



**World Health Organization**

## The mOralHealth programme

*Advocacy for a digital oral health that leaves no one behind*

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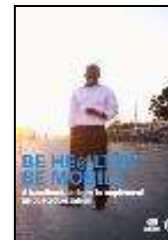
**LEAVE  
NO ONE  
BEHIND**

# Be He@lthy Be Mobile Initiative

<https://www.who.int/initiatives/behealthy>



Providing guidance and support for national mHealth programming





# Global mOralHealth Workshop

10-12 October 2018

Montpellier, France



**Hosted by**  
**WHO/ITU “Be He@lthy, Be Mobile” initiative**  
**and the University of Montpellier, France**



# 4 key mOralHealth modules addressing a range of target groups

## 1

The mOralHealth literacy module aims to improve the oral health literacy of individuals and communities as well as raise awareness of and advocacy for oral health priorities among policy-makers, decision-makers, the media and civil society organizations (CSOs).

## 2

The mOralHealth training module encourages using mobile technologies for e-learning approaches to enhance the knowledge and skills of general health professionals as well as expand awareness of priority oral health interventions for oral health professionals.

## 3

The mOralHealth early detection module provides information on the potential of early detection by using remote diagnostics tools to improve timely treatment and facilitate access to and improve quality of health care services.

## 4

The mOralHealth surveillance module informs about the use of mobile technologies in the context of oral health surveillance and collection of epidemiological data as well as monitoring of quality patient care and service delivery.



# mOralHealth Literacy

	Literacy for individuals and communities	Literacy for other groups (Policy-makers, the media and nonstate actors)
<b>Aim</b>	Improve oral health literacy and increase good oral health behaviour of individuals and communities	Promote oral health advocacy by policy-makers, media and nonstate actors
<b>Implementers</b>	Governmental bodies (local, national), public health agencies, academia, CSOs, etc.	Governmental bodies (local, national), public health agencies, academia, CSOs, etc.
<b>Target audience/ groups</b>	<ul style="list-style-type: none"> <li>• general population</li> <li>• parents and teachers as intermediaries to reach children</li> <li>• adolescents</li> <li>• pregnant and lactating women</li> <li>• persons with specific needs (ageing persons, persons living with physical and/or mental disabilities)</li> </ul>	<ul style="list-style-type: none"> <li>• dental public health officers</li> <li>• decision- and policy-makers</li> <li>• the media</li> <li>• consumer and patient associations</li> <li>• CSOs</li> <li>• national dental associations</li> <li>• other non-oral health professionals</li> </ul>
<b>Potential technologies</b>	SMS, voice messages, messages on social networks, smartphone apps, etc.	Messaging for health, social media, apps, etc.
<b>Potential outcomes</b>	Improve knowledge and supportive behaviours through accessing, understanding and applying information to maintain good health, specifically:	Improve awareness and understanding of and access to oral health-related information in order to advocate for better oral health through:



# mOralHealth Training

	Training for general health professionals	Training for oral health professionals
Aims	Increase oral health knowledge and skills of health professionals, particularly frontline health workers as well as CHWs	Expand awareness of oral health professionals on global oral health and prioritize oral health interventions
Implementers	Ministry of Health (MoH), health education institutes, public health agencies, universities	MoH, health education institutes, public health agencies, universities
Target audience/groups	medical doctors, nurses and PHC workers	dentists, dental assistants, dental nurses/hygienists and other oral health professionals
Potential technologies	SMS, social networks, smartphone apps, web platforms (e-learning)	SMS, social networks, smartphone apps, web platforms (e-learning)
Potential outcomes	<p>Improve knowledge and skills of health professionals (e.g., frontline health workers) by:</p> <ul style="list-style-type: none"> <li>providing information on oral diseases and their risk factors</li> <li>improving management of oral diseases</li> <li>enhancing prevention of oral diseases</li> <li>increasing the implementation of programmes to promote oral health</li> <li>improving early detection, diagnosis, and treatment of oral diseases, such as noma, oral submucous fibrosis and oral cancer</li> </ul>	<p>Improve oral health professionals' awareness of the priority of oral health interventions by:</p> <ul style="list-style-type: none"> <li>sharing evidence about major common risk factors for oral diseases and other NCDs as well as best practices, key public health strategies and cost-effective interventions</li> <li>fostering interprofessional collaboration, task shifting and service integration towards UHC</li> <li>improving knowledge of the global oral health agenda (e.g., Minamata Convention, mOralHealth programme)</li> </ul>



# mOralHealth early Detection

<b>Aim</b>	Improve and increase early detection of oral diseases, facilitation of diagnosis and treatment planning and/or referral to services for treatment and disease management
<b>Implementers</b>	MoH, central hospitals, public health agencies, public and private insurance providers at the central level, CHWs, nurses, medical doctors/physicians, frontline health workers at the primary care level
<b>Target audience/ groups</b>	Populations at risk (e.g., older adults, people living in remote areas, children at risk of noma, people at risk of oral cancer, tobacco and/or alcohol consumers)
<b>Potential technologies</b>	Mobile phones, tablets, intraoral camera, SMS, apps, telemedicine systems, virtual private network (VPN)
<b>Potential outcomes</b>	Improve early detection of oral diseases by: <ul style="list-style-type: none"><li>• sharing and improving the knowledge and skills of health professionals needed to detect oral diseases in an earlier stage</li><li>• creating interprofessional collaboration among frontline health worker, CHWs, medical professionals and referral services with medical/dental specialists</li><li>• strengthening a referral pathway of early detection of oral diseases (e.g., noma and oral cancer) between primary care and referral health facilities</li><li>• improving oral health awareness and access to care, improving oral health literacy and reducing stigma of oral diseases and anxiety about treatment</li></ul>



# mOralHealth Surveillance

	Population-based surveillance	Health service delivery surveillance
<b>Aims</b>	Collect and analyse oral health epidemiological data in the population to inform and guide oral health policy development	Monitor oral health care activities and service delivery of the health system and promote oral health-related epidemiological data collection
<b>Implementers</b>	MoH, researcher/academia, oral health epidemiologists, oral health professionals	MoH, national health insurance providers, national dental associations, private and public health care providers, researcher/academia; those working to improve the quality of health service delivery
<b>Target audience/ groups</b>	Policy- and decision-makers at MoH, public and private care providers, the population, patients	Policy- and decision-makers at MoH, national health insurance providers, public and private care providers, facility quality improvement teams, researchers, development agencies, patients
<b>Potential technologies</b>	Mobile phones, digital cameras, smartphones, laptops, web platform, apps and tablets connected to a database, servers or cloud, electronic health record with an integrated oral health surveillance system	
<b>Potential outcomes</b>	<ul style="list-style-type: none"> <li>Improve availability of epidemiological oral health data on the incidence and severity of oral diseases in the population</li> <li>Provide information on the population's behaviour, knowledge, attitude and perception of oral health</li> </ul>	<p>Monitor health care activities and service delivery of the oral health care system by:</p> <ul style="list-style-type: none"> <li>maintaining a national database of oral health care facilities in the different health care sectors</li> <li>strengthening routine health facility reporting</li> <li>collating existing resources that facilitate quality improvement in service delivery, including facility infrastructure and equipment, workforce availability, drugs and medical devices</li> <li>providing information on costs of oral health services</li> </ul>

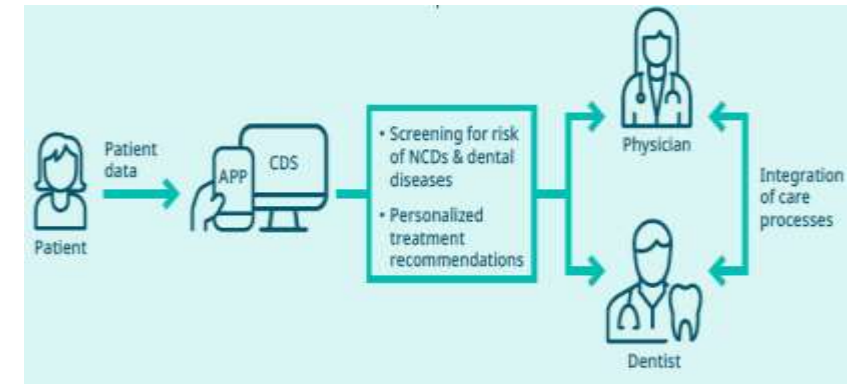


Fig 2. Trauma tracker App dashboard. Fig 3. Injury data (Soft tissues). Fig 4. Dental trauma Injury data section.





Guidance on  
how build,  
implement  
and monitor  
mOralHealth  
programmes

# WHA74.5 landmark resolution on oral health



Co-sponsored by 42 Member States and supported by many other countries and partners

**Dr Tedros:** *“Oral Health has been overlooked for too long in the global health agenda. 14 years after the last consideration of oral health by EB60, today’s resolution provides a welcome opportunity to address the public health challenges posed by the burden of oral diseases to reposition oral health as part of the global health agenda in the context of UHC.”*



# Mandate & timeline of resolution implementation

Requests the Director-General to develop:

(1) to develop, by 2022 a draft global strategy, in consultation with Member States, on tackling oral diseases, aligned with the Global action plan for the prevention and control of noncommunicable diseases 2013–2030 and pillars 1 and 3 of WHO's Thirteenth General Programme of Work, for consideration by the WHO governing bodies in 2022;

(2) to translate this global strategy, by 2023, into an action plan for public oral health, including a framework for tracking progress with clear measurable targets to be achieved by 2030, encompassing control of tobacco use, betel quid and areca nut chewing, and alcohol use – and community dentistry, health promotion and education, prevention and basic curative care – providing a basis for a healthy mouth, where no one is left behind; this action plan should also contain the use of provisions that modern digital technology provides in the field of telemedicine and teledentistry;

(3) to develop **technical guidance on environmentally friendly and less-invasive dentistry** to support countries with their implementation of the Minamata Convention on Mercury, including supporting preventative programmes;

(4) to update **technical guidance to ensure safe and uninterrupted dental services**, including under circumstances of health emergencies;

(5) to develop **'best buys' interventions on oral health**, as part of an updated Appendix 3 of the GAP for the Prevention and Control of NCDs 2013-2030 and integrated into the WHO UHC Intervention Compendium; and

(6) **to include noma** in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021-2030."

(7) **to report back on progress and results until 2031** as part of the consolidated report on noncommunicable diseases, in accordance with paragraph 3(e) of decision WHA72(11).

# 75th World Health Assembly, 27 May 2022

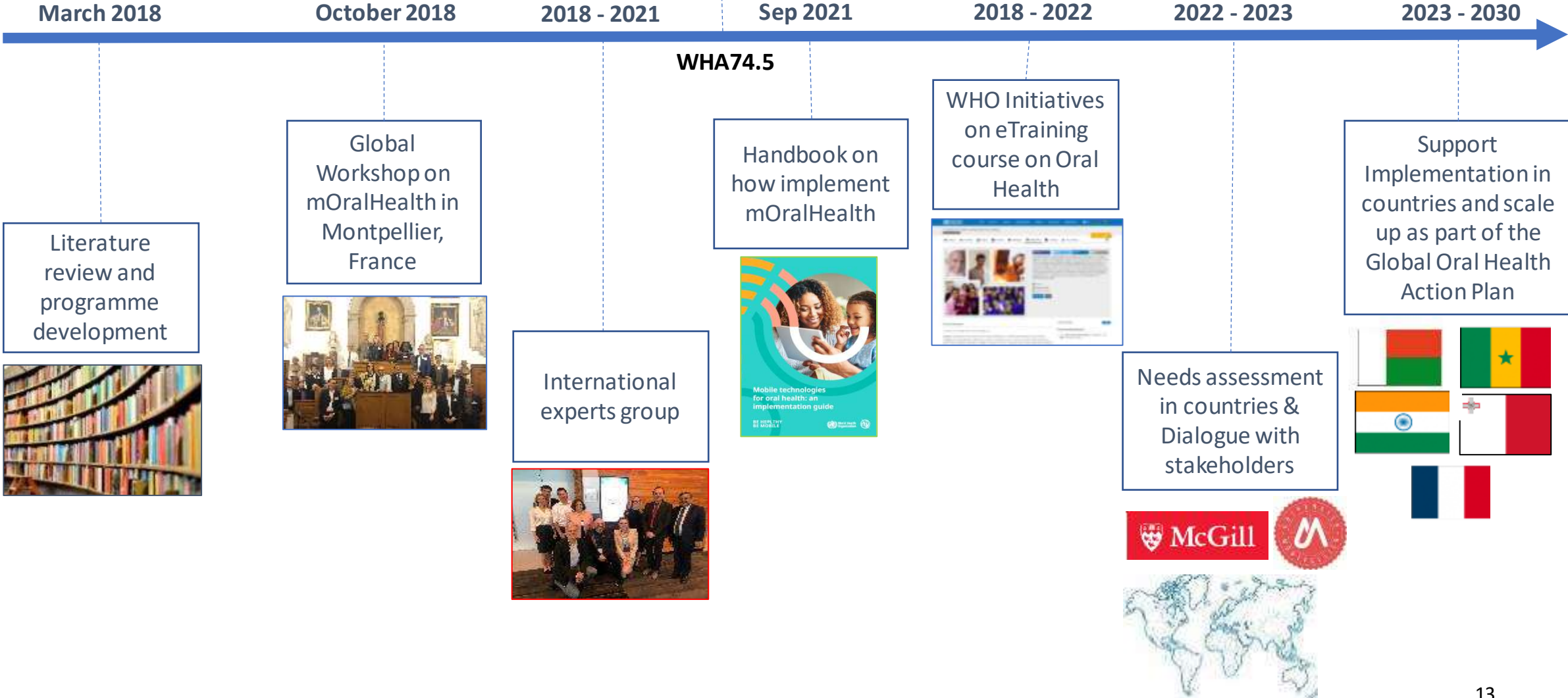
## Adoption of the Global Strategy on Oral Health



### **Principle 6: Optimizing digital technologies for oral health**

*29. Artificial intelligence (AI), mobile devices and other digital technologies can be used strategically for oral health at different levels, including for improving oral health literacy, implementing oral health e-training and provider-to-provider telehealth, as well as for increasing early detection, surveillance and referral for oral diseases and conditions within primary care. In parallel, it is critical to establish and/or reinforce governance for digital health and to define norms and standards for digital oral health based on best practice and scientific evidence.*

# Timeline



# Conclusion

- Digital technologies can be used strategically for oral health with a focus on cost-effective and population-based interventions
- Deployment strategies should take into consideration accessibility, affordability and skills requirements to be usable by most of the population
- It is critical
  - ✓ to establish and/or reinforce governance for digital health
  - ✓ to define norms and standards for digital oral health based on best practice and scientific evidence
  - ✓ that engineering, researchers, health care professional and policy makers lead to the development of innovative and affordable technical solutions that benefit all.

*“We must ensure that the digital health revolution is safe, sustainable and leaves no one behind”*

*Bernardo Mariano, Director of Digital Health & Innovation, WHO*

Join us in mOralHealth  
Programme!



Merci !

Promote **Health** | Keep the World **Safe** | Serve the **Vulnerable**

<https://www.who.int/health-topics/oral-health>

<https://www.who.int/initiatives/behealthy>