



Oral health at a tipping point



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What comes to mind when you think of dentistry? A luxury, a pain, excessive costs, the quest for straight, white teeth? Any way that dentistry is thought of, it's rarely as a mainstream part of health-care practice and policy, despite the centrality of the mouth and oral cavity to people's wellbeing and identity. The inattention to dental and oral health is concerning given the fact that oral diseases—tooth decay, gum disease, and oral cancers—are exceedingly common, affecting an estimated 3.5 billion people across the world.

A new *Lancet* Series lays out why oral health has been neglected and argues that radical public health action is needed. The Series presents a considerable critique of current oral health-care systems and comes at a time when shifts within the global health agenda present an opportunity to bring much needed visibility to oral health.

A central issue in the Series is modern dentistry itself, which Series lead Richard Watt and colleagues argue has failed to combat the global challenge of oral diseases. They say a radical reform of dental care systems, which

are increasingly treatment-dominated, high-technology, and focused on providing aesthetic treatments driven by profit motives and consumerism, is needed. As such, a key ask of the Series is for a public health refashioning of oral health. Dental health conditions and access to care are shown to be so starkly inequitable between the rich and the poor that a social determinants of health approach is the only way to improve outcomes.

Radical action on oral health will benefit from harnessing a clear global health mandate. Because oral diseases share the main risk factors of other non-communicable diseases (NCDs)—sugar consumption, tobacco use, and harmful alcohol use—oral health should have a stronger place on the global NCDs agenda. As a clear need exists for broader accessibility and integration of dental services into health-care systems, especially primary care, oral health must have more prominence within universal health coverage commitments. Everyone who cares about global health should advocate to end the neglect of oral health. ■ *The Lancet*



A wake up call for the Ebola outbreak response



REUTERS/Bar-Raener

A 46-year-old pastor died from Ebola virus infection in Goma, DR Congo, this week. Nearly a year since the Ebola outbreak began, WHO convened a High-Level meeting to review the response and to call for a more system-wide coordinated approach with UN partners ahead of publication of the fourth strategic response plan (SRP4) by the government. The tone of the meeting was defiant and conveyed a definite change in narrative, at odds with those who claim the Ebola virus outbreak is under control. WHO Director-General, Tedros Adhanom Ghebreyesus, announced that he will reconvene the International Health Regulations Emergency Committee. Amidst an immense funding shortfall, the message was clear: the world must now wake up to the fragility of the response.

Key issues were the need to rebuild trust in the affected communities and concerns about further spread to neighbouring countries. Pleas were made to some G7 and francophone nations who have yet to commit funding. But repeated calls for operational and financial transparency and accountability might partly explain why donors have not fully invested in the response to date.

To get to zero cases, the choice was clear: an expensive, protracted response or a shorter, less-costly, targeted response. Dr Tedros affirmed that the long-standing conflict is the principal challenge and that Ebola, measles, and cholera are all symptoms of the underlying cause, which is political insecurity. He reemphasised that “[DR Congo’s] Government leadership is key to the success of this fight”, as is community ownership. But some experts argue that conflict, poverty, and issues of governance go beyond the remit of the health sector and should not detract from dealing with the epidemic now.

The approach proposed seems to be a scale-up of the existing strategies led by DR Congo, which calls on donors to increase their funding. However, by WHO recognising the political nature of this crisis it acknowledges that the solution will require much more than technical capacity and financial investment. Will the awaited SRP4 under the leadership of DR Congo’s Government be enough? Possibly. But possibly not. What is paramount now is for the international community to come together more assertively to rapidly contain the virus. ■ *The Lancet*

For more on the **WHO High-Level meeting** see <https://www.who.int/news-room/detail/15-07-2019-high-level-meeting-on-the-ebola-outbreak-in-the-democratic-republic-of-the-congo-affirms-support-for-government-led-response-and-un-system-wide-approach>