The mouth returns to medicine: Dentistry in the new global health agenda

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Prof NH Wood, Managing Editor, SADJ – BChD, DipOdont(MFP), MDent(OMP), FCD(SA), PhD

The rediscovery of the mouth

For much of modern healthcare history, oral health has occupied a curious position: clinically indispensable, yet politically peripheral. Dentists have always known that the mouth is inseparable from the body, but global health systems have often behaved as though it were not. National health policies, universal health coverage frameworks, and even major non-communicable disease strategies have historically given little attention to oral health, despite the fact that oral diseases remain among the most prevalent health conditions worldwide.

This separation has had consequences. Oral health services in many countries developed along parallel tracks to mainstream healthcare systems, often financed, organized, and regulated differently from other medical services. The result has been a quiet marginalization of oral health in policy discussions, even as billions of people continue to live with untreated dental disease, pain, infection, and the social consequences that accompany them.

Yet the global health landscape is beginning to shift. In recent years, oral health has re-entered international policy discourse in a way not seen for decades. The adoption of the World Health Assembly Resolution on Oral Health in 2021, followed by the WHO Global Strategy on Oral Health and the Global Oral Health Action Plan for 2023 - 2030, signals a turning point. For the first time in a generation, oral health is being deliberately repositioned within the broader framework of universal health coverage and the global response to non-communicable diseases.

This moment is more than a bureaucratic milestone. It represents a conceptual shift: the recognition that oral diseases are not isolated clinical problems, but part of the same social, behavioral, and biological systems that drive the global burden of chronic disease. In this emerging agenda, the mouth is no longer peripheral. It is returning, quite appropriately, to medicine.

A global turning point in oral health policy

The repositioning of oral health within global health policy did not occur spontaneously. It is the result of a deliberate sequence of decisions taken by the World Health Organization and its Member States over the past several years. In 2021, the World Health Assembly adopted Resolution WHA74.5 on Oral Health, formally acknowledging the enormous global burden of oral diseases and the long-standing neglect of oral health within health systems. The resolution recognised that oral diseases, particularly dental caries, periodontal disease, tooth loss, and oral cancers, are among the most prevalent non-communicable diseases worldwide and impose significant social and economic costs across the life course.

This resolution did more than simply highlight the problem. It mandated the development of a coordinated global policy response. The following year, the Global Strategy on Oral Health (2022) was adopted, outlining a long-term vision for addressing oral diseases as part of broader health system reform. That vision was subsequently translated into a concrete implementation framework through the Global Oral Health Action Plan 2023 - 2030, endorsed by the World Health

Assembly in 2023. Together, these three policy instruments, the resolution, the strategy, and the action plan, now define the global oral health agenda for the coming decade.

The ambition of this agenda is substantial. The Global Oral Health Action Plan provides more than a set of aspirations; it outlines a coordinated programme of action containing over one hundred recommended interventions and a monitoring framework with measurable targets to track progress toward 2030. Central to this framework is the integration of oral health into universal health coverage and national responses to non-communicable diseases, ensuring that oral health is addressed through the same prevention strategies, health system structures, and public health policies that guide broader healthcare delivery.

This shift carries particular significance for countries such as South Africa. Health systems in many low- and middle-income settings have historically struggled to integrate oral health into primary care services, financing mechanisms, and population health strategies. Yet the WHO agenda makes it clear that the future of oral health cannot be built on isolated dental services alone. Instead, oral health must be embedded within national health policy, workforce planning, disease prevention strategies, and universal health coverage frameworks. In other words, the global policy environment is now asking health systems to recognize what clinicians have always known: oral health is not an optional extension of healthcare—it is an essential component of it.

Why oral health matters to medicine

To understand why oral health has returned to the global health agenda, one must first appreciate the scale and nature of the problem. Oral diseases are among the most common health conditions affecting humanity. Current global estimates suggest that nearly half of the world's population lives with at least one untreated oral disease, making dental caries in permanent teeth the most prevalent health condition globally. Periodontal disease, tooth loss, and oral cancers add to this burden, collectively affecting billions of people across all age groups and socioeconomic strata. What makes this situation particularly striking is that many of these conditions are largely preventable.

The implications extend far beyond the dental chair. Oral diseases cause chronic pain, infection, impaired nutrition, difficulty speaking, and diminished quality of life. In children, untreated dental caries is associated with school absenteeism and reduced academic performance. In adults, oral disease contributes to lost productivity, social exclusion, and significant economic costs at both household and national levels. Health systems ultimately absorb the consequences when untreated oral infections lead to emergency care visits or hospital admissions. The global economic burden of oral diseases is estimated to exceed hundreds of billions of dollars annually when both treatment costs and productivity losses are considered.

What makes oral health particularly relevant to medicine is the growing recognition that oral diseases share common risk factors with many of the major non-communicable diseases that dominate global morbidity and mortality. High sugar consumption, tobacco use, harmful alcohol consumption, and broader social determinants such as poverty and limited access to healthcare drive not only dental caries and periodontal disease, but also conditions such as diabetes, cardiovascular disease, and certain cancers. In this sense, oral diseases are not isolated pathologies confined to the mouth; they are manifestations of the same behavioral, environmental, and systemic forces that shape overall health.

The relationship between oral and systemic health is also becoming increasingly evident in clinical research. Periodontal inflammation has been associated with diabetes control, adverse pregnancy outcomes, and cardiovascular risk. Oral infections may exacerbate systemic inflammatory pathways, while systemic diseases may influence the progression of oral conditions. These interactions reinforce an important principle: the mouth cannot be meaningfully separated from the body in either biological or clinical terms.

For decades, dentistry has operated somewhat independently from mainstream healthcare policy and service design. Yet the evidence now points in the opposite direction. Addressing oral diseases effectively requires the same population-level strategies used to tackle other non-communicable diseases, reducing sugar consumption, controlling tobacco use, strengthening preventive services, and integrating care into primary health systems. The new global oral health agenda therefore represents more than a policy adjustment; it reflects a deeper understanding that oral health must be addressed within the broader architecture of medicine and public health.

The strategic priorities of the global oral health action plan

The Global Oral Health Action Plan for 2023 - 2030 provides a structured roadmap for translating policy aspirations into practical change. While the earlier strategy articulated the vision for integrating oral health into broader health systems, the action plan identifies specific priority areas through which countries can operationalize that vision. Taken together, these priorities represent an attempt to move oral health from the margins of health policy into the core architecture of national health systems.

One of the central priorities is strengthening governance and national policy leadership in oral health. Many countries lack comprehensive oral health policies or national surveillance systems capable of accurately measuring disease burden and service access. The action plan therefore encourages governments to develop clear national strategies, supported by reliable epidemiological data, monitoring frameworks, and accountability mechanisms. Without such policy infrastructure, oral health services remain fragmented and reactive rather than strategic.

A second priority is the integration of oral health into primary health care. The traditional model of stand-alone dental services has often limited access to care, particularly for vulnerable populations. The WHO agenda instead promotes the inclusion of essential oral health services within primary health care systems, allowing prevention, early diagnosis, and referral pathways to be embedded within routine healthcare delivery. This approach recognizes that oral diseases share risk factors with other chronic conditions and therefore benefit from coordinated prevention strategies at the population level.

The oral health workforce represents another critical pillar of the action plan. Across many regions, there are profound imbalances in the distribution of oral health professionals, with shortages in rural areas and oversupply in others. The WHO framework calls for workforce models that are responsive

to population needs, including expanded roles for different categories of oral health professionals and stronger alignment between training programmes and public health priorities. This emphasis reflects a broader understanding that the structure of the workforce must evolve if oral health services are to reach underserved communities.

Prevention occupies a central place in the action plan. Oral diseases are largely preventable, yet global health systems continue to devote significant resources to the treatment of advanced disease rather than its prevention. The WHO framework emphasizes risk-factor reduction strategies that mirror those used in broader non-communicable disease programmes. Reducing sugar consumption, strengthening tobacco control, promoting healthier environments, and improving public awareness are all essential components of this preventive approach.

Finally, the action plan calls for improved data, research, and surveillance systems. Reliable data are essential for understanding disease patterns, guiding resource allocation, and evaluating the effectiveness of interventions. Strengthening oral health information systems allows countries to monitor progress toward the targets set for 2030 and to identify areas where policy adjustments may be required.

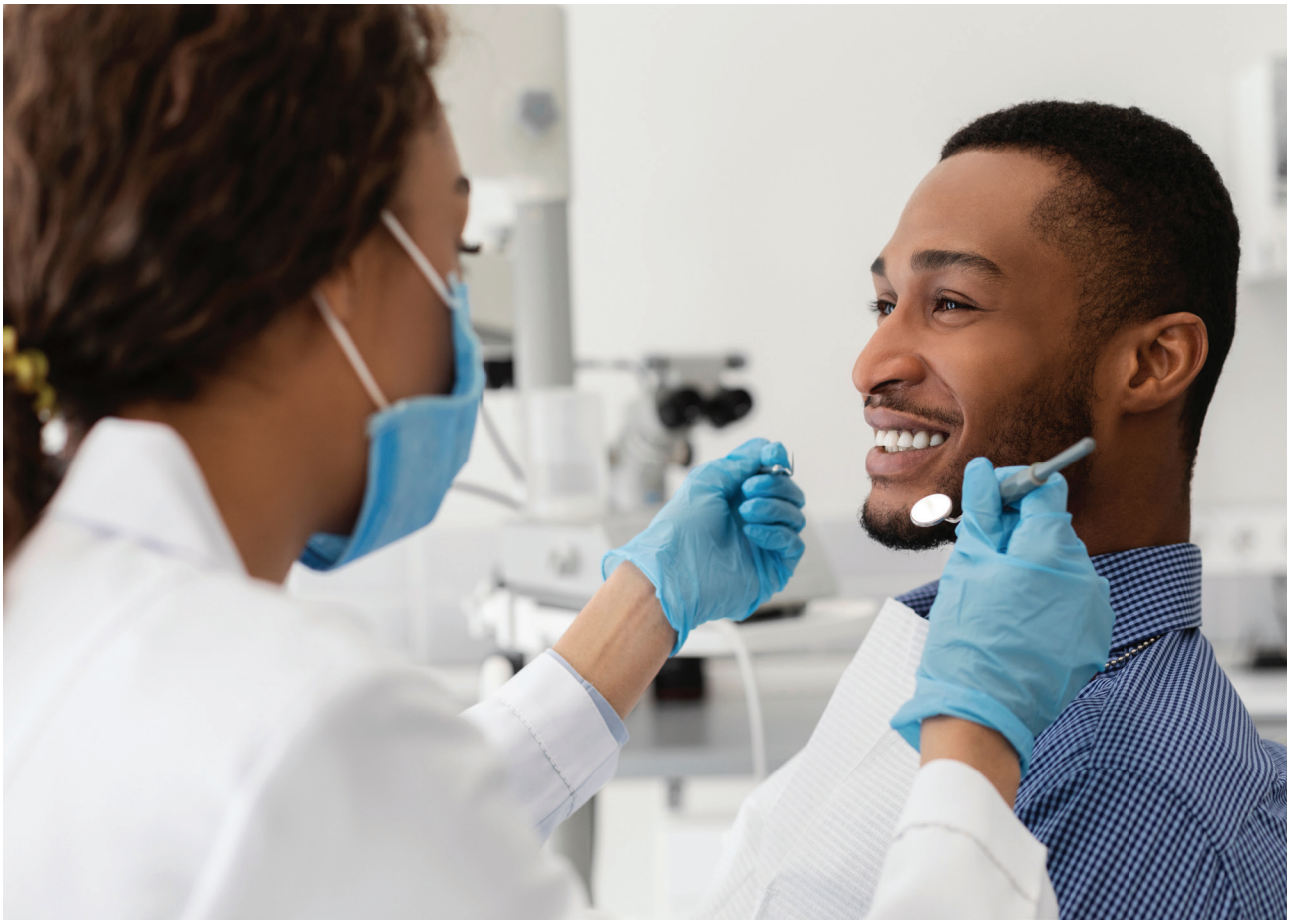
Taken together, these strategic priorities signal a significant shift in thinking. Oral health is no longer framed solely as a clinical discipline concerned with treating disease at the individual level. Instead, it is increasingly understood as a population health issue requiring coordinated policy, prevention strategies, workforce planning, and integration within broader health systems. For the dental profession, this evolving framework invites a reconsideration of its role, not only as providers of clinical care, but also as participants in the design and stewardship of health systems.

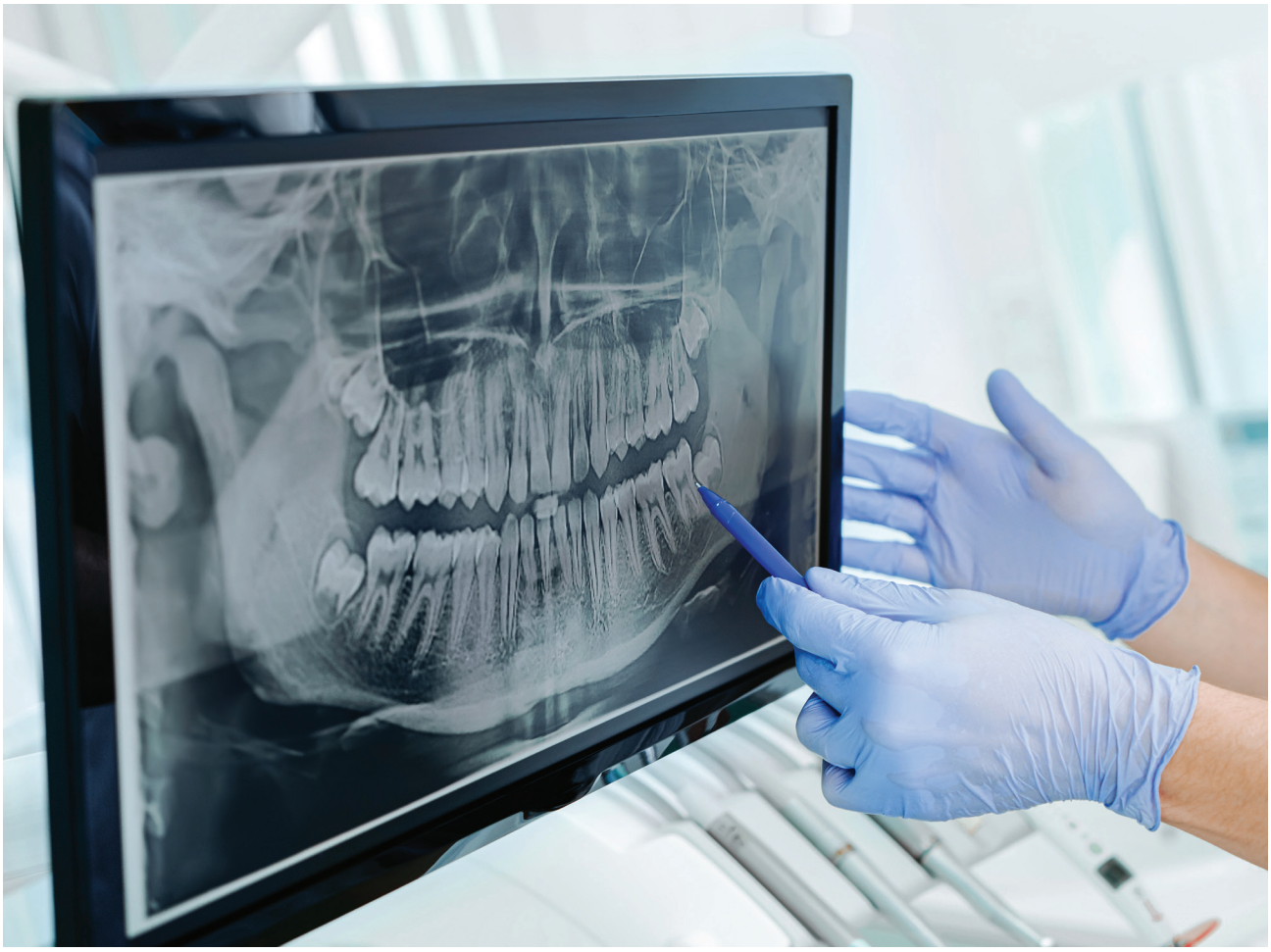
What this means for dentistry in South Africa

For South Africa, the renewed global attention to oral health presents both an opportunity and a responsibility. The country's health system, like many others, continues to face significant disparities in access to oral healthcare, particularly between urban and rural populations and between the public and private sectors. At the same time, the broader national health policy environment, particularly ongoing discussions around universal health coverage and health system reform, creates a context in which oral health can no longer remain peripheral to primary healthcare planning.

The WHO Global Oral Health Action Plan challenges countries to rethink how oral health services are organized, financed, and delivered. For South Africa, this raises important questions about how oral healthcare can be integrated more effectively into primary health services, prevention strategies, and population health initiatives. It also highlights the need for stronger national data on oral disease burden, clearer policy direction, and workforce models that respond to the realities of the country's public health landscape.

These developments place an important responsibility on the dental profession and on academic institutions. Universities, professional organizations, and clinical leaders play a critical role in shaping how oral health priorities are translated into policy and practice. Training programmes





must prepare graduates not only for clinical excellence, but also for participation in public health systems, prevention strategies, and interprofessional healthcare environments. In this sense, the global oral health agenda is not merely a policy development; it is an invitation for the profession to engage more actively with the broader health system in which it operates.

A moment the profession should recognize

Moments of policy realignment in global health are rare. When they occur, they often reflect the culmination of years of accumulating evidence, advocacy, and changing scientific understanding. The adoption of the World Health Assembly Resolution on Oral Health and the subsequent Global Strategy and Action Plan represent such a moment for dentistry. For the first time in decades, oral health has been formally repositioned within the architecture of global health policy, explicitly linked to universal health coverage, non-communicable disease prevention, and the strengthening of primary health systems.

This development should not be viewed merely as a policy milestone occurring in distant international forums. It carries direct implications for the profession itself. If oral health is to become fully integrated into health systems, dentistry must increasingly engage with the broader medical and public health community, contributing not only clinical expertise but also leadership in prevention, research, workforce development, and policy dialogue. The profession's future influence will depend not only on its technical skill but on its willingness to participate in the structures that shape population health.

For countries such as South Africa, where oral disease remains widespread and access to care remains uneven, the global oral health agenda offers a framework through which longstanding challenges may be addressed more strategically. Integrating oral health into primary care, strengthening prevention strategies, developing responsive workforce models, and improving surveillance systems are not simply administrative goals; they are essential steps toward reducing the burden of disease and improving the quality of life of millions of people.

There is also a deeper message embedded in the current global policy shift. Dentistry has always understood the biological truth that the mouth is inseparable from the body. The emerging global health agenda now acknowledges this reality at the level of policy and systems design. In that sense, the current moment represents less a revolution than a long-overdue correction. Oral health is returning to the place it has always belonged, within the broader continuum of medicine and public health.

For the dental profession, the question is therefore not whether this change will occur, but how actively it will participate in shaping it. The opportunity now exists for clinicians, educators, researchers, and professional organizations to contribute meaningfully to the evolving global health agenda. If embraced with the seriousness it deserves, this shift may well define the next chapter in the relationship between dentistry, medicine, and society.

The mouth has always been part of the body. The global health community is finally beginning to act accordingly.