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European Dental Students' Association

PUBLIC HEALTH IN DENTISTRY

European Dental Students' Association

2026

European Dental Students' Association

International Office - Dublin Dental University Hospital

Trinity College Dublin, The University of Dublin

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1. Introduction

Dental caries, periodontal disease, oral cancer and edentulism are among the most common and largely preventable non-communicable diseases (NCDs) globally, affecting approximately 3.5 billion people worldwide (WHO, 2022).

These conditions disproportionately affect vulnerable and marginalised populations and are influenced by social, commercial and environmental determinants, including poverty, limited education, poor nutrition and restricted access to healthcare (WHO, 2022; FDI, 2021).

Public health in dentistry, also referred to as dental public health, is an essential component of a well-functioning healthcare system (WHO, 2022).

It recognises oral health as an integral component of general health and well-being and promotes population-based strategies, including surveillance, policy development, prevention and health promotion, to reduce the burden of oral diseases and health inequalities (WHO, 2022).

The WHO Global Oral Health Action Plan 2023–2030 and FDI's Vision 2030 emphasise the need to move beyond individual, treatment-focused approaches towards prevention, health-system integration and population-based oral healthcare (WHO, 2024; FDI, 2021).

Dental students, as future healthcare professionals and potential leaders in public health, must be equipped with the competencies, ethical awareness and interdisciplinary knowledge necessary to contribute to evidence-based and equitable oral health policies across Europe and globally (ADEE and EADPH, 2024).

This approach is also supported by the evolution of international oral health policy. The WHO 2025 baseline report on the implementation of the Global Oral Health Action Plan 2023–2030 is an important assessment of the progress and challenges in meeting the global oral health targets for 2030 (WHO, 2025).

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The findings suggest the need to strengthen national oral health strategies, improve access to essential oral healthcare, address inequalities, and put in place effective monitoring and accountability mechanisms (WHO, 2025).

In addition, the WHO 2026 guideline on environmentally friendly and less invasive oral healthcare provides evidence-based recommendations for the prevention and management of dental caries through the use of mercury-free materials, preventive interventions and minimally invasive clinical approaches (WHO, 2026a).

In August 2026, WHO also introduced a policy brief on oral health equity for persons with disabilities, highlighting the need for inclusive oral health policies, meaningful participation, and disability-inclusive monitoring systems (WHO, 2026b).

EDSA therefore recognises that public health in dentistry must address not only the prevention and treatment of oral diseases but also health inequalities, disability inclusion, environmental sustainability, health-system resilience and the implementation of international oral health commitments (WHO, 2025; WHO, 2026a; WHO, 2026b).

2. Definitions

- **Public Health in Dentistry (PBH):** Organised community efforts that use evidence-based policies, population surveillance and preventive strategies to promote oral health, reduce oral diseases and address inequalities in oral health outcomes (WHO, 2022).
- **Oral Health Surveillance (OHS):** The systematic collection, analysis, interpretation and dissemination of oral health data to support public health planning, implementation and evaluation (WHO, 2025).

- **Universal Health Coverage (UHC):** Ensuring that all individuals and communities can access the health services they need, including preventive, promotive, curative, rehabilitative and palliative services, without experiencing financial hardship (WHO, 2024).
- **Health Equity (HE):** The absence of unfair, avoidable or remediable differences in health outcomes between population groups, particularly those defined by social, economic, demographic or geographical circumstances (WHO, 2022).
- **Social Determinants of Oral Health (SDOH):** The non-clinical conditions in which people are born, grow, live, work and age, including income, education, employment, housing and access to healthcare, which influence oral health risks and outcomes (WHO, 2022).

3. Purpose

This policy document intends to:

- Promote public health in dentistry through education, clinical practice, and policy.
- Encourage a systems-thinking approach to oral health through governance, cross-sectoral collaboration, and proactive interventions.
- Promote universal oral health coverage and integrate it into primary healthcare and public health systems.
- Assist EDSA, its members, and stakeholders in developing capacity for population-level health planning, equity, and evidence-based decision-making.

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4. Scope

This policy applies to:

- Dental education institutions, universities, and student groups across Europe and affiliated regions.
- Public health departments, ministries of health, primary healthcare providers, non-governmental organisations, and advocacy coalitions.
- Collaborating with dental practitioners, academics, and interdisciplinary teams on neighbourhood, school, and national public health initiatives.
- Looking for students and early-career professionals interested in public health dentistry and health systems science.

5. Policy Statements

EDSA calls upon relevant stakeholders, including educational institutions, healthcare providers, public health authorities, governments and civil society organisations, to support and implement the following recommendations:

5.1 Public Health Competence in Dental Education

- Incorporate public health disciplines including epidemiology, health policy, environmental health, and behavioural science into dentistry curricula to match with ADEE and EADPH competency frameworks (ADEE and EADPH, 2024; WHO, 2024).
- Encourage dental students to specialise or pursue graduate studies in dental public health, such as through MPH programmes or intercalated degrees (FDI, 2021; WHO, 2024).
- Promote systems-based learning by using simulations, case studies, and policy mapping to study health system governance, finance, and oral health inequities (WHO, 2024).

- Increase field-based training in public health departments, NGOs, refugee clinics, and rural outreach, incorporating structured reflective learning and measurable competencies (ADEE and EADPH, 2024; WHO, 2024).
- Encourage student-led policy innovation laboratories and hackathons to create scalable, technology-driven oral health solutions (FDI, 2021; WHO, 2024).

5.2 Integrating Oral Health into Health Systems

- Encourage integration of oral health screenings in primary care, including caries, periodontitis, oral cancer, and behavioural risk factors like tobacco, sugar, and alcohol use (WHO, 2022; WHO, 2024).
- Utilise teledentistry and task-shifting models (e.g., dental hygienists, community oral health workers) to improve access to care in underserved areas (WHO, 2024).
- Encourage national policies that include oral health in universal health coverage, especially for maternal, child, and elderly health services (WHO, 2022; WHO, 2024)
- Coordinate national oral health programmes with NCD plans, such as combined risk reduction campaigns and data exchange (WHO, 2022; WHO, 2024).
- Encourage interprofessional collaboration among dentists to contribute to public health goals such as vaccination, nutrition, and antimicrobial stewardship (WHO, 2022; WHO, 2024).
- Support implementation of the WHO Global Oral Health Action Plan 2023–2030 by promoting national and regional policies to increase access to essential oral healthcare and reduce disparities in availability and affordability of services (WHO, 2024; WHO, 2025).
- Advocate for the inclusion of essential oral health care services in universal health coverage benefit packages, with special attention to vulnerable and underserved populations (WHO, 2025).

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5.3 Surveillance, Monitoring, and Research

- Build robust oral health surveillance systems, coordinated with the European CDC and WHO, to collect standardised data on disease prevalence, risk factors, care utilisation, and inequalities(WHO, 2022; WHO, 2024).
- Promote geospatial mapping and disaggregated analysis (by age, income, gender, and ethnicity) to identify vulnerable groups and target interventions effectively (WHO, 2024; WHO, 2025).
- Fund implementation studies for community-based models, mHealth innovations, and school-based programmes (WHO, 2024).
- Evaluate public oral health efforts based on cost-effectiveness, equity impact, and population health outcomes (WHO, 2024; WHO, 2025).
- Use open-access platforms to share findings and engage students in citizen science and participatory research(WHO, 2024; WHO, 2025).
- Ensure that the oral health monitoring and evaluation is aligned with the monitoring framework of the WHO Global Oral Health Action Plan 2023–2030 and its 11 global targets, using the 2025 baseline report to identify implementation gaps and priorities for action (WHO, 2024; WHO, 2025).
- Encourage the collection and analysis of high-quality oral health data to assess progress in disease prevention, access to services, health inequities and the implementation of national oral health strategies (WHO, 2025).
- Promote, where appropriate, the inclusion of disability-related information in oral health monitoring systems to identify inequalities and improve the accessibility and inclusiveness of oral health care services (WHO, 2026b).

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5.4 Health Promotion and Community Empowerment

- Work with communities to create national and local oral health promotion campaigns that highlight food, hygiene, fluoride, and habit modification (WHO, 2022; WHO, 2024).
- Prioritise life-course interventions such as pregnancy counselling, fluoride programmes for children, adolescent hazardous behaviour prevention, and geriatric dental function preservation (WHO, 2022; WHO, 2024).
- Teach students about health literacy communication strategies such as motivational interviewing, plain language, and culturally relevant treatment (WHO, 2024).
- Empower community health providers to promote oral health, educate others, and make recommendations (WHO, 2024).
- Work with schools, religious institutions, and the media to shift community beliefs and stigma regarding oral health (WHO, 2022; WHO, 2024).
- Promote prevention-first approaches and evidence-based preventive interventions, including fluoride varnish and targeted pit and fissure sealants for children at high risk of dental caries (WHO, 2026a).
- Promote the appropriate use of non-invasive and minimally invasive interventions for the prevention and management of dental caries, including fluoride varnish, silver diamine fluoride and appropriate mercury-free restorative materials (WHO, 2026a).
- Integrate awareness of environmentally sustainable oral health care into health promotion and community education activities, emphasising the significance of prevention, responsible resource use and sustainable dental practices (WHO, 2026a).

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5.5 Policy, Legislation and Advocacy

- Use a Health in All Policies (HiAP) strategy to include oral health considerations in transportation, education, food, labour, and housing policies (WHO, 2014; WHO, 2024).
- Support tax and regulation policies, including:
    - Sugar-sweetened beverage taxes (WHO, 2022; WHO, 2024).
    - Tobacco control legislation including plain packaging and point-of-sale bans (WHO, 2022).
    - Advertising restrictions on junk food for children (WHO, 2022; WHO, 2024).
    - Mandatory front-of-pack labelling for sugar and trans fats (WHO, 2022).
- Advocate for essential oral health services and fluoride products to be included in essential health benefits and procurement lists (WHO, 2024; WHO, 2025).
- Train students in advocacy strategies: policy brief development, stakeholder engagement, public speaking, and social media mobilisation (FDI, 2021; WHO, 2024).
- Encourage the adoption of safe and efficient mercury-free dental materials and minimally invasive clinical techniques in accordance with WHO guidelines and the Minamata Convention on Mercury in order to promote the shift toward environmentally sustainable and mercury-free oral healthcare (WHO, 2026a; UNEP, 2013).
- Promote environmentally conscious methods, sustainable procurement, and responsible dental waste management, in dental education institutes and oral healthcare facilities (WHO, 2026a).
- Support oral health policies that promote accessible, affordable, and inclusive oral healthcare services while addressing the unique challenges faced by people with disabilities (WHO, 2026b).

- Facilitate the active involvement of people with disabilities and the organisations that represent them in the creation, execution, and assessment of oral health policies and initiatives (WHO, 2026b).

6. Roles and Responsibilities

- **EDSA and its members** provide leadership in policy creation, capacity building, and interprofessional partnerships.
- **Dental faculties** should integrate public health into all stages of education and encourage community-based training and research.
- **Governments and Ministries of Health** should fund, monitor, and regulate national oral health plans to integrate oral health into universal health coverage (UHC).
- **NGOs and Public Health Institutes** offer technical expertise, innovative service delivery, and track progress towards oral health equity.
- **Students and practitioners** may promote oral health through lifelong learning, equity advocacy, and community leadership.

7. Related Documents

This Policy should be read in conjunction with:

- WHO Global Oral Health Action Plan 2023–2030: https://www.who.int/publications/i/item/9789240090538
- FDI Vision 2030: Delivering Optimal Oral Health for All: https://www.fdiworlddental.org/vision2030
- Platform for Better Oral Health in Europe – Policy Recommendations (2022): https://www.oralhealthplatform.eu/
- EADPH and ADEE Core Competencies in Dental Public Health (2024 update): https://www.eadph.org/course/dental-public-health-education/

- UN Sustainable Development Goals (SDGs): https://sdgs.un.org/2030agenda
- WHO, Tracking Progress on the Implementation of the Global Oral Health Action Plan 2023–2030: Baseline Report (2025): https://www.who.int/publications/i/item/9789240106031
- WHO, Bangkok Declaration – No Health Without Oral Health (2024; published 2025): https://www.who.int/publications/m/item/bangkok-declaration---no-health-without-oral-health
- WHO, Guideline on Environmentally Friendly and Less Invasive Oral Health Care for Preventing and Managing Dental Caries (2026): https://www.who.int/publications/i/item/9789240116948
- WHO, Oral Health Equity for Persons with Disabilities: A Policy Brief (2026): https://www.who.int/news/item/18-08-2026-oral-health-meets-disability-inclusion--a-new-who-policy-brief
- UNEP, Minamata Convention on Mercury (2013): https://www.unep.org/globalmercurypartnership/resources/policy-and-strategy/minamata-convention-text

8. Contact

Any queries regarding this policy should be directed to the EDSA Policy Officer at *policy_officer@edsaweb.org.*

9. Policy Review

The policy shall be reviewed every two years by EDSA to ensure that it remains relevant, reflects advancements in oral and public health, and remains aligned with global health strategies and international recommendations. An earlier review may be undertaken if significant developments in oral or public health, policy, or international guidance make revision necessary.

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