Dialogue with key stakeholders on digital technology towards UHC for Oral Health

Report

September 7th 2022 Montpellier, France

Contents

Meeting Organization

Date and time

UThe University of Montpellier and the City of Montpellier hosted the dialogue with key stakeholders on Digital Oral Health on Wednesday September 7th, 2022, from 10:00 – 17:00 in CET.

Venue

This was a hybrid meeting. Onsite dialogue was held in the municipal council room of City Hall in Montpellier (1, place Georges Frêche 34267 Montpellier). This meeting was organized as part of the pre-congress dialogue programme of the European Association of Dental Public Health (EADPH) in Montpellier, France.

Local Organization Committee

The meeting was organized by the Foundation of the University of Montpellier, the City of Montpellier, and MedVallée.

Executive Summary

During the day, key stakeholders learnt about projects already launched in different regions, and about companies who had already proposed a device, system, software, or methodology on digital oral health.

The meeting took place in the council room of Montpellier's City Hall, lent by the City of Montpellier. To enable a good remote connection, the video and sound system were paid for by the Métropole de Montpellier and specifically by MedVallée.

The morning session started with an introduction by Mr Mickael Delafosse, Mayor of Montpellier and President of Montpellier Méditerranée Métropole. He welcomed all attendees and invited them to visit Montpellier in order to innovate, research and implement public oral health programmes.
After this introduction, Benoit Varenne from WHO presented the mOralHealth programme and WHO's strategy for digital health.
Then, Nicolas Giraudeau, Yuka Makino, Line Kleinbreil and Melissa Adiatman presented projects in their regions/countries using digital technologies.
The morning session was closed by a discussion within the room.

This was followed by lunch, provided by the University of Montpellier, before the afternoon session commenced.

The afternoon session was opened by a presentation of the "MedVallée initiative" by Josick Paoli, CEO of this programme. She repeated the Mayor's invitation to come to Montpellier to innovate, implement and research.

In the second part of the afternoon session, 10 companies and/or project leaders had the opportunity to present their products, devices, software, or ideas to the attendees. Each company had 10 minutes to present and five minutes for Q&A within the room.

After these presentations, discussion was opened with both colleagues in the room and remotely, on the next steps in advancing digital oral health.

Background

 Most oral diseases and conditions are largely preventable and can be treated in their early stages. The Global Burden of Disease Study (2019) estimated that oral diseases affect close to 3.5 billion people worldwide, with caries of permanent teeth being the most common condition. Globally, it is estimated that 2.0 billion people suffer from caries of permanent teeth and more than 520 million children suffer from caries of primary teeth.

In response to the high burden of oral diseases, the WHO Oral Health Programme, as part of the joint World Health Organization (WHO) and International Telecommunication Union (ITU) Be He@lthy Be Mobile initiative, developed the mOralHealth programme. In 2020, "mobile technologies for oral health: an implementation guide" was launched to promote global collaboration and advances in digital oral health.

Digital technologies offer an unprecedented opportunity to change lives, transform economies and stimulate growth. Mobile connectivity and mobile technology have opened up new opportunities to connect people. The use of digital technologies for health is transformative in low-income settings, where mobile connectivity has reached unprecedented penetration and ubiquity. Therefore, the current digital health transformation provides an excellent accelerator for reaching the health-related Sustainable Development Goal (SDG) 3 (Ensure healthy lives and promote well-being for all at all ages), and SDG target 3.8 on achieving UHC.

WHO has been developing plans to accelerate the use of technologies to meet global public health needs based on the digital health resolution, WHA 71.7. Furthermore, the resolution on oral health (WHA 74.5) has called for the use of provisions that modern digital technology provides in the field of telemedicine and teledentistry to ensure no one is left behind.

The City of Montpellier, France, is known to host the oldest faculty of medicine still in activity in the world today (800 years), and is currently developing a strategic plan to be recognised as a "one health" and "innovation" city, globally. To achieve this, the Mayor of Montpellier launched and implemented the MedVallée initiative, with a specific programme on oral health: Montpellier Santé Orale by MedVallée.

In such a context, the University of Montpellier hosted its first ever dialogue with key stakeholders, including developers of digital oral health technologies, Chief Dental Officers (CDOs), WHO, ITU, and academia who are committed to digital oral health technology.

Objectives

The objectives of the meeting were to:

01. Services

Build an understanding of available products and digital solutions to implement population-based digital oral health interventions in terms of oral health literacy, training health professionals, early detection of oral disorders and oral health surveillance to accelerate the digital transformation of healthcare.

02. Partnerships

Consider how to enhance collaboration and partnerships that bring together key stakeholders to build a network: the global digital health community for oral health. The proposed network would include the private sector, academia, government organizations, development partners and civil societies to encourage coordination, create solidarity and contribute to the achievement of health-related SDGs.

Report

The Mayor of Montpellier, Mr Mickael Delafosse, opened the meeting with a speech. During his presentation, he mentioned the City of Montpellier's intention to become a leader on global health with the MedVallée programme, especially with Montpellier Santé Orale, led by Dr Nicolas Giraudeau on the subject of the day. Mr Delafosse reiterated how very proud Montpellier is to be the first city ever to implement the WHO mOralHealth programme.

Montpellier's strategy is to support research and innovation, but also be a strong and exemplary region, providing local access to global health for its citizens, who, like everyone in the world, are concerned with inequalities, especially in regard to health. So, Montpellier is also trying to consider that dimension and reduce these inequalities. He concluded by inviting those working in healthcare research and innovation to come to Montpellier and share their progress so as to create a city where this dynamic is enforced.

View of the meeting room with Mickael Delafosse opening the dialogue

Benoit Varenne, WHO Oral Health Programme Officer, presented the mOralHealth programme. This programme has been developed to help member states use digital oral health so that no one is left behind.

The mOralHealth programme is part of the "Be He@lthy Be Mobile" Initiative, co-led by WHO and ITU. It is divided into four modules: mOralHealth Literacy, mOralHealth Training, mOralHealth Early Detection and mOralHealth Surveillance. Each module can be implemented separately or combined.

The first module has to be implemented involving a huge range of stakeholders (communities, policy-makers, decision-makers etc.) because to change oral health we have to engage people at different levels.

The second module on training is possibly the more advanced today, with a lot of examples from around the world. The third module on early detection should be prioritised because early detection is key for treating a number of diseases (e.g., oral cancer, noma). The last module is also key since the cost of population-based surveys is becoming increasingly important, requiring more resources. WHO believes that digital technology could be used to provide a more cost-effective method of surveillance, which is easier to implement and offers a more efficient way of analysing data.

The mOralHeath Handbook has been published to facilitate implementation of the digital oral health programme.

Digital oral health is part of the global strategy on oral health. Now is the time to implement digital oral programmes to decrease oral health inequalities all around the world. WHO aims to support countries to implement their own mOralHealth programmes, and adapt this support within a national context to

enable individual programmes to be assessed, monitored and evaluated. Digital technology 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 the skills required to enable uptake of oral health programmes by most of the population. It is critical to establish and reinforce governance for digital health and define normal standards based on best practice and scientific evidence.

Dean Elham Emami and Pascaline Talla from McGill University presented the survey they have been part of with the University of Montpellier and WHO, supported by the Borrow Foundation, on evaluating organizational and governmental digital oral health readiness. Benoit Varenne sent the WHO survey platform link to all CDOs, collaborative centres and academics involved in this international network. One hundred and one answers from 167 participant
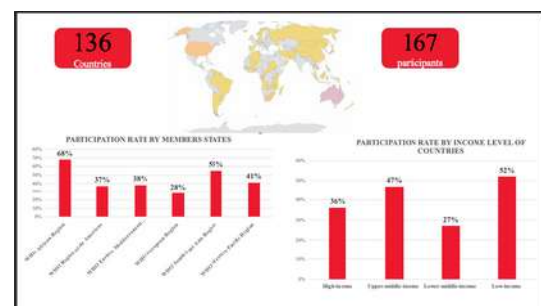
(61%) from 86 out of 136 countries (63%) have been received. The results will be published in a scientific article soon. After this quantitative survey, a qualitative survey will be conducted. Fifteen participants from different WHO regions and with different digital oral health awareness will be interviewed.

Dr Nicolas Giraudeau presented the "Montpellier Santé Orale" (MSO) (Montpellier Oral Health) programme. It is a new public oral health programme led by the Foundation of University of Montpellier.

It is co-piloting with the University of Montpellier, the University Hospital of Montpellier, the City of Montpellier, the Métropole of Montpellier (MedVallée), the regional public health agency, the public insurance and the Occitanie region. MSO's ambition is to make Montpellier an exemplary and innovative territory in oral health.

The programme is divided into six areas:
- 1. To improve oral health prevention for the people of Montpellier, especially the most vulnerable
- 2. Democratize the use of digital technology in oral health and implement the mOralHealth programme
- 3. Facilitate access to care and oral health rights for vulnerable groups
- 4. Federate professionals around a common oral health culture
- 5. Entrepreneurship and innovation in oral health
- 6. Universalize MSO

Montpellier is the first territory to implement the mOralHealth programme. They launched the early detection module on people with specific needs eight years ago and will start the literacy and training programme in 2023.

Yuka Makino, Technical Officer for oral health at WHO Regional Office for Africa, presented the WHO initiative on the eTraining course on oral health as part of the mOralHealth programme.

As the ratio of dentists per inhabitant is insufficient worldwide, we have to strengthen the health workforce based on an innovative workforce model such as task sharing and task shifting from oral health professionals to non-oral health professionals. The COVID-19 crisis showed that e-learning could be a good option to improve the knowledge and skills of health professionals. Yuka Makino shared with us three examples of on-line courses already implemented in three different regions (EMRO, SEARO, AFRO).

She also discussed the lessons learnt from these courses:
- Language: translation is in high demand
- Cultural adaptation: need to consider adapting general content into each country's context
- Self-learning/mentoring: mentoring may lead to more participants completing this course
- Enabling environment: create an enabling environment (e.g., downloadable/low bandwidth materials, waver internet cost, legislation, policy)
- Multiplier: maximize course effects/impact (e.g., integration into existing health workforce strategy/training programme).

Dr Line Kleinebreil from France and President of Université Numérique Francophone Mondiale, and Codou Badiane Mané, CDO of Senegal, presented the mDiabetes programme based in Senegal. This programme was launched in Senegal in 2014 with several partners from the public and private sectors. The Ministry of Health (MoH) is in charge and works with the "Fédération des diabétiques sénégalais" (national diabetic association). Three mobile phone network companies are also involved because this programme can only be implemented via mobile phones. People who are registered, receive an SMS with information on diabetes. In 2022, 196,145 people voluntarily registered (50% of diabetics in Senegal). The success of this programme was due to the involvement of all key partners (MoH, diabetic association, health professionals, private sector). SMS are especially sent during the Ramadan period and two other times during the year.

Melissa Adiatman, CDO of Indonesia, presented the use of digital technology for oral health surveys and community oral health programmes: an Indonesian experience. Due to the COVID-19 pandemic, the Indonesian government launched a teledentistry programme for oral assessment in schools with the aim of creating a national oral health survey. Pictures were taken by children's parents and dental students who were able to access the schools. Information and consent forms were created to gain

parental consent and to explain how to take good pictures with a smartphone. An assessment was carried out by a dentist and a report sent to the parents. The same assessment was also tried with elderly people but the quality of pictures received was too poor.

At the same time, MoH of Indonesia implemented a national oral health literacy campaign using Instagram, creating several "stories" about how to visit the dentist during the pandemic. As a result of positive feedback, they decided to create a WhatsApp educational programme, which again, was positively received by the population and resulted in a lot of questions being asked. As a consequence, the Indonesian MoH intends to proceed with implementing a digital oral health programme.

All presentation could be find at:
https://montpelliersanteorale.com/presentation-experts.html

Q & A session :

Questions were asked about regulation. For example, what happens if the "teledentist" makes a mistake? Or, what about data protection?

The quality of images has to be good enough to make a diagnosis. It is important to use a device and an IT system that makes this possible. Until now, nobody has mentioned experiencing issues concerning accountability or responsibility for a poor diagnosis being made remotely. The kind of device being used in a teledentistry programme also opened up the discussion on

Maria Tsantidou, Deputy CDO of Greece

the price and affordability of teledentistry as a whole. It is important that teledentistry be available for everybody and especially for those who are already experiencing accessibility issues.

On the issue of data protection, of course it is an important point of concern for everyone, but the financial capacity in some countries makes data protection difficult. For example, some projects save the data on a "Google drive" and send the data with WhatsApp. It is important to help countries who are less able to protect the data they collect. For that, we should work at regional and global level with all stakeholders: CDOs and academics, but also the private sector.

Benoit Varenne, Oral Health Officer, WHO HQ

The use of Artificial Intelligence to help the dentist to make the good diagnosis even with bad images could be interesting. Also, the integration of oral health and teledentistry in global health and telemedicine should be also discussed globaly with chief medical officers.

Afternoon session:

Josick Paoli, the executive director of MedVallée, presented the initiative. MedVallée is a programme to reinforce Montpellier's exposure and its ambition is to make Montpellier a world-class centre for excellence in global health.

Today, 85 projects are in MedVallée and of course, oral health is one of them with "Montpellier Santé Orale". The director hopes that with MedVallée, France will get back their sovereignty in health.

MedVallée also wants to improve the link between the private sector, academics, and the public sector.

Showcase of digital oral health technology:

All presentations are available online following links fro the pdf presentation and QR code for videos:

Orange (Sandrine Baillard, Business Manager for customer digital experience):
link: https://montpelliersanteorale.com/orange.html
QR Code:

My.Mouth (Deniz Göçhan, Founder):
Link: https://montpelliersanteorale.com/my-mouth.html
QR Code:

Quip:
Link: https://montpelliersanteorale.com/quip.html

Maxime Ducret (Full Professor, Dental Faculty, Lyon, France)
Link: https://montpelliersanteorale.com/maxime.html
QR Code:

Actéon (Olivier Matthieu, Product owner)
Link: https://montpelliersanteorale.com/acteon.html
QRCode

Conex Santé (Patrice Ancillon, CEO)
Link: https://montpelliersanteorale.com/conex.html
QRCode

UFSBD & Dental Monitoring (Anne Abbé Denizot, Alexandre Deza, Alice Marcillaud)
Link: https://montpelliersanteorale.com/ufsbd.html
QRCode

Circle Dental (Frederick Van Meer, COO)
Link: https://montpelliersanteorale.com/circle.html
QRCode

IBM (Jean-Christophe Mestre, Solution center Lab Lead Architect)
Link: https://montpelliersanteorale.com/ibm.html
QRCode

TotIA (Francesc Perez Pastor),
Link: https://montpelliersanteorale.com/totia.html
QRCode

Telemonica (Robin Ohannessian, CEO)
Link: https://montpelliersanteorale.com/telemonica.html
QRCode

Discussion:

After all the presentations, the CDOs and experts had a discussion. The first point discussed was the affordability of digital oral health. The most important point was to be focused on the role of digital oral health in promoting oral health for all, concentrating on the most vulnerable in society in the context of a

Aristomenis Syngelakis, CDO of Greece and President elect of CECDO

universal, accessible for all, person-centred, prevention-orientated and sustainable health system. We should also integrate digital oral health tools in the real context of living conditions (e.g., IT systems, network, digital literacy).

Digital oral health has to be focused on population-based solutions and needs. To democratize digital oral health, we should also democratize innovation in oral health. This is why the link between different stakeholders should be strong. It is important that private and public sectors work together for its conception and implementation.

The second point was about training. Despite using digital technology more and more to train people on oral health care, it is important to still consider face-to-face education and mentoring. The misuse of digital technology, for example, when students try to learn from videos on YouTube before they begin exercising their skills, has to be identified. It is also important to think about training the future workforce, i.e., the actual

Brittany Seymour, Harvard University

students. Digital oral health can be developed only if the next generation of health professionals are trained in its use. They have to be able to identify good and bad digital tools, understand the regulations when using digital health tools, and also be able to develop a concept of digital oral health programmes. To achieve these objectives, it is important to include theoretical and hands-on training in the curriculum.

Linking to literacy programmes, it was identified that mass messaging could also lead to misinformation, with loss of control of the pivotal message and subsequent loss of credibility for developers. The rise of influencers on the internet has forced us to change our goals when we want to disseminate a public health message. It is no longer about, "How do we get our evidence-based information to our audience?", but now, "How do we support our audiences in sharing our evidence-based messaging?". Target populations should be consulted from the beginning of any project. To have a greater impact on the population, it is
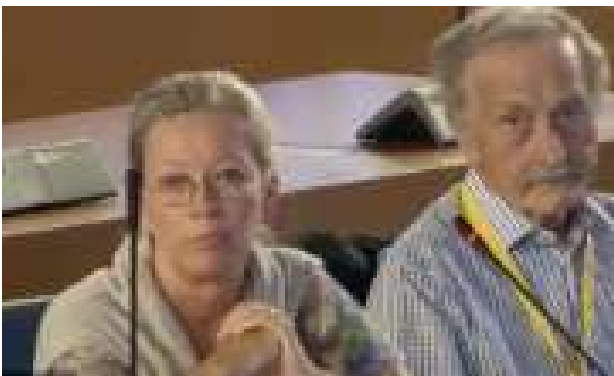
Helga Agustsdotthir, CDO of Iceland

important that they are able to identify themselves in the content (e.g., in videos, pictures etc.). Scripts or scientific content could be shared, but the images and videos should be adapted to meet the target population's needs.

In terms of regulating digital oral health, CDOs and experts have to convince policy makers at national and global levels to work on new laws or adapt existing laws to clearly define the scope of digital health and digital oral health.

Technologies and innovations are moving very quickly but unfortunately, legal systems are not. This kind of meeting, where we exchange good practices, will help.

Rodrigo Mariño, University of Melbourne (Australia)

When choosing to implement telemedicine and teledentistry projects, it is very important that the reasons are based on sound clinical evidence. Once the reasons have been identified, the most appropriate digital tool can be chosen. Since acceptability of a telemedicine project is the most important point in its success, specific attention has to be given to health professionals and their motivation to participate in this kind of innovative project. Professionals have to be sure that they will be able to practice the

same quality of medicine remotely as occurs in a face-to-face consultation. If they are not confident, or have concerns about medical liability, then they may refuse to engage. Also, patients

and users must feel able to trust their doctor and accept and be confident in any telemedicine project. It is important to explain that telemedicine does not change how medicine is regulated; the rules of a face-to-

Florent Diby, Wake-Up Africa, Cote d'Ivoire

face consultation will still apply to that of a remote consultation. It is not the intention of telemedicine or teledentistry to decrease the quality of any medical treatment either, they are simply new tools for health professionals to use and not a degradation of medicine or dentistry.

View of the meeting room from online perspective (credits Dr Alaa Qari)

Conclusion:

This meeting was the first to bring together WHO, CDOs, academic experts and colleagues in the private sector, and it is hoped that further meetings such as this will take place in the future. If we want to move digital oral health forward, we need to continue the work together.

The objectives of this meeting were to:

- Build an understanding of available products and digital solutions to implement population-based digital oral health interventions. The showcase gave an important overview of projects and digital tools already on the market. However, concerns have been identified, namely, respect for regulating data management, evidence-based solutions, and interest about public health issues.

- Consider how to enhance collaboration and partnerships that bring together key stakeholders to build a network: the global digital health community for oral health. It would be interesting to create a community on digital oral health and have the opportunity to disseminate evidence-based information on digital oral health programmes. There is too much "fake news" and misinformation on digital oral health, which makes it even more important to improve global literacy.

Digital oral health is an important tool for public health to achieve SDGs and fight against NCDs. To succeed, it is important to include digital oral training for students and continue training for oral health professionals, but also, to move

Nicolas Giraudeau closing the meeting

forward regulation and specific laws on managing digital health. Researchers should work on evaluating the impact of digital oral health programmes, comparative studies on teledentistry and face-to-face consultations, as well as economical evaluations of the development of digital oral health. By 2030, digital oral health has to be more developed globally, and we need to identify any limitations on achieving this aim.

Attendees

Name	Country	Status	Virtual/Face-to-Face
Lissette VANEGAS	Guatemala	CDO	V
Margaret FONDONG	Canada	MoH	V
Maha TANTAWY	Egypt	Network	V
Cecilia SOMOZA De DIAZ	Spain	CDO	V
Fructuoso MBA NDONG NCHAMA	Equatorial Guinea	CDO	V
Khin MAUG	Myanmar	CDO	V
Alexandre KABUYA	RDC	CDO	V
Eva BARIJAONA	Madagascar	Ordre	V
Jean Guy ADJALLA	Bénin	CDO	V
Andrew TAYLOR	UK	CDO	V
Farida SAIBI	Algeria	CDO	V
Sherry EPHRAIM	Sainte Lucie	CDO	V
Bertrand KONGOMA	Centre Afrique	CDO	V
Nemeth ORSOLYA	Hungary	CDO	F
OP KHARBANDA	India	CC	V
David LABBE	Canada	Dentiste conseil	V
Gabriele SAX	Austria	CDO	F
Stefaan HANSON	Belgium	CDO	F
Zusman SHLOMO	Israel	CDO	F
Leila LARBI	Tunisia	CDO	F
Kjersti Refsholt STENHAGEN	Norway	CDO	F
Merja-Liisa AUERO	Finland	CDO	F
Paul BOOM	NL	CDO	F
Stéphanie MORNEAU	Canada	MoH	V
Élise BERTRAND	Canada	MoH	V
Livia OTTOLENGHI	Italia	CECDO	F
Kenneth EATON	UK	CECDO	F
Paula VASSALLO	Malta	CDO	F
Corrado PAGANELLI	Italia	CDO	F
Dympna KAVANAGH	Ireland	CDO	F
Maaike WIJNHOUD	NL	CDO	F
Gerard GAVIN	Ireland	CDO	F
Lene VILSTRUP	Danemark	CDO	F
Rebecca HARRIS	UK	CDO	F
Drazen NOVAK	Croatia	CDO	F
Lena NATAPOV	Israel	CDO	F
Aristomenis SYNGELAKIS	Greece	CDO	F
Maria TSANTIDOU	Greece	CDO	F
Marianna NASLUND BLIXT	Sweden	CDO	F
Helga AGUSTSDOTTIR	Iceland	CDO	F

Experts

Name	First name	Institution	Country
Varenne	Benoit	OMS	Switzerland
Adiatman	Melissa	MoH	Indonesia
Badiane	Codou	MoH	Senegal
Emami	Elham	Mc Gill University	Canada
Kleinbreil	Line	UNFM	France
Qari	Alaa	Umm Al Qura University	Saoudi Arabia
Seymour	Brittany	Harvard University	US
Talla	Pascaline	Mc Gill University	Canada
Diby	Florent	Wake Up Africa	Cote D'ivoire
Marino	Rodrigo	University of Melbourne	Australia
Giraudeau	Nicolas	University of Montpellier	France

WHO representative

Name	Country	Status	Virtual/Face-to-Face
Yuka Makino	WHO	AFRO Oral Health	V
ABDUL GHAFFAR, Huda	WHO	EMRO Oral Health	V
GUNAWARDENA, Nalika	WHO	SEARO Oral Health	V
DORJI, Gampo	WHO	Former SEARO Oral Health	V
Carolina Hommes	WHO	PAHO Life course	V
RENDELL, Nicole	WHO	HQ Oral Health	V
Yuriko Harada	WHO	HQ Oral Health	V

Partners

Name	First name	Institution	Country
Delafosse	Mickael	City of Montpellier (Mayor)	France
Paoli	Josick	MedVallée (Director)	France
Borrow	Nigel	Borrow Foundation	UK
Woodward	Margaret	Borrow Foundation	UK

Agenda

Time	Duration	Agenda	Speaker
10:00-10:05	5 mins	Welcome and objectives of the meeting	**University of Montpellier** Nicolas Giraudeau
10:05-10:10	5 mins	Opening remark	**City of Montpellier** Mickael Delafosse
10:10-10:20	10 mins	Overview of ITU's work on digital health for public heath	**ITU** Hani Eskandar
10:20-10:30	10 mins	The mOralHealth programme: views and perspectives in the context of the WHO Resolution on oral health	**WHO HQ Oral health programme** Benoit Varenne
10:30-10:35	5 mins	Q/A - open floor for any questions	
10:35-10:45	10 mins	Challenges and opportunities on digital oral health in countries: results from a global e-readiness questionnaire survey	**McGill University** Elham Emami Pascaline Kengne Talla
10:45-10:50	5 mins	Q/A - open floor for any questions	
10:50-11:30	40 mins	Presentations from experts (10 mins each) · Montpellier Santé Orale by MedVallée · WHO regional e-learning oral health initiatives to strengthen capacity of primary health care workers using online platform : - Competency-Based Oral Health e-Training Curriculum in WHO Regional Office for Africa - Online course for Oral health and oral cancer from WHO Regions, WHO South-East Asia - Online course on Promoting oral health in primary health care from WHO Regional Office for Eastern Mediterranean - Oral Health for Primary Care Professionals from WHO Regional Office for Americas · Application of the mRamadan Be He@lthy Be Mobile programme in Senegal Experience of using digital technology for national oral health survey in Indonesia	**University of Montpellier** Nicolas Giraudeau **WHO Regional Office for Africa** Yuka Makino **Chief Dental Officer, Ministry of Health, Senegal** Codou Badiane Mané **UNFM** Line Kleinebreil **Chief Dental Officer Ministry of Health, Indonesia** Melissa Adiatman
11:30-11:55	25 mins	Q/A - open floor for any questions	
11:40-12:00	5 mins	Closing remark for a morning session	**University of Montpellier** Nicolas Giraudeau

DIGITAL ORAL HEALTH DIALOGUE

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Agenda

Time	Duration	Agenda	Speaker
13:00-13:05	5 mins	Objectives of the afternoon session	University of Montpellier Nicolas Giraudeau
13:05-13:10	5 mins	MedVallée	MedVallée Josick Paoli
13:10-15:55	165 mins 10 mins for presentation and 5 mins for Q/A	Showcase of digital oral health technology • mOralHealth Literacy: • mOralHealth Training: • mOralHealth early Detection: • mOralHealth Surveillance:	Orange, My Mouth Quip Maxime Ducret Actéon, Conex Santé, UFSBD, Circle Dental IBM, TotIA, Telemonica
15:55-16:40	45 mins	Panel discussion	University of Montpellier Nicolas Giraudeau WHO HQ Oral Health programme Benoit Varenne Chief Dental Officer Senegal Codou Badiane Mané Chief Dental Officer Indonesia Melissa Adiatman Umm Al-Oura University Alaa Husni Qari Harvard University Brittany Seymour University of Melbourne Rodrigo Mariño UNFM Line Kleinbreil Wake Up Africa Florent Diby
16:40-16:50	10 mins	Moving forward: the use of digital oral health technology	WHO HQ Oral Health programme Benoit Varenne
16:50-16:55	5 mins	Closing remark	University of Montpellier Nicolas Giraudeau

Budget

Experts accomodation
20 338,05 €

Event organization
9 962,24 €

Transcription-Report-Publication
2 797,83 €

Total
 33 098,12 €

The Borrow Foundation

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Montpellier

MEDVALLÉE MONTPELLIER

Acknowledgements

Dialogue with key stakeholders on digital technology towards UHC for Oral Health

Contacts

Nicolas GIRAUDEAU
Coordonnateur Montpellier Santé Orale

Fondation Université de Montpellier
163 rue Auguste Broussonnet - CC414
34090 Montpellier

✉ nicolas.giraudeau@umontpellier.fr

☎ +33.(0)6.16.30.11.26

TAKE HOME MESSAGES

This first dialogue with key stakeholders on digital technology towards UHC for Oral Health in Montpellier in 2022 is the first step in an ambitious and global work for the development of digital technology to improve oral health in the world.

Important fact n°1   **Digital Oral Health must decrease inequalities**

- Access of care
- Economical issues
- Digital literacy

Important fact n°2   **All stakeholders must be involved for the development of digital oral health**

- Policy makers
- Private sector
- Academics
- Population
- Health professionnals
- Researchers

Important fact n°3   **mOralHealth programme must be implemented in countries with concern**

- Data protection
- Ethics
- Evidence based
- Adapted to the need

""We must ensure that the digital health revolution is safe, sustainable and leaves no one behind"
Bernardo MARIANO, Director of Digital Health & Innovation, WHO

Faire de Montpellier un territoire exemplaire et innovant en santé orale