

Statement

17th September, 2021
The Japanese Society for Oral Health

Official Standpoint of the Japanese Society for Oral Health on the Resolution of the Seventy-Fourth World Health Assembly

The Japanese Society for Oral Health (JSOH) supports the resolution on oral health adopted by the 74th World Health Assembly, “Achieving better oral health as part of the universal health coverage and non-communicable disease agendas toward 2030,” and will work to create a system that can contribute to people’s well-being through oral health care as well as to realize a society where people can achieve “Lifelong 28 teeth” by living healthy with good oral health.

Oral Health: The Global and Japanese Situations and Challenges Confirmed at the World Health Assembly

- More than 3.5 billion people worldwide suffer from oral diseases; 2.3 billion people endure the consequences of untreated dental caries in permanent teeth, 530 million children have untreated primary teeth caries, and 796 million people are affected by periodontal disease. Oral cancers are among the most common cancers in the world and cause the death of 180,000 people each year.
⇒ Having comparable prevalence to the international level, untreated dental caries is present in 40 million people in Japan. Although tooth loss is decreasing in the aging population, the number of older people with dental caries and periodontal disease is increasing. Even at the age of 80, the number of people with more than 20 teeth has increased, but more than 40% of people this age have not yet achieved “8020,” and oral frailty is also a concern. Oral cancers are not very common in Japan, but they greatly reduce patients’ quality of life and their prognosis is poor. In 2019 alone, oral and pharyngeal cancers caused 7,764 deaths in Japan.
- Oral diseases are closely related to non-communicable diseases (NCDs) and represent a serious health, social, and economic burden. Along with diabetes and cardiovascular diseases, oral diseases are among the costliest disease areas, with direct and indirect costs around US\$540 billion worldwide.
⇒ In Japan, the high prevalence of oral diseases is correlated with high medical costs. Looking at national medical expenses by disease in 2018, NCDs are at the top of the list, with cancer accounting for 4,525.6 trillion yen, heart disease 2,046.3 trillion yen, cerebrovascular disease 1,801.9 trillion yen, hypertension 1,748.1 trillion yen, and diabetes 1,205.9 trillion yen. Dental disease expenses, at 2,957.9 trillion yen, were second in costliness only to cancer.
- Poor oral status causes pain and discomfort, reduces well-being and quality of life, and leads to absenteeism at school and work which results in poor learning ability and reduced productivity. Moreover, poor oral health is associated with cardiovascular disease, diabetes, cancer, and preterm birth and can cause pneumonia in children with disabilities and in older people, especially those in nursing care facilities.
⇒ Oral diseases and the resulting tooth loss affect nutrition and verbal communication. The chronic oral inflammations and lung infections caused by the oral microbiota are additional problems. In Japan, oral health conditions include a variety of diseases that impair the health and reduce the life expectancy of patients.
- The burden of poor oral conditions reflects significant inequalities within and between countries, disproportionately affecting low- and middle-income countries, socioeconomically disadvantaged people, and those who are unable to maintain their oral hygiene on their own due to aging or

disability.

⇒ Even in Japan, where national health insurance is maintained and basic dental services are covered by insurance benefits, there are significant health inequalities in oral diseases, oral health behaviors, and dental service utilization among infants, adults, and older people, and it is desirable to correct them.

- Oral diseases share many risk factors with NCDs such as tobacco use, harmful use of alcohol, high intake of free sugars, and poor hygiene; thus, strategies for promoting oral health and preventing and treating oral diseases must be integrated into the overall NCD policies.
 - ⇒ Tobacco use and consumption of sugar-containing beverages and foods increase the risk of oral diseases and NCDs in Japan. Oral health is also acknowledged as one of the basic elements for the prevention of NCDs in the second term of Health Japan 21.
- Appropriate fluoride use is essential for the development of healthy teeth and prevention of dental caries.
 - ⇒ In Japan, although sugar consumption is low nationwide, the prevalence of dental caries is relatively high. Both the WHO and the World Dental Federation (FDI) have pointed out that inadequate fluoride exposure is the cause of this problem. Therefore, Japan needs further promotion of adequate fluoride use.
- The potential environmental impacts caused by the use and disposal of mercury-containing dental amalgams and toxic chemicals used for developing X-ray films must be reduced.
 - ⇒ In Japan, dental amalgams are not supported by the social insurances, and composite resins and glass ionomer cement are mainly used as dental restoration materials. Also, digitalization of X-ray films is spreading as a result of pro-environmental measures being promoted.
- Even during major health crises such as the COVID-19 pandemic, oral health services have to be considered essential health services.
 - ⇒ In Japan, appropriate preventive measures including regular dental exams, fluoride mouth-rinsing, and tooth brushing programs in schools are necessary at all times, especially during a pandemic, along with adequate infection control that takes local epidemiologic information as well as the pathogenicity of the infectious virus into consideration.. It is necessary to proactively establish standards and procedures for the resumption of oral health services in future situations where the discontinuation of such services is unavoidable.
- Oral health interventions are required at all life stages and throughout the entire life course, starting with the mother's pregnancy and the birth of children. It is necessary to take measures at the appropriate times to control oral health and related risk factors.
 - ⇒ Since risk factors during pregnancy and birth may affect health and risk factors in adulthood, the concept of the "life course approach" is to prevent risks to maternal and child health and to prevent the accumulation and chaining of risks. In Japan, oral health measures start with maternal dental exams and parents' studies, and it is necessary to provide support seamlessly throughout life.
- Oral diseases can be an indicator of neglect and abuse in children, and oral health professionals should acknowledge that they can contribute to the detection of abuse and neglect in children.
 - ⇒ The Child Abuse Prevention Act in Japan stipulates that persons who are involved in the welfare of children, including oral health professionals, are obligated to promptly report to child consultation centers, welfare offices, etc. when they discover children who are believed to have been abused as well as the obligation to strive for early detection of abuse

Action Policy

Considering the background presented above, the JSOH aims to contribute to the sustainable development of Japanese society by strengthening its efforts to promote oral health as part of the Universal Health Coverage, with the goal of ensuring healthy living and supporting happiness for everyone at all ages.

In order to achieve its goals, the JSOH will engage in the following research and activities:

- Reform oral health services in order to correct health disparities
- Strengthen measures for the prevention of oral diseases and reduction of their risk factors
- Develop and operate an effective oral disease monitoring system
- Implement comprehensive oral health interventions with a life course approach
- Provide appropriate oral health interventions with special attention paid to oral disease prevention
- Ensure oral health interventions are included in policies aimed at prevention of NCDs and frailty
- Create a social environment suitable for maintaining and promoting oral health

Reference

1. SEVENTY-FOURTH WORLD HEALTH ASSEMBLY WHA74.5 - Agenda item 13.2 - 31

May 2021

https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R5-en.pdf