

Bangkok Declaration

No Health Without Oral Health



World Health
Organization

We, the representatives of Member States present at the WHO Global Oral Health Meeting held in Bangkok, Thailand, from 26 to 29 November 2024, acknowledge with great concern that oral diseases affect 3.5 billion people globally. This situation poses significant public health challenges for all WHO Member States and highlights the critical need to address oral diseases and conditions as part of the broader burden of noncommunicable diseases (NCDs), especially in the context of the preparatory process leading to the 4th High-level Meeting of the UN General Assembly on the prevention and control of NCDs (4th UNHLM on NCDs) in 2025. We seize the opportunity of meeting in Bangkok to:



1. Express concern about the continued prevalence of unmet oral health needs and their social gradient, highlighting the urgent need to intensify efforts to mitigate the substantial health, social, economic, and environmental impacts of oral diseases on health systems and societies, as well as on the health and well-being of individuals, families, communities, and populations, with a disproportionate burden on those living in vulnerable, remote, refugee, emergency, and marginalized situations.
2. Recognize that, despite progress made since the 2021 World Health Assembly Resolution on Oral Health (WHA74.5) and the ongoing efforts by Member States, UN Agencies, non-State actors, and the WHO Secretariat, many populations continue to face challenges in preventing oral diseases and achieving equitable access to essential, safe, quality, effective and affordable oral healthcare services.
3. Align ourselves with key political declarations of UN bodies on NCDs and Universal Health Coverage (UHC), including but not limited to the following:
 - Political declarations of the 1st, 2nd and 3rd UNHLM on the Prevention and Control of NCDs in 2011 (A/66/L.1), 2014 (A/68/L.53) and 2018 (A/73/L.2);
 - Political Declaration of the 1st UNHLM on UHC “UHC: moving together to build a healthier world” (A/RES/74/2) in 2019; and the
 - Political declaration of the 2nd UNHLM on UHC in 2023 (A/RES/78/4).
4. Value and reaffirm the strategic guidance and consensus of Member States reflected in the 74th World Health Assembly Resolution on Oral Health (WHA74.5) in 2021, the Global Strategy on Oral Health in 2022 (WHA75 (11)) and the Global Oral Health Action Plan 2023–2030 (WHA76 (9)). These documents will serve as a foundation for strengthening oral health and public health policy and programmes, health systems and service delivery in the context of primary health care and UHC in the coming years.
5. Reaffirm our commitment to take bold action on NCDs in accordance with national context and priorities, including the implementation of the Global Oral Health Action Plan 2023–2030, in alignment with the 2030 Agenda for Sustainable Development, ensuring universal access to and affordability of essential oral health care.

6. Emphasize that the promotion of oral health and the prevention and management of oral diseases must be treated with urgency in recognition of their significant impact on public health and the need for accelerated action, as part of broader efforts to design and implement public health measures that can reduce the burden of NCDs such as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes; and protect people from their major risk factors (tobacco use, the harmful use of alcohol, physical inactivity, air pollution, and unhealthy diets including high sugars intake).
7. Reiterate the significance of the updated menu of policy options and cost-effective interventions for the prevention and management of NCDs (WHO ‘best buys’), including the first set of oral health interventions as part of the recent update of the WHO best buys and other recommended interventions for the prevention and control of NCDs of the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2030.
8. Call for coordinated global, regional, and national actions by all stakeholders to integrate essential oral health benefit packages into national UHC coverage by 2030, aligned with the principles of the Global Oral Health Action Plan 2023–2030.
9. Invest in sustainable, resilient health systems, based on a primary health care approach, to support universal access to essential oral health care services for all, and to promote the timely and equitable availability of quality and affordable essential dental medicines and preparations, as guided by the WHO Model Lists of Essential Medicines and in line with national and subnational contexts
10. Address the commercial, social, economic, environmental, and other determinants that negatively and inequitably impact health and wellbeing through engaging relevant stakeholders in a whole-of-society effort to prevent and mitigate, in particular, the impacts of unhealthy foods and other commodity industries on oral health and NCDs.
11. Reaffirm the importance of aligning national oral health research priorities with public health goals and health system contexts, fostering evidence-based, multidisciplinary research to address access barriers, oral health inequalities, and effective integration of essential oral health care into primary health care systems, while leveraging digital technologies to enhance research and practice.
12. Prioritize environmentally sound oral health care practices and initiatives that promote the efficient use of natural resources, such as water and renewable sources of energy where possible; the use of safe and environmentally sound oral health supplies, consumables and oral care products; sustainable waste management; reduction of carbon emissions; and the phase-down in use of mercury-containing dental amalgam, in alignment with UN initiatives on climate change and planetary health.

Global Coalition on Oral Health

13. Welcome the work undertaken thus far on the work modalities of Global Coalition on Oral Health, a WHO convened forum that aims to continue the momentum and advance collective efforts towards the implementation of the Global Oral Health Action Plan 2023–2030 in countries through knowledge sharing, collaboration, coordination, and unified advocacy.
14. Support the efforts of WHO in developing a comprehensive and cohesive approach among Member States, UN agencies and non-State actors, including non-governmental organizations, academic and research institutions, philanthropic foundations and private sector entities, to conduct action oriented and effective advocacy towards achieving UHC for oral health in countries.

Call to Action: Towards Universal Health Coverage for Oral Health by 2030

15. Urge Member States to develop and implement national oral health roadmaps tailored to their specific contexts, prioritizing oral health in national health policies and strategies, leveraging efforts on sustainable financing and enhanced resources for NCDs, and ensuring the integration of essential, safe, quality and affordable oral healthcare services into national UHC benefit packages, thereby affirming that oral health is part of the fundamental human right to health and integral to sustainable development.
16. Encourage and support the WHO Secretariat to continue playing a critical role in providing technical support and monitoring progress on the integration of oral health into UHC and NCD frameworks, and as part WHO's programmes of work.

17. Encourage WHO to strengthen the capacities of its Regional and Country Offices to support Member States through Country Cooperation Strategies inclusive of oral health and fostering dialogue on the implementation of key NCD initiatives that include oral diseases.
18. Call upon development and UN agencies, WHO Collaborating Centres, non-State actors to support national and regional initiatives, especially in low-resource settings and SIDS.
19. Promote the role of civil society organizations in advocating for community-based interventions, where appropriate, supporting their implementation and ensuring that the voices of populations, particularly those living in vulnerable, remote, refugee, emergency and marginalized situations, are included in decision-making processes.
20. Emphasize that private sector entities have a significant role in expanding equitable access to affordable and quality oral health products, dental medicines and preparations, and aligning business practices with public health goals to improve overall oral health outcomes, as appropriate and compliant with principles of mitigating conflicts of interest, including by using WHO's tools on supporting its Member States' engagement with private sector entities.
21. Urge Member States to consider and manage industry interference affecting oral health and NCDs, which was recognized as one of the major barriers in the NCD response at the 3rd UN HLM on NCDs in 2018.

Expectations for the 4th UN High-level Meeting on NCDs in 2025 and beyond

22. Acknowledge the important milestone of the upcoming 4th UNHLM on NCDs and welcome the attention to the prevention and management of oral diseases in the preparatory process leading to the 4th UNHLM on NCDs.
23. Call for oral diseases, along with public health measures for their prevention and management, to be reflected in the Political Declaration of the 4th UNHLM due to their high and unequal burden and the need to ensure oral health through a person-centred PHC approach that meets the needs of people living with and affected by NCDs across the life course. Such recognition is essential for advancing the goal of UHC for Oral Health by 2030.
24. We encourage Member States and the WHO to consider highlighting the role of sugars as a major component of unhealthy food, which not only increases the incidence and prevalence of dental caries but also exacerbate, together with other risk factors like tobacco and alcohol use, the burden of other NCDs.
25. Recognize and respond to the rising comorbidity between oral diseases and other NCDs, as this bi-directional relationship significantly impacts overall health outcomes and underscores the need for integrated and transdisciplinary strategies in promotion, prevention and care.
26. We call for the inclusion of three reference targets related to oral health in the development of the renewed Global Monitoring Framework for NCDs, in accordance with national and subnational context and priorities
 - By 2030, 80% of the global population is entitled to essential oral healthcare services as part of UHC (Overarching Global Target A)
 - By 2030, the combined global prevalence of the main oral diseases and conditions over the life course shows a relative reduction of 10% (Overarching Global Target B)
 - By 2030, 50% of countries implement measures aiming to reduce free sugars intake (Global Target 2.1)
27. Promote full integration of oral health priorities in shaping the agenda of the 3rd UN High-level Meeting on UHC in 2027 and in discussions on the post-2030 health agenda.

Commitments to Accelerated Action on Oral Health

In alignment with the Global Oral Health Action Plan 2023–2030, we reaffirm our commitment to taking concrete action, according to national context, priorities and capacities, across the following seven strategic areas:



1. Oral Health Governance

- Strengthen leadership for sustainable national financing and enhanced resources for NCDs, including by leveraging broader efforts to finance national health systems, prioritizing safe, effective, quality and affordable oral healthcare and prevention, and ensuring oral health is prioritized within UHC and NCD frameworks aligned with country priorities.
- Develop or update national oral health policies and finalize national oral health roadmaps, ensuring regular updates to WHO and making use of technical assistance as required.



2. Oral Health Promotion and Disease Prevention

- Scale up upstream policies and programmes targeting key risk factors for oral diseases, such as unhealthy diets, high sugar consumption, tobacco, and harmful use of alcohol and their underlying social and commercial determinants.
- Implement, maintain and scale up, where needed, inclusive community-based and evidence-informed oral health promotion initiatives, including effective self-care practices and approaches, that can respond to population needs over the life course with a pro-equity focus.
- Develop or update national guidelines for the optimal use of fluorides for oral health, responding to national contexts and population needs.



3. Health Workforce

- Incorporate planning for the delivery of essential oral health care services into national health workforce strategies, including opportunities to expand the capacity of health workers to provide preventive and community-based care across the public and private sectors; also leveraging the opportunities for capacity development of the WHO Academy.
- Invest in competency-based education, training, and retention strategies for oral health among primary health care workers and oral health care professionals, that promote dynamic and responsive health care models through task sharing and task shifting, skill mix and integration into primary health care-oriented health systems that are adequately financed; and emphasize workforce gender balance and diversity, especially in leadership and governance.



4. Oral Health Care

- Integrate essential oral health care services, including promotion, prevention, early detection, and management, into UHC benefit packages with a focus on primary health care.
- Adopt cost-effective and equitable service delivery models by increasing the availability and affordability of essential, quality dental medicines and preparations, including updating national essential medicine lists guided by the WHO Model Lists of Essential Medicines with the goal to reduce out-of-pocket payments.



5. Oral Health Information Systems

- Strengthen national oral health surveillance systems to track disease prevalence, enable evidence-based programme and policy development, access to quality services, and improve public health intervention effectiveness.
- Establish clear national oral health targets responding to national contexts that are aligned with the global targets of the WHO Global Oral Health Action Plan 2023–2030, as well as measure progress using an integrated monitoring system with other NCDs.



6. Oral Health Research Agendas

- Advance research on effective, evidence-based interventions for the prevention and management of oral diseases and develop national oral health research strategies supporting population-level programs.
- Institutionalise the routine use of data, evidence and research findings to support evidence-informed decision making for oral health at all levels.



7. Oral health and the Environment

- Establish or strengthen cross-sectoral collaboration to phase down, or phase out where feasible, the use of dental amalgam in accordance with the Minamata Convention on Mercury.
- Promote preventive, less invasive, climate-resilient, environmentally sustainable and safe oral healthcare by adopting mercury-free and eco-friendly products, minimizing the use of single-use plastics and non-biodegradable materials, managing waste responsibly, using natural resources efficiently, and reducing carbon emissions.

Adopted in Bangkok, Thailand, on 29 November 2024

