic laboratories. The programme emphasizes universal access, prevention, mobile dental units and services for vulnerable communities. It provides strong evidence of Brazil's support for publicly organized oral-health care as part of UHC.

New Zealand Ministry of Health — Annual Update of Key Results 2024/25: Oral Health (19 November 2024) **2025**

New Zealand's national health survey reports oral-health status, fluoride-toothpaste use and barriers to dental care. A particularly important finding for negotiations on financial protection is that 43% of adults reported avoiding a dental-health worker in the previous year because of cost. The source helps delegates connect coverage policy with measurable access barriers and inequalities.

World Health Organization / Philippines — National Commitments Reported at the WHO Global Oral Health Meeting **2025**

The report of WHO's first Global Oral Health Meeting records country-level commitments made during high-level discussions. A Philippine health representative emphasized using the Bangkok Declaration as a practical guide for stronger and more equitable oral-health systems. The report is useful because it captures how national representatives framed their priorities in an international policy setting.

South African National Department of Health — National Oral Health Policy and Strategy 2024–2034 **2024**

South Africa's Department of Health lists its current National Oral Health Policy and Strategy for 2024–2034 among its strategic documents. Together with implementation materials, it gives delegates an official basis for identifying national priorities and comparing them with WHO's global strategy, particularly on prevention, primary health care and equity.

WHO African Region — Regional Framework for Accelerating Implementation of the Global Oral Health Action Plan

2026

Adopted by African health ministers, this framework adapts the global oral-health agenda to African health-system realities. It emphasizes political commitment, financing, workforce models, integration of essential services into primary care, financial protection, surveillance and research. It is highly relevant to all assigned AFRO delegations and gives them a common regional reference point without implying identical national positions.

WHO Western Pacific — Regional Implementation Plan for the Global Strategy and Action Plan on Oral Health

2026

This regional plan establishes five acceleration projects and 2030 targets for the Western Pacific. It is directly relevant to assigned WPRO countries and helps delegates identify shared regional priorities on NCD integration, primary health care and UHC while still researching national differences.

European Union — Dental Amalgam Phase-Out under the Revised Mercury Regulation

2026

The full EU phase-out of dental amalgam provides a concrete common policy position affecting assigned EU Member States including France, Germany, Italy, the Netherlands, Portugal and Spain. It is especially useful for negotiations on environmentally sustainable dentistry, mercury-free materials and whether global implementation should include differentiated timelines or assistance.

Bangkok Declaration — No Health Without Oral Health 2025

Adopted at WHO's first Global Oral Health Meeting, the Bangkok Declaration reaffirms Member State commitments to elevate oral diseases within the NCD and UHC agendas and calls for stronger primary health care, prevention, environmental sustainability and climate resilience. Because it emerged from a global Member State meeting, it is an important reference for identifying areas of broad international agreement.

WHO South-East Asia — Action Plan and Regional Follow-up on Oral Health (2025–2026) 2025

The South-East Asia regional programme links implementation of the 2022–2030 regional action plan with the Bangkok Declaration and the Global Oral Health Action Plan. Recent regional work has focused on oral cancer, areca nut, dental amalgam and UHC. It is particularly relevant to India, Indonesia, Thailand, Bangladesh, Nepal, Sri Lanka and Timor-Leste.

Structural Embedding of Oral Health Within Pooled Universal Coverage Mechanisms: Where Are We in 2026?

2026

This global analysis classifies WHO Member States according to how oral health is financed and legally incorporated into health coverage. It finds major variation between structural UHC integration, targeted coverage, predominantly private systems and minimal integration. Delegates can use it to compare national models and to consider whether WHO should recommend a common minimum package or allow very different financing arrangements.

Integrating Oral Health into Universal Health Coverage in Europe

2026

This European analysis examines relationships between statutory dental coverage, public financing and oral-health outcomes. It is useful for assigned European delegations because it demonstrates that formally recognizing dental care within UHC does not by itself guarantee equal access; the scope of services, financing and implementation also matter.

The Bangkok Declaration: A Global Mandate for Oral Health Research and Universal Health Coverage

2026

This Journal of Dental Research commentary examines the Bangkok Declaration as a mandate for stronger research, evidence-based policy and integration of oral health into UHC. It helps delegates understand why research priorities, implementation evidence and monitoring are political as well as technical questions in achieving the 2030 targets.

The Impact of Social and Commercial Determinants on the Unequal Increase of Oral Disorder Disease Burdens

2025

Using Global Burden of Disease data from 204 countries and territories, this study examines how income, urbanization, dentist density, sugar, tobacco and other factors relate to oral-disease inequalities. It supports the argument that oral-health policy must address upstream social and commercial determinants rather than relying only on clinical treatment and individual behaviour.

Oral Health Meets Commercial Determinants: An Opportunity to Bridge Individual and Structural Approaches

2025

This review argues that oral-health policy should examine the influence of commercial actors and economic structures, not just individual choices. It discusses sectors associated with sugar-sweetened beverages, tobacco and alcohol as well as wider market and regulatory forces. Delegates can use it when debating marketing restrictions, industry engagement and government responsibility for healthier environments.

Global Situation of Oral Health Coverage Toward Universal Health Coverage: A Scoping Review

2025

This review finds substantial differences in dental-service coverage between countries and identifies out-of-pocket payment as a major feature of oral-health financing in many systems. It is useful for negotiations on financial protection, benefit packages and whether countries should increase the share of oral-health costs financed through pooled public mechanisms.

Bangkok Declaration on Oral Health: A Clarion Call for Action by All Stakeholders

2025

This editorial explains the significance of the Bangkok Declaration and the need for action by governments, health professionals, researchers, civil society and other stakeholders. It is a concise companion to the official declaration and can help students understand why the meeting is viewed as an important step in moving oral health from a largely clinical issue into global public-health policy.

How Delegates Should Use These Sources

The assigned-country list should be used together with WHO country profiles and national health-ministry sources. Direct recent national statements or strategies are not equally available for all 56 delegations. Where a current national source is unavailable, delegates should triangulate the country's position using: (1) WHO oral-health country-profile data; (2) the country's UHC/NCD and primary-health-care policies; (3) Minamata Convention reporting on dental amalgam; and (4) positions or commitments made through relevant regional frameworks. Regional membership should not be treated as proof that every member holds an identical national position.