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Promoting radical action for global oral health: integration or independence?

See **Series** pages 249 and 261

Globally, oral health has been neglected. The major global burden of oral health and its social and economic impacts are not disputed,[1] and the deficiencies in oral health care and preventive services in all countries are apparent.[2] But given that everyone experiences oral health problems at some stage of their life, it is surprising that the neglect of global oral health has not been seriously challenged.

For the **FDI World Dental Federation** see https://www.fdiworlddental.org/

The *Lancet* oral health Series[1,2] makes eight important recommendations for ending this neglect. However, no strategic plan is proposed and the responsibilities of the stakeholders are not identified; further, the priority actions needed to overcome the global neglect of oral health have not been specified. We examine the underlying reasons for the neglect of oral health and suggest that building a global oral health movement is the first step to ensure oral health receives the sustained action it deserves.

Successful global health movements are characterised by strong and committed actors, powerful and compelling ideas, unique features, and an ability to exploit the political context.[3] The key global actors in oral health include the FDI World Dental Federation (FDI), WHO, national dental associations, policy makers, academics, practitioners, and donors. The FDI aims to lead the world to optimal oral health and has made some progress on sugar advocacy,[4] but is constrained by its emphasis on traditional clinical dental preoccupations. WHO has long been weak on oral health and, despite the optimism expressed in this Series,[2] we suspect there will be little improvement within the newly transformed organisation. There is limited engagement with oral health by the major non-governmental organisations or donors.

The ideas expressed in the *Lancet* oral health Series are compelling: a huge burden of disease, especially in

children; major inequities and economic impacts; and the availability but disregard of cost-effective interventions, including for prevention. The drive for universal health coverage (UHC) is an important political opportunity for global oral health. But there is a weak and fragmented set of actors in oral health and a consequent inability to make the most of political opportunities. Furthermore, there is no focal point for stimulating collective policy action.

How can the neglect of global oral health be overcome? We propose two options. The first and most obvious course of action is to work closely with the non-communicable diseases (NCDs) community under the framework of the three UN High-Level Meeting agreements on NCDs and as part of the NCD Alliance. Indeed, oral health advocates have been calling attention to a common risk factor approach to oral health for the past two decades, but this has had little impact.[5,6] The disadvantage of collaboration and amalgamation is that the global NCD health agenda is focused on chronic conditions that largely affect older adults. Moreover, the NCD agenda is huge and in 2018 expanded to take on air pollution and mental health. Despite the appointment in 2019 of the Chief Executive Officer of the FDI to the Board of Directors of the NCD Alliance, there is a danger that oral health will continue to be neglected within this wider collaboration. The common risk factor approach has not led to major gains for oral health and the NCD community has hardly embraced oral health, despite the importance of excess sugar consumption for other NCDs.

The second option, and the one we prefer, at least in the medium term, is for the oral health community to strike out independently of the other NCDs and capitalise on the exceptional features of oral health: it is a major child health issue as well as being important for all age groups; it has close association with poverty; there is a clear causal role of the commercial determinants of ill-health; and cost-effective preventive and remedial interventions are available.

We propose that the academics and practitioners involved in the *Lancet* oral health Series initiate and lead a global oral health movement to mobilise all key stakeholders, including the International Centre for Oral Health Inequalities Research and Policy Network, with the goal of improving oral health worldwide and influencing the global health and development agendas. First steps will be to establish a steering group and engage the main stakeholders, such as activist academics and practitioners, the FDI, WHO, and national dental associations, especially from low-income and middle-income countries. If a small number of dentists worldwide became seriously active, the oral health landscape could be readily transformed.[7] The New Zealand experience is instructive. A group of advocates along with the New Zealand Dental Association have gained wide public and professional support for the removal of sugary drinks from all hospitals, and many schools and city council buildings and events.[8] It is hoped that the New Zealand Government will soon expand the provision of free dental services for at-risk populations, but it has yet to introduce a levy on sugary drinks.

Two key strategic aims for a global oral health movement will be to ensure that oral health treatment and prevention services are central to UHC and to support global efforts to limit the damage caused by the sugar industry. Oral health activists must be vocal in the lead-up to the September, 2019, UN High-Level Meeting on UHC. There is fragmented global action for reducing the damage of the sugar industry and some progress has been made in a number of cities and countries, especially with the introduction of taxes on sugary drinks.[9] However, there is no united global movement against sugar, as there is against the tobacco industry under the WHO Framework Convention on Tobacco Control. A global leadership role could be taken by the oral health movement under the auspices of, and funded by, the FDI, and in association with other groups active in this area.[10] A radical and independent global oral health movement will improve oral health and reduce pain and suffering,

For the **NCD Alliance** see https://ncdalliance.org/

For the **International Centre for Oral Health Inequalities Research and Policy Network** see http://www.icohirp.com/

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especially for children, and contribute to the overall efforts of the NCD movement.

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Understanding masculinities to improve men's health

While women and girls experience more disability in every region of the world, men and boys bear a greater share of the global mortality burden. The 2016 Global Burden of Disease data show age-standardised death rates per 100 000 population of 1002 for men and 690 for women.[1] Many of the drivers of men's ill-health are linked to perceptions and attitudes about manhood and the overall structural organisation of men's lives and relationships.[2] Furthermore, this public health challenge is intensified by insufficient attention to the intersections between masculine norms and men's health within public health systems.[3,4]

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Decades of global research has provided a foundation to continue deepening our understanding of masculinity and masculine norms. Theories of hegemonic masculinity and precarious manhood have established a common set of norms, attitudes, and behaviours related to what it means to be a man in today's society.[5,6] As the recent *Lancet* Series on gender equality, norms, and health and other publications have recently highlighted, adherence to these specific masculine norms is associated with unhealthy behaviours.[7–9]

Promundo Global's 2019 report, *Masculine Norms and Men's Health: Making the Connections*, shows that seven key health behaviours—poor diet, tobacco use, alcohol use, occupational hazards, unsafe sex, drug use, and limited health-seeking behaviour—account for more than half of all premature male deaths and about 70% of men's illnesses.[10] All seven behaviours are partly related to masculine social norms that reinforce the notion that manhood is associated with self-sufficiency, stoicism, risk-taking, and hypersexuality. These norms, individually and collectively, encourage a specific set of health behaviours that are among the drivers of men's poor health outcomes and have implications for men and women.

Research has also called attention to the social determinants of men's poor health, particularly how restrictive ideas about manhood intersect with poverty,