GLOBAL MODEL WORLD HEALTH ASSEMBLY **WHA4.2**
Committee A2 **9 November 2026**
Zero Draft Resolution

Oral Health

The Fourth Global Model World Health Assembly,

Recalling resolution WHA74.5 (2021) on oral health, decision WHA75(11) (2022) on the global strategy on oral health and decision WHA76(9) (2023), by which the World Health Assembly noted the global oral health action plan 2023–2030;

Recognizing that oral health is integral to general health and includes the ability to eat, speak and participate in daily life without pain or discomfort,

Concerned that preventable oral diseases remain widespread and that high out-of-pocket costs and shortages of appropriate services can limit access to care,

Recognizing that WHO's Global Strategy and Action Plan on Oral Health 2023–2030 provides an existing framework for prevention, integration into primary health care and progress toward universal health coverage,

Noting that oral diseases share risk factors with other noncommunicable diseases, including free sugars, tobacco use and harmful alcohol use,

Emphasizing the importance of preventive services, appropriately trained health workers and systems for referring patients from primary-care facilities to dental professionals when more complex treatment is needed,

Concerned that underserved rural communities and marginalized populations may face particular difficulties in obtaining timely oral-health services,

Recognizing that WHO's Global Strategy and Action Plan on Oral Health 2023–2030 already sets goals and measures of progress, while countries must still decide which oral-health services to cover, how to pay for them and where to place trained health workers,

1. URGES Member States:

(1) to identify which basic oral-health services, including prevention, urgent treatment and common dental procedures, will be covered through primary health care, who can receive them and when additional services or populations will be included;

(2) to assess how the cost of dental care prevents people, particularly those with low incomes, from obtaining timely treatment or causes financial hardship, and to consider measures to make essential oral-health services more affordable;

(3) to include oral-health prevention in existing policies on noncommunicable diseases, including measures addressing free sugars, tobacco and harmful alcohol use, and to examine whether these measures reach groups with the greatest oral-health needs;

(4) to improve access to affordable, quality fluoride toothpaste and other proven ways to prevent tooth decay, while checking product quality and avoiding excessive fluoride exposure;

(5) to determine which oral-health education, early detection and referral tasks nurses, community health workers and other primary-care staff may safely perform, what training they need and which dental professionals will supervise their work;

(6) to establish procedures for primary-care staff in rural and underserved areas to identify patients needing dental treatment, refer them to dental professionals and check whether they received care, including where transport or remote consultations may help;

(7) to identify communities with shortages of dental professionals and improve access to oral-health services by training nurses and community health workers to provide basic preventive care and refer patients to dentists when necessary, while developing incentives to encourage dental professionals to work in underserved areas;

(8) to use the measures already included in WHO's oral-health action plan to track who receives care, who has untreated oral disease, who struggles to pay and which groups remain underserved, rather than requiring countries to submit a second set of reports;

2. INVITES international and regional organizations, professional dental associations, dental education and training institutions, public and private oral-health service providers, and other relevant stakeholders:

(1) to help countries calculate the costs of different sets of essential oral-health services and compare ways to introduce and finance them gradually;

(2) to support training that checks whether health workers can safely perform assigned oral-health tasks, and to evaluate whether referred patients receive care and benefit from it;

(3) to share evidence on prevention and treatments that preserve as much healthy tooth tissue as possible, including approaches suitable for facilities with limited equipment and staff;

(4) to assist Member States in assessing whether measures to reduce sugar consumption and tobacco use, including restrictions on advertising sugary products to children, are effective in preventing oral diseases;

3. REQUESTS the Director-General:

(1) to help countries, upon request and through existing WHO programmes, implement the agreed oral-health strategy by identifying why patients cannot obtain essential treatment or must pay unaffordable costs;

(2) to share examples from countries that have expanded access to oral-health care through changes in financing, health-worker responsibilities or referral systems, including evidence on the quality of care;

(3) to assist Member States in using established action-plan indicators and identifying gaps in data on underserved populations rather than creating a new reporting obligation.