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| **FDI DRAFT POLICY STATEMENT**  |
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| **National Health Policy with the Inclusion of Oral Health** |
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| **Revised version adopted by the General Assembly: 1998, Barcelona, Spain** **Submitted for adoption to the General Assembly: September 2018, Buenos Aires, Argentina** **Final Draft to GA** |



**CONTEXT**

The new definition of oral health1 adopted by the FDI World Dental Federation General Assembly in 2016 has laid the framework to allow the profession to reflect on what oral health encompasses and its implication for national oral health policies. Further, this definition, which was approved by consensus by FDI constituents, favours the inclusion of oral health in all health-related policies2.

**SCOPE**

National health policy needs to reflect that oral health is a fundamental human right and is inseparable from general health. National health policy needs to facilitate the inclusion of oral health in all health-related policies3.

**DEFINITIONS**

Health policy refers to decisions, plans, and actions that are undertaken to achieve health goals within a society, which includes oral health. Oral health has been defined by FDI as being multifaceted and includes the ability to speak, smile, smell, taste, feel, chew, swallow, and convey a range of emotions through facial expressions with confidence and without pain, discomfort, or disease of the craniofacial complex4. With the formation of a concise health policy, a clear vision for the future can be established with targets and points of reference for the short and medium term. Further, an explicit health policy enables priorities to be outlined with the expected roles of different stakeholders, concurrently builds consensus and informs people5.

**PRINCIPLES**

Member National Dental Associations (NDAs) should become involved in all political and legislative processes and decisions regarding matters of oral health, systemic health related to oral health, promotion, prevention and care. In utilizing a common definition of oral health, stakeholders can be brought together to influence and shape parameters of healthcare systems (policies, research, education and reimbursement models) and to shape the future of the dental profession.

**POLICY**

FDI supports all professional, political, legislative and strategic decisions to improve oral health in all policies.

Stakeholders and public health authorities together with member NDAs:

* should offer advice and support in relation to the planning of oral health and related measures;
* can help to promote within their national safety net system the principle of the provision of basic oral healthcare as absolutely necessary and a fundamental human right;
* should promote a closer dentist/patient relationship on the basis of free choice of practitioner;
* should aim for diagnostic and therapeutic freedom as a principal aspect of dental practice, where clinically necessary and evidence-based treatment measures are chosen based on the individual needs, demands and requirements of the patients, free from any outside influence;
* should aim to prevent the establishment of profit-oriented corporations/entities that disallow the independent and ethical practice of our own dental profession;
* should promote the principle of confidentiality and data protection, particularly regarding modern information-communication technology and worldwide information exchange;
* should promote or establish meaningful data collection systems with consistent methodologies for oral health surveillance;
* should work to improve the distribution of the oral health work force in urban-rural settings;
* shall promote and ensure the availability of the oral health work force in all levels of micro/macro health settings. Analysis of the potential barriers to national health policies is crucial.

**KEYWORDS**

Definition of oral health; national health policy; legislation; healthcare

**DISCLAIMER**

The information in this policy statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

**REFERENCES**

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