KINGDOM OF CAMBODIA

Nation Religion King



Ministry of Health

National Action Plan for Oral Health 2023-2030

Preventive Medicine Department

2023

Preface

The National Action Plan for Oral Health 2023-2030 is prepared in accordance with the principles of the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022-2030; the Global Oral Health Action Plan 2023-2030 of the World Health Organization and based on lessons learned from the past experiences.

Oral diseases are preventable; however, the current oral health status of the Cambodian people is not yet very good, with high prevalence rates, which have significant impacts on the economy, family and society, as well as quality of life. Regularly oral care such as tooth brushing, adherence good oral health behaviour, and avoidance of risk habits such as frequently consuming sugary foods and drinks, tobacco use, alcohol use and betel chewing will help to reduce the burden of oral diseases. Through this plan, key activities will be addressed, including the integration of oral health activity in primary health care programs to implement community-based prevention early childhood caries among young children and school children, reduce oral health problems for the elderly and early detection of oral cancer and oral potentially malignant disorders (OPMDs) and refer to get treatment on time.

This action plan outlines measures in response to the strategic plan of the Ministry of Health and the Royal Government of Cambodia, which focuses on the well-being of the Cambodian people throughout their life course by promoting health and preventing the occurrence of disease through population-based primary health care to achieve the universal health coverage and management of non-communicable diseases, including oral health.

The Ministry of Health urges all relevant institutions and development partners to prioritize oral health problem and work together to effectively implement activities to reduce the burden of oral disease.

Phnom Penh, 26th June 2023

Minister of Health

Prof. MAM BUNHENG

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We would like to thank the World Health Organization and the Borrow Foundation for their technical and financial support throughout the development process of this National Action Plan for Oral Health 2023-2030. This action plan will provide strategic guidance for effective implementation of oral health promotion and prevention care for the people of Cambodia.

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List of Abbreviations

Abbreviation	Explanation
ART	Atraumatic Restorative Treatment
BPOC	Basic Package of Oral Care
CIPO	Collaborating Centre for Innovation in Population Oral Health
CMS	Central Medical Stock
CPA	Complementary package of activities
DCC	Dental Council of Cambodia
DDF	Department of Drugs and Food
DHRD	Department of Human Resource Development
DHS	Department of Hospital and Services
DMFT	Decayed, Missing and Filled Teeth
DoEYS	Department of Education Youth and Sport (at province)
DPHI	Department of Planning and Health Information
ECC	Early Childhood Caries
FFS	Fit For School
FV	Fluoride Varnish
GIZ	German Development Partner
HC	Health Centre
HIS	Health Information System
MOH	Ministry of Health
MPA	Minimum Package of Activities
NAPOH	National Action Plan for Oral Health
NCD	Non-Communicable Diseases
NCHP	National Centre for Health Promotion
NGO	Non-Governmental Organisation
NIPH	National Institute of Public Health
NMCHC	National Maternal and Child Health Centre
NOHS	National Oral Health Survey
OC	Oral Cancer
OD	Operational District
OHB	Oral Health Bureau
OPMD	Oral Potentially Malignant Disorder

PHC	Primary Health Care
PHD	Provincial Health Department
PMD	Preventive Medicine Department
PUFA	Pulpal involvement, Ulceration, Fistula and Abscess
RH	Referral Hospital
RTC	Regional Training Centre
SDF	Silver Diamine Fluoride
SHD	School Health Department, Ministry of Education Youth and Sport
Sub-TWGOH	Sub Technical Working Group for Oral Health
UHC	Universal Health Coverage
UAC	Universal Access to Care
WHO	World Health Organization

1. Background

1.1. Policy

Based on the definition of oral health defined by the World Health Organization (WHO), oral health is the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions, such as eating, breathing and speaking, and encompasses psychosocial dimensions, such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment. Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential[1]

In 2019, the United Nations General Assembly reaffirmed its strong commitment to the prevention and control of noncommunicable diseases (NCDs) during a political declaration at the High-Level Meeting on Universal Health Coverage (UHC), including strengthening and scaling up efforts to address oral health as part of Universal Health Coverage.

Following the resolution on oral health, a global strategy on oral health was adopted by the WHO Member States in 2022 by the following guiding principles; (1) Apply a public health approach to oral health, (2) Integration of oral health into primary health care, (3) A new oral health workforce model to respond to population needs, (4) People centred oral health care, (5) Tailored oral health across the life course, (6) Optimising digital technologies. The Global Strategy on Oral Health is centred on a vision of all people having access to universal oral health coverage by 2030. The National Action Plan for Oral Health in Cambodia has been guided by the Global Strategy along with relevant policies from government agencies.

1.1.1. Global Oral Health Action Plan 2023-2030

To be adopted by WHO in May 2023, the Global Oral Health Action Plan 2023-2030 describes six objectives and two overarching global targets. The six objectives cover oral health governance, oral health promotion and oral disease prevention, health workforce, oral health care, oral health information systems, and oral health research agendas. The first target is centred around UHC for oral health and the second target is to achieve a 10% relative reduction in the prevalence of the main oral diseases and conditions across a life course[2].

Overall, the Global Oral Health Action Plan outlines 100 possible actions for Member States, the WHO Secretariat, international partners, civil society organisations and the private sector across six strategic objectives. WHO is mandated by its Member States to report on the 11 core indicators to track and monitor the progress on the implementation of the global oral health action plan every three years, starting with a baseline report in 2024.

1.1.2. The National Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2022-2030

Oral disease has been recognised by the Ministry of Health (Cambodia) as one of the conditions of public health importance and was listed within the second strategic objective in the Cambodian National Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2022-2030 with an explicit demand for a long-term national oral health action plan[3]. This strategic objective focuses on Cambodia's health system orientation towards provision of NCD services, including oral health, through people-centred primary health care, UHC, and support for the management of chronic illness. The National Strategic Plan for the Prevention and Control of NCDs includes recommendations for cost effective and upstream measures to address the common risk factors of chronic diseases, including tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity.

In regard to oral health, the National Strategic Plan for the Prevention and Control of NCDs 2022-2030 stipulates: (1) early prevention of oral health problems among children using topical fluorides (including Fluoride varnish to prevent/detect dental caries and Silver Diamine Fluoride to slow down and stop tooth decay), (2) integration of oral health with NCD activities, and (3) development of evidence for prevention of oral disease among adults and elderly people, including prevention and early detection of oral cancer. The aforementioned oral and dental problems are in fact identified in the Minimum Package of Activities (MPA) for health centres and the Complementary Package of Activities (CPA) for referral hospitals. However, actual implementation of intervention activities has been limited (Ministry of Health, 2018, Ministry of Health, 2014). This National Action Plan for Oral Health is intended to provide a roadmap for carrying out the oral health-related activities stipulated in the National Strategic Plan for the Prevention and Control of NCDs from 2022-2030.

1.1.3. Guidelines on Growth Monitoring and Promotion for Children Under 5-Years Old in Cambodia.

Oral Health is recognised as an important part of normal growth and development for children under 5-years of age. The Guidelines on Growth Monitoring and Promotion (GMP) For Children Under 5 Years Old in Cambodia[4] outlines the key times for children to receive nutrition counselling, vaccinations, Vitamin A supplementation and deworming medicine. The 2021-2022 Demographic and Health survey suggested that more than 85% of mothers receive antenatal care and 76% of children receive vaccinations suggesting a high rate of uptake[5]. Services, including oral health promotion and dental caries' prevention could be integrated into the described schedule to promote normal growth and development.

1.1.4. National Action Plan on School Health 2021-2030

Oral disease was recognised by the School Health Department as a major problem for nine out of ten preschool and primary school children[6]. The Action Plan outlines the expectations around daily tooth brushing activities in schools and outlines the intent for annual oral health screening and basic dental treatment in a school environment. There is recognition of the common risk factors for non-communicable diseases and the need to take action around preventing tobacco use, the harmful use of alcohol, unhealthy diet, and lack of physical activity. Most importantly, the sale of sweetened beverages and sugary snacks has been banned on school premises.

1.2. Situation

1.2.1. Overview of the oral health status in Cambodia

In Cambodia, most health indicators have improved, including decreasing rates of severe wasting among young children and lower rates of infant mortality. However, oral health appears to be getting worse.

Reported data show that about 93% of children aged 6-year-old had cavities in their primary teeth (on average each child had 9 decayed primary teeth) and about 65% among those children had pulpal involvement in one or more teeth when measured using the Pulpally Involved Ulcerated Fistula Abscess (PUFA) index[7].

Comparison of the two national oral health surveys conducted in 1990 and 2011 clearly show that the burden of dental caries has increased. The results of the National Oral Health Survey in 1990 on 12 years old children reported that there was a mean DMFT1.6 while the 2011 national oral health survey showed that the severity of disease had doubled and the mean value was 3.5 teeth[8]. Further the presence of dental caries in young children (<6-years old) has been associated with stunting and wasting [9,10] and most children have oral symptoms that affect their quality of life[11]. Oral diseases should be treated in order to reduce pain and suffering and to prevent other impacts on growth and development, as part of person-centred care.

Oral health efforts are not solely limited to the management of dental caries. It is estimated that only 1 in 3 Cambodian adults have 'healthy' periodontal tissues (tooth supporting tissues). In the 2011 National Oral Health Survey, among those over 60 years, 20% had early signs of periodontal disease(shallow periodontal pockets 4-5mm), and 14% signs of active periodontal disease (periodontal pockets >6mm). It was estimated that 32% of those over 60 needed at least one partial denture, and that 17% needed at least one complete denture. Tooth loss, mostly due to dental caries and periodontal disease, is therefore a problem affecting many Cambodians in later life and can impact on their ability to chew and their

quality of life[12]. The estimated prevalence of complete edentulism among adults (>20 years old) in Cambodia is 5%[13]. Among older adults (>60 years) it is estimated that one in five are edentulous, however only one quarter of those who are edentulous possess dentures[13].

Another significant oral health issue in Cambodia is oral cancer, which is mostly associated with smoking and betel quid chewing. According to the latest WHO data published in 2020, there were 671 deaths as a result of cancers in the mouth, oropharyngeal structures and jaws (308 - Lip and oral cavity; 215 - nasopharynx; 27 - salivary glands; 63 - oropharynx; 58 - hypopharynx). This represents approximately 1 out of every 115 deaths, with about 2 people dying of oral cancer each day [14,15].

Preventing and managing oral disease should be considered in the context of three common risk factors; sugar consumption, tobacco use, and alcohol consumption. In Cambodia, it is estimated that the per capita consumption of sugar is 73.2 grams per day [13] although local data suggest a 50% higher consumption among school children[16]. The risk profile for Cambodia, particularly around sugar consumption, explains to some extent the severity of oral disease. It is estimated that one in five Cambodian adults use tobacco and one in ten consume alcohol[13].

The Global Action Plan for Oral Health 2023-2030 recognises that oral disease is influenced by the social and commercial determinants of health[2]. The social determinants of oral health include those aspects of social, economic and political conditions that influence oral diseases, including access to safe water, sanitation and hygiene. The commercial determinants of health pertain to the strategies used by some private-sector actors to promote products and choices that are detrimental to health.

1.2.2. Overview of the existing oral health workforce in Cambodia

Delivery of public health care is considered at two levels: national level and sub-national level. Representing oral health at the Ministry level, the Oral Health Bureau (OHB) is under the Department of Preventive Medicine (PMD) which is representing oral health at the Ministry level and is responsible for providing technical guidance and supervision to the public health care providers related to oral health. This technical guidance and supervision by the Oral Health Bureau includes developing oral health related national policy and strategy, coordinating oral health preventive programs and health surveillance activities including research, and providing support for the public oral health clinicians to deliver the highest attainable standard of care through in-service training. Besides these core activities, the OHB participated in developing and updating other oral health related policy documents with relevant oral and dental health institutions including pre-service and in-service curricula for building and strengthening the capacity of the dental workforce in Cambodia.

The sub-national level is divided into 103 operational health districts (OD) and has 1250 health centres (HC) providing primary care to the community following the MPA guideline, and a referral hospital (RH) providing secondary care following the Complimentary Package of Activities (CPA). The CPA guidelines state that a referral hospital should have one or two dentists and the MPA guidelines state that there should be one dental nurse at each health centre who would deliver the Basic Package of Oral Care (BPOC)[17].

The dental workforce recognised by the Ministry of Health includes dental specialists, dentists, and dental nurses (therapists). The scope of practice is described by three documents: the official scope of practice, the list of competencies and, the standard of practice in Cambodia. In 2020, the total number of registered dentists was 1,916. The registered dentists had previously graduated from five higher training institutions (two public and three private schools). In addition, there were 14 registered dentists who gained their qualifications from other countries.

The Dental Nurse is a mid-level dental provider who has completed a three-year associate degree and is able to perform primary oral health care, oral health promotion, application of topical fluorides, Atraumatic Restorative Treatment restorations (ART) and sealants, and Oral Urgent Treatments (simple dental extractions of permanent and primary teeth and pharmacological management of pain and odontogenic infections). Between 2010 and 2020, 706 dental nurses had graduated from two public Regional Training Centres (Kampong Cham (455) and Kampot (17), and another three private universities (234).

The distribution of the oral health workforce is not yet optimal and there is a gap between the existing oral health workforce, the existing service structure, and the oral health needs of the people. The workforce is not well adapted to meet the needs of the population due to the lack of Universal Oral Health Coverage. There is an uneven geographic distribution of services, and shortage of providers in primary health care settings [12]. That contributes to a lack of Universal Oral Health Coverage. Presently, there are 332 dentists and 168 dental nurses employed at public health care facilities across Cambodia. Most dentists and dental nurses work in the private sector, while a few work for NGOs.

1.3. Priority Issues

The Cambodian National Action Plan for Oral Health 2023-2030 has adopted six priority issues which are informed by the Global Oral Health Strategy[18] and the Global Oral Health Action Plan. These issues should be addressed in order to achieve the 'maximum oral health benefit' for the largest number of people through oral health promotion efforts and upstream interventions.

1.3.1. Priority Issue: Oral health is not widely recognised as an important health issue

A major challenge for oral health is that it has not been set as a priority, therefore resulting in insufficient allocation of budget. Even though dental caries are severely affecting most children in Cambodia, oral health is not recognised as a priority area by other departments in the Ministry of Health. In addition to the challenge of influencing decisions made at the central government level, there is an additional challenge of influencing health decisions and spending at a sub-national level. Currently, decisions about health spending on service delivery is decentralised to provincial and district levels. Therefore, oral health issues have been overlooked. At present, the role of the OHB is limited to an advisory, teaching and monitoring role, and does not extend to influencing provincial level operational budgets.

One of the key actions needed to address these challenges is to convince government and non-governmental funders that Oral Health should be a priority for spending and advocacy. The OHB sits within the Department of Preventive Medicine at central government level. This means that as a Bureau, it is well aligned with the guiding principles around an upstream approach to public health issues. The oral health strategic plans and policy documents previously developed have not markedly influenced higher level policies or attracted appropriate funding. New and innovative approaches may be needed to promote advocacy and elevate oral health issues to the highest level within the Ministry.

1.3.2. Priority Issue: Workforce Not Well Adapted to Meet the Needs of the Population

Although there is an organisational structure for oral health professionals to exist in most referral hospitals and community health centres, there are still challenges in the mismatch between the distribution of the population and the distribution of the workforce. Most oral health services and personnel are concentrated in urban centres and in some referral hospitals. A possible solution to this problem is to perform cross-disciplinary training so that some oral health activities can also be performed by non-dental providers. One of the barriers to providing such training is the need to validate training templates and the skills to generate them.

1.3.3. Priority Issue: The Problem of Early Childhood Caries in Cambodia

More than three quarters of the 3-year-old children in Cambodia have experienced dental caries (86% have one or more carious lesions[7]). Very few preschool children access dental care, and at this age they often cannot tolerate routine dental care involving drilling and injections. As a result, many children experience significant pain that makes it difficult for them to eat and difficult for them or their families to sleep. Frequently, they have to seek antibiotics for managing dental infections because routine dental care is not possible. In addition, preschool children with cavities have a higher risk of being skinnier (wasting malnutrition)[7,8].

1.3.4. Priority Issue: The Problem of Dental Caries among Primary School Children

It is well documented that Cambodian school children have a severe burden of dental caries. Over 93% of primary school children have experienced dental caries, and the mean number of Decayed, Missing, and Filled Permanent Teeth (DMFT) for six-year-old children is 9 teeth; and yet less than 5% of children have received any restorative care[8]. These symptoms of tooth decay cause pain and difficulty eating, as well as affect the growth and learning of children. Children transition from primary to permanent dentition during the time that they are in primary school and so achieving a cavity free permanent detention by late childhood will have implications for the burden of disease into adulthood. Further, removing oral pain and infection as a barrier to learning and growing will have long reaching benefits across a life course, not only for oral health but also for economic prosperity.

There is high level support in Cambodia for daily tooth-brushing as the single most important measure for reducing dental caries. The School Health Department (SHD) has laid out the appropriate minimum standards regarding water and sanitation as well as toothbrushing[19]. There is also high-level support for a reduction of sugar consumption, including the restriction of the sale of non-nutritious foods and drinks on school grounds. However, the actual delivery of oral health care to school children has largely been provided on a small scale through partnering with non-governmental organisations and there is not yet an accepted model for addressing the existing suffering as a result of dental disease among this group. It is unlikely that conventional dental care with powered instruments and complex restorative techniques provided by dental professionals could be sustainably delivered in a publicly funded program in Cambodia in the foreseeable future. A focus on preventive and simple treatment activities (including SDF to stop caries progress and ART restorations) is more appropriate to address these problems in the school setting.

1.3.5. Priority Issue: Emerging Needs of Older Adults within the Population

Older adults are a fast-growing sub-group within the Cambodian population. In 2019, over 1.2 million Cambodians were aged over 60, representing 8.9% of the country's total population[20]. The proportion of older people has increased by 40% since the last census was held in 2008 and the number of older adults is expected to nearly triple in the coming decades. The fastest growing group of older people is the 'oldest old', or those aged over 80.

The increasing proportion of older adults within the population has implications for the ways in which health services are delivered and in which circumstances. At present there is no well-defined "package of care" for older adults. Promoting healthy ageing is a key goal of the National Health Care Policy and Strategy for Older People[21] and oral health is an important part of healthy ageing. Elderly Cambodians are mostly of lower socioeconomic status, living with their families, and located in rural areas where access to a dentist for rehabilitative care

is often challenging. Achieving UHC and the highest attainable standard of oral health should be priorities because poor oral health among the elderly can negatively affect their nutrition and ability to eat and quality of life, and consequently affect the level of frailty that is experienced.

1.3.6. Priority issue: Cancerous and Precancerous Oral Mucosal Lesions

Oral cancer (OC) is another significant oral health issue in Cambodia. A key feature of oral cancers is that they develop quickly, and there is a high mortality rate. According to the WHO International Agency for Research on Cancer (IARC) database Globocan (2020) oral and lip cancers are among the 10 most common cancers in Cambodia [14,15]. Even though oral cancer is less prevalent than other cancers, it has a proportionately higher mortality rate; and it is a neglected issue among health professionals. In Cambodia smoking and betel quid chewing (mostly older women) are the two most important risk factors for oral cancer, however alcohol can act synergistically with tobacco to increase the risk of Oral Potentially Malignant Disorders (OPMDs) [22].

Another key feature is that very few oral cancers are detected at an early stage of malignancy meaning that the prognosis for such conditions in a Cambodian context can be very poor. In addition, there is a lack of a good referral pathway and a lack of access to cancer treatments, especially for low income and rural Cambodians.

2. Goal

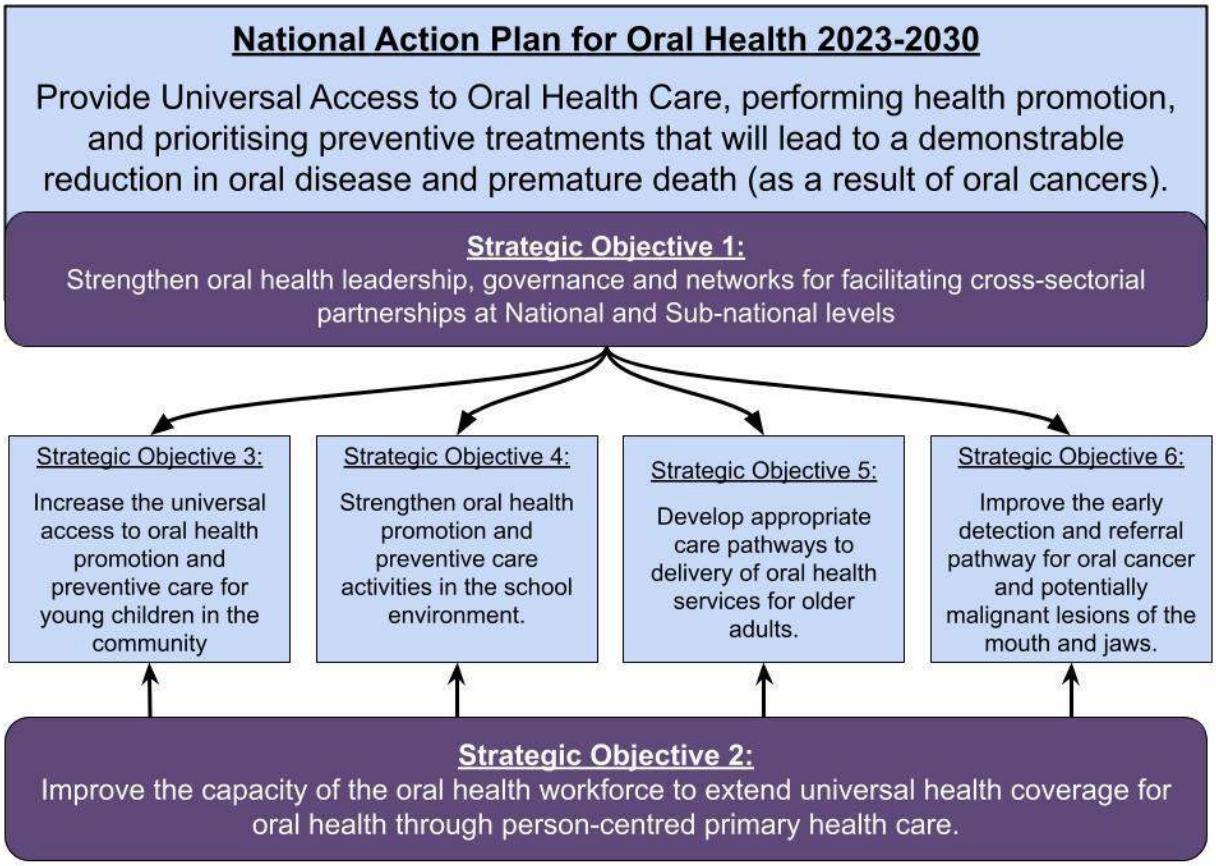
The goal of the National Action Plan 2023-2030 is to increase access to oral health care and to reduce the burden of oral disease at population level. This action plan works alongside the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022-2030. This action plan will work towards the effective and equitable delivery of oral health services and the reduction of oral disease so as to reduce the suffering, and economic burden on individuals, households, and society.

3. Strategies

The strategic objectives proposed in this document contrast with the ways in which previous oral health strategic plans had been conceived. The CPA and MPA lay out the sets of services that are expected to be available throughout the public health system in order to achieve universal coverage for oral health care. The present action plan places the four clinically focused objectives which are around early childhood caries in primary health care for oral health in school settings, oral health care for older adults, and early detection of oral cancers. These clinical objectives are to be supported by two more global objectives around

strengthening oral health leadership and building the capacity of the oral health workforce (Figure 1).

Figure 1: Overview of the National Action Plan for Oral Health 2023-2030



3.1 Guiding principles

The strategic objectives are based on the following principles

1. Effective Oral Health Leadership
2. Development of the oral health workforce
3. Universal access to care for oral health

The objectives of the National Action Plan for Oral Health 2023-2030 take into consideration the goal of increasing access to oral health care so that at least one quarter of Cambodian people can access oral health care through the primary health care system by 2030. The strategic objectives also take into account the goal of achieving a 10% relative reduction in the prevalence of major oral diseases.

Strategic Objective 1:
Strengthen oral health leadership, governance and networks for facilitating cross-sectorial partnerships at National and Sub-national levels.

1.1 Advocacy for upstream measures at central government level
1.2 Strengthen National Oral Health Leadership at National and Sub-National levels
1.3 Strengthen cooperation with relevant stakeholders about oral health
1.4 Update the health information management system to include oral health

Strategic Objective 2:
Improve the capacity of the oral health workforce to extend universal health coverage for oral health through person-centred primary health care.

2.1 Train the oral health workforce at sub-national level to improve the quality of oral health care delivery
2.2 Foster innovative oral health workforce models
2.3 Improve availability of essential medicines, basic equipment and technologies for prevention and treatment of oral diseases.

Strategic Objective 3:
Increase the universal access to oral health promotion and preventive care for young children in the community.

3.1 Integrate oral health care for young children below 6 years old into the primary health care system
3.2 Work towards achieving UHC for Oral Health among children below 6 years old.

Strategic Objective 4:
Strengthen oral health promotion and preventive care activities in the school environment.

4.1 Strengthen and promote an oral health care program as part of primary health care within the school environment
4.2 Work towards achieving UHC for oral health for primary school children

Strategic Objective 5:
Develop appropriate care pathways to deliver oral health services for older adults.

5.1 Integrate oral health care for older adults into the primary health care system
5.2 Strengthen the capacity of the oral health workforce to meet the needs of older adults.

Strategic Objective 6:
Improve the early detection and referral pathway for oral cancer and potentially malignant lesions of the mouth and jaws.

6.1 Conduct a public awareness campaign about oral cancers and potentially malignant lesions.

6.2 Enhance the screening and detection of oral cancers and OPMD through the primary health care system.

3.2 Specific Targets by 2030

1. By 2030, 25% of the health centres in targeted provinces will have access to essential oral health care services.
2. By 2030, the prevalence of the main oral diseases and conditions over the life course in targeted provinces will show a relative reduction of 10%.

4. Action plan

The National Action Plan for Oral Health 2023-2030 has been developed to align with the National Strategic Plan for the Prevention and Control of NCDs 2022-2030. The detailed action plan matrix table below reflects all the activities that require multi-sectoral actions to reduce the burden of oral disease among Cambodian people.

4.1 Scope of planning

The National Action Plan for Oral health 2023-2030 has defined key activities and indicators in line with the six objectives, and includes a time frame and the responsible stakeholders, as indicated in the matrix table below.

4.2 Matrix

Key Activities		Time frame	Responsible
Strategic Objective 1: Strengthen oral health leadership, governance and networks for facilitating cross-sectorial partnerships at National and Sub-national levels.			
1.1	***Advocacy for upstream measures at high government level***		
1.1.1	Develop a policy agenda to seek the support of leaders in the prevention of oral diseases in Cambodia (eg. sugar reduction, optimal use of fluorides, tax relief for fluoride products, and reduction of common risk factors)	2024-2030	OHB/PMD Sub-TWGOH Relevant Partners

1.1.2	Raise fund from philanthropic partners for the development of public oral health services	2024-2030	OHB/PMD
1.1.3	Develop public oral health infrastructure at referral hospitals	2024-2030	OHB/PMD DHS, PHD
1.2	***Strengthen National Oral Health Leadership at National and Sub-National levels***		
1.2.1	Build up capacity of OHB staff and other oral health professionals through participation in courses and relevant training to strengthen leadership capacity and network connections. (e.g. Dental public health, public administration, management skills and research)	2023-2030	OHB/PMD DCC,PHD, National hospitals, Academic institutions
1.3	***Strengthen cooperation with relevant stakeholders about oral health***		
1.3.1	Update the Sub-technical Working Group/Committee of Oral Health, including membership, roles and responsibilities.	2023-2030	OHB/PMD Sub-TWGOH Relevant Partners
1.3.2	Develop oral health content for sharing on digital platforms such as the official website of the Ministry of Health and provincial health departments (e.g. educational messages, health care services and referrals if needed.)	2025-2030	OHB/PMD, DPHI PHD Relevant Partners
1.3.3	Establish an “Oral Health Working Network” of administrators in the Provincial Health Departments.	2024-2025	OHB/PMD PHD
1.3.4	Establish a group of facilitators at the provinces to implement the National Action Plan at school and in the community.	2023-2030	OHB/PMD DoEYS, PHD Relevant Partners
1.3.5	Establish a working group for establishing a research agenda prioritising research to support the implementation of the present action plan.	2024-2025	NIPH, OHB/PMD, Academic institutions
1.3.6	Develop a unified data reporting system for NGO providers that is integrated with existing MOH reporting.	2023-2026	OHB/PMD, Relevant Partners
1.4	***Update the health information management system to include oral health***		
1.4.1	Integrate relevant oral health information into the health information system (HIS) of MoH	2023-2030	OHB/PMD, DPHI
1.4.2	Evaluate oral health service delivery indicators within the existing reporting system	2024-2030	OHB/PMD, DPHI
1.4.3	Conduct a National Oral Health Survey according to activity 1.3.5 above	2026-2030 (1 time)	OHB/PMD, NIPH, Relevant Partners

1.4.4	Establish official website for the Oral Health Bureau of Preventive Medicine Department	2024-2030	OHB/PMD,
Strategic Objective 2: Improve the capacity of the oral health workforce to extend Universal Health Coverage for oral health through person-centred primary health care.			
2.1	***Train the Oral Health workforce at sub-national level to improve the quality of oral health care delivery***		
2.1.1	Arrange and facilitate training courses to build up the capacity of oral health workforce (e.g. Special care dentistry, in-service training and research)	2024-2030	OHB/PMD,PHD, OD, RH, HC Academic institutions
2.1.2	Conduct courses and training for health workforce on the delivery of the essential package of care for at least two times per year (e.g. minimally invasive dentistry, the application of fluoride Varnish and Silver Diammine Fluoride etc.)	2024-2030	OHB/PMD, PHD, Academic institutions Relevant Partners
2.1.3	Conduct cross-infection control training for at least two times per year to dental personnel in public health facilities	2024-2030	OHB/PMD, PHD, Relevant Partners
2.2	***Foster innovative oral health workforce models***		
2.2.1	Develop workforce models whereby it is feasible to support enough adequately trained health professionals, geographically distributed to match the oral health needs of the population.	2024-2030	OHB/PMD, PHD, Local authority
2.2.2	Advocate to increase the utilisation of the dental nurse workforce within the government system.	2024-2030	OHB/PMD, DHRD, RTC, PHD,
2.3	***Improve availability of essential medicines, basic equipment and technologies for prevention and treatment of oral diseases.***		
2.3.1	Establish implementation checklists to facilitate monitoring, evaluation and management of medicines and materials used for prevention and treatment of oral diseases in OD, RH and HC in line with updated MoH essential medicine list.	2024-2025	OHB/PMD, DDF, CMS, PHD, OD, RH,HC
2.3.2	Provide adequate supplies of essential medicines, basic equipment and technologies to referral hospitals and health centres.	2024-2030	OHB/PMD, DDF,CMS, Procurement Unit, PHD, OD, RH,HC
Strategic Objective 3: Increase universal access for oral health promotion and preventive care for young children in the community			
3.1	***Integrate oral health care for children below 6 years old through the primary health care system***		

3.1.1	Provide topical fluoride applications as part of the routine vaccination schedule in at least three provinces.	2023-2030	OHB/PMD, NMCHC, PHD, OD, HC, Relevant Partners
3.1.2	Conduct a demonstration of oral health activity to evaluate the ways in which oral health care can be delivered for children below 6 years old in a primary health care setting in at least three provinces.	2024-2028	OHB/PMD, NMCHC, PHD, OD, CIPO Relevant Partners
3.1.3	Evaluate and monitor oral health activities to improve quality with sustainability for children below 6 years old at selected sites	2029-2030	OHB/PMD, NMCHC, PHD, OD, CIPO Relevant Partners
3.1.4	Develop and distribute oral health IEC materials appropriate for using at community level.	2024-2030	OHB/PMD, NCHP, Academic institutions Relevant Partners
3.2	***Work towards achieving UHC for Oral Health among children below 6 years old***		
3.2.1	Define an essential package of oral health care for young children and their parents/caregivers that can be delivered and included in a primary health care setting.	2025-2030	OHB/PMD, NMCHC,PHD, Relevant Partners
3.2.2	Expand coverage of the essential package of care for children below 6 years old through primary health care programs and facilities in three provinces.	2026-2030	OHB/PMD, NMCHC, PHD,OD, RH, HC Relevant Partners
Strategic Objective 4: Strengthen oral health promotion and preventive care activities in the school environment.			
4.1	***Strengthen and promote the oral health care program in primary health care within the school environment***		
4.1.1	Increase the practice of group daily toothbrushing in primary schools.	2023-2030	OHB/PMD, SHD, DoEYS, Relevant Partners
4.1.2	Conduct demonstrations of health screening and silver diamine fluoride applications for preschool and primary school children in at least three working areas.	2024-2027	OHB/PMD,CIPO, SHD, DoEYS, Relevant Partners
4.1.3	Develop and distribute oral health education (IEC) materials for different level of education (preschool, primary, secondary and high school)	2024-2030	OHB/PMD, NCHP, SHD, Relevant Partners
4.1.4	Evaluate the delivery of Silver Diamine Fluoride and oral health screening on preschool and primary school children using two or more models of delivery	2023-2030	OHB/PMD, SHD, CIPO Relevant Partners

4.2	***Work towards achieving UHC for oral health for primary school children***		
4.2.1	Define the essential package of oral health care for preschool and primary school children.	2025-2030	OHB/PMD, SHD, CIPO Relevant Partners
Strategic Objective 5: Develop appropriate care pathways to deliver oral health services for older adults.			
5.1	***Integrate oral health care for older adults into the primary health care***		
5.1.1	Integrate oral health care and education into the ICOPE (Integrated Care for Older People) project	2023-2024	OHB/PMD, PHD,OD, HC Relevant Partners
5.1.2	Prepare and distribute oral health IEC resources and promote adoption of a healthy life-style and a reduction in risk behaviours.	2024-2030	OHB/PMD, NCHP, Relevant Partners,
5.1.3	Perform evaluation on reviewing the required staffing, skill mix and competencies to implement and sustain delivery of oral health care for older adults.	2024-2025	OHB/PMD, PHD, OD Relevant partners
5.1.4	Define an essential package of oral care for older adults which includes the BPOC (oral urgent treatment, using fluoride toothpaste, ART) and the application of SDF and denture	2024-2025	OHB/PMD, PHD, Relevant partners
5.1.5	Demonstrate and integrate the described essential package of care in designated hospitals/health centres, in at least 2-3 working areas.	2025-2030	OHB/PMD, PHD, OD, RH, HC Relevant partners
5.1.6	Demonstrate the provision of denture to maintain oral health function and quality of life in edentulous older adults about 200 people who are missing teeth.	2025-2030	OHB/PMD, PHD, OD, RH, HC Relevant partners
5.1.7	Conduct an evaluation on the benefits of the essential package of care for the older age group.	2028-2030	OHB/PMD Relevant partners
5.2	***Strengthen the capacity of the oral health workforce to meet the needs of older adults.***		
5.2.1	Develop courses and training to improve the skills of health professionals at sub-national level in delivering the essential package of oral care for older adults.	2024-2030	OHB/PMD, PHD, Relevant partners
5.2.2	Provide oral health care training regarding the essential package of care for health professionals who perform ICOPE.	2025-2030	OHB/PMD, PHD,OD, HC, Relevant partners
5.2.3	Integrate the oral health care program for older adults into dental nurse training curriculum at public and private schools.	2025-2030	OHB/PMD, DHRD, RTC, Academic institutions Relevant partners

Strategic Objective 6: Improve the early detection and referral pathway for oral cancer and potentially malignant lesions of the mouth and jaws.			
6.1	***Conduct a public awareness campaign about oral cancers and potentially malignant lesions***		
6.1.1	Prepare and develop educational videos, key messages and manuals about oral cancer including oral self-examination.	2025-2027	OHB/PMD, NCHP, Relevant partners
6.1.2	Conduct public awareness campaigns through at least 2 digital platforms.	2025-2030	OHB/PMD, NCHP, Relevant partners
6.2	***Enhance the screening and detection of oral cancers and OPMD through the primary health care system***		
6.2.1	Conduct a series of technical meetings focused on developing a care pathway including screening process, referral method and documentation.	2024-2025	OHB/PMD, Sub-TWGOH
6.2.2	Create a network and platform to provide technical support for those performing screening and referral for oral cancers.	2024-2026	OHB/PMD, National hospital, Academic institutions PHD, RH, HC Relevant partners
6.2.3	Facilitate training in the diagnosis of oral cancer and OMPD for health workers involved in screening activities.	2024-2030	OHB/PMD Academic institutions Relevant partners
6.2.4	Conduct a demonstration project to test the protocol for screening and referral on oral and mucosal lesions	2025-2030	OHB/PMD, PHD, RH, HC Relevant partners
6.2.5	Establish an oral cancer registry that complements the data collection being performed for other cancers in Cambodia.	2026-2030	OHB/PMD, DPHI, National hospital, Relevant partners

5. Expenditure

Key Activities		Time frame	Estimated cost (USD)	Possible Funding Source
Strategic Objective 1 – Strengthen oral health leadership, governance and networks for facilitating cross-sectorial partnerships at National and Sub-national levels. (USD 413,500)				
1.1	***Advocacy for upstream measures at high government level (USD 5,000)***			
1.1.1	Develop a policy agenda to seek the support of leaders in the prevention of oral diseases in Cambodia (eg. sugar reduction, optimal use of fluorides, tax relief for fluoride products, and reduction of common risk factors)	2024-2030	5,000	National Budget Development Partners
1.1.2	Raise fund from philanthropic partners for the development of public oral health services	2024-2030		
1.1.3	Develop public oral health infrastructure at referral hospitals	2024-2030		
1.2	***Strengthen National Oral Health Leadership at National and Sub-national levels (USD 100,000)***			
1.2.1	Build up capacity of OHB staff and other oral health professionals through participation in courses and relevant training to strengthen leadership capacity and network connections. (e.g. Dental public health, public administration, management skills and research)	2023-2030	100,000	National Budget Development Partners
1.3	***Strengthen cooperation with relevant stakeholders about oral health (USD 33,500)***			
1.3.1	Update the Sub-technical Working Group/Committee of Oral Health, including membership, roles and responsibilities.	2023-2030	2,000	National Budget Development Partners
1.3.2	Develop oral health content for sharing on digital platforms such as the official website of the Ministry of Health and provincial health departments (e.g. educational messages, health care services and referrals if needed.)	2025-2030	20,000	National Budget Development Partners
1.3.3	Establish an “Oral Health Working Network” of administrators in the Provincial Health Departments.	2024-2025	2,000	National Budget Development Partners

1.3.4	Establish a group of facilitators at the provinces to implement the National Action Plan at school and in the community.	2023-2030	5,000	National Budget Development Partners
1.3.5	Establish a working group for establishing a research agenda prioritising research to support the implementation of the present action plan.	2024-2025	2,500	National Budget Development Partners
1.3.6	Develop a unified data reporting system for NGO providers that is integrated with existing MOH reporting.	2023-2026	2,000	National Budget Development Partners
1.4	***Update the health information management system which also include oral health (USD 275,000)***			
1.4.1	Integrate relevant oral health information into the health information system (HIS) of MoH	2023-2030	150,000	National Budget Development Partners
1.4.2	Evaluate oral health service delivery indicators within the existing reporting system	2024-2030	5,000	National Budget Development Partners
1.4.3	Conduct a National Oral Health Survey according to sub-objective 1.3.5	2026-2030 (1 time)	100,000	National Budget Development Partners
1.4.4	Establish official website for the Oral Health Bureau of Preventive Medicine Department	2024-2030	20,000	National Budget Development Partners
Strategic Objective 2: Improve the capacity of the oral health workforce to extend universal health coverage for oral health through person-centred primary health care. (USD 1,730,000)				
2.1	***Train the Oral Health workforce at sub-national level to improve the quality of oral health care delivery (USD 165,000)***			
2.1.1	Arrange and facilitate training courses to build up the capacity of oral health workforce (e.g. Special care dentistry, in-service training and research)	2024-2030	25,000	National Budget Development Partners
2.1.2	Conduct courses and training on the delivery of the essential package of care for at least two times per year (e.g. minimally invasive dentistry, the application of fluoride Varnish and Silver Diammine Fluoride etc.)	2024-2030	70,000 (7,000/time) (10 times)	National Budget Development Partners
2.1.3	Conduct cross-infection control training for at least 2 times per year to dental personnel in public health facilities	2024-2030	70,000 (7,000/time) (10 times)	National Budget Development Partners
2.2	***Foster innovative oral health workforce models (USD 5,000)***			

2.2.1	Develop workforce models whereby it is feasible to support enough adequately trained health professionals, geographically distributed to match the oral health needs of the population.	2024-2030	5,000	National Budget Development Partners
2.2.2	Advocate to increase the utilisation of the dental nurse workforce within the government system.	2024-2030		
2.3	***Improve availability of essential medicines, basic equipment and technologies for prevention and treatment of oral diseases (USD 1,560,000)***			
2.3.1	Establish implementation checklists to facilitate monitoring, evaluation and management of medicines and materials used for prevention and treatment of oral diseases in OD, RH and HC in line with updated MoH essential medicine list.	2024-2025	60,000	National Budget Development Partners
2.3.2	Provide adequate supplies of essential medicines, basic equipment and technologies to referral hospitals and health centres.	2024-2030	1,500,000	National Budget Development Partners
Strategic Objective 3: Increase universal access for Oral health promotion and preventive care for young children in the community (USD 480,000)				
3.1	***Integrate oral health care for children below 6 years old through the primary health care system (USD 360,000)***			
3.1.1	Provide topical fluoride applications as part of the routine vaccination schedule in at least three provinces.	2023-2030	210,000 (30,000/Y)	National Budget Development Partners
3.1.2	Conduct demonstration of oral health activity to evaluate the ways in which oral health care can be delivered for children below 6 years old in a primary health care setting in at least three provinces.	2024-2028	100,000	National Budget Development Partners
3.1.3	Evaluate and monitor oral health activities to improve quality with sustainability for children below 6 years old at selected sites	2029-2030	20,000	National Budget Development Partners
3.1.4	Develop and distribute oral health IEC materials appropriate for using at community level.	2024-2030	30,000 (5,000/Y)	National Budget Development Partners
3.2	***Work towards achieving UHC for Oral Health among children below 6 years old (USD120,000)***			
3.2.1	Define an essential package of oral health care for young children and their parents/caregivers that can be delivered and included in a primary health care setting.	2025-2030	20,000	National Budget Development Partners

3.2.2	Expand coverage of the essential package of care for children below 6 years old through primary health care programs and facilities in three provinces.	2026-2030	100,000	National Budget Development Partners
Strategic Objective 4: Strengthen oral health promotion and preventive care activities in the school environment. *(USD 280,000)*				
4.1	***Strengthen and promote the oral health care program in primary health care within the school environment (USD 230,000)***			
4.1.1	Increase the practice of group daily toothbrushing in primary schools.	2023-2030	50,000	National Budget Development Partners
4.1.2	Conduct demonstrations of health screening and silver diamine fluoride applications for preschool and primary school children in at least three working areas.	2024-2027	100,000	National Budget Development Partners
4.1.3	Develop and distribute oral health education (IEC) materials for different level of education (preschool, primary, secondary and high school)	2024-2030	30,000	National Budget Development Partners
4.1.4	Evaluate the delivery of Silver Diamine Fluoride and oral health screening on preschool and primary school children using two or more models of delivery	2023-2030	50,000	National Budget Development Partners
4.2	***Work towards achieving UHC for oral health for school children (USD 50,000)***			
4.2.1	Define the essential package of oral health care for preschool and primary school children.	2025-2030	50,000	National Budget Development Partners
Strategic Objective 5: Develop appropriate care pathways to delivery of oral health services for older adult. (USD 470,000)				
5.1	***Integrate oral health care for older adults into primary health care (USD 429,000)***			
5.1.1	Integrate oral health care and education into the ICOPE (Integrated Care for Older People) project	2023-2024	50,000	National Budget Development Partners
5.1.2	Prepare and distribute oral health IEC resources and promote adoption of a healthy life-style and a reduction in risk behaviours.	2024-2030	20,000	National Budget Development Partners

5.1.3	Perform evaluation on reviewing the required staffing, skill mix and competencies to implement and sustain delivery of oral health care for older adults.	2024-2025	50,000	National Budget Development Partners
5.1.4	Define an essential package of oral care for older adults which includes the BPOC (oral urgent treatment, using fluoride toothpaste, ART) and the application of SDF and denture	2024-2025	50,000	National Budget Development Partners
5.1.5	Demonstrate and integrate the described essential package of care in designated hospitals/health centres, in at least 2-3 working areas.	2025-2030	180,000 (60,000/area)	National Budget Development Partners
5.1.6	Demonstrate the provision of denture to maintain oral health function and quality of life in edentulous older adults about 200 people who are missing teeth.	2025-2030	74,000 (370/case)	National Budget Development Partners
5.1.7	Conduct an evaluation on the benefits of the essential package of care for the older age group.	2028-2030	5,000	National Budget Development Partners
5.2	***Strengthen the capacity of the oral health workforce to meet the needs of older adults. (USD 41,000)***			
5.2.1	Develop courses and training to improve the skills of health professionals at sub-national level in delivering the essential package of oral care for older adults.	2024-2030	20,000	National Budget Development Partners
5.2.2	Provide oral health care training regarding the essential package of care for health professionals who perform ICOPE.	2025-2030	21,000 (7,000/time) (3 times)	National Budget Development Partners
5.2.3	Integrate the oral health care program for older adults into dental nurse training curriculum at public and private schools.	2025-2030		
Strategic Objective 6: Improve the early detection and referral pathway for oral cancer and potentially malignant lesions of the mouth and jaws *(USD 296,000)*				
6.1	***Conduct a public awareness campaign around oral cancer and potentially malignant lesions (USD 120,000)***			
6.1.1	Prepare and develop educational videos, key messages and manuals about oral cancer including oral self-examination.	2025-2027	50,000	National Budget Development Partners
6.1.2	Conduct public awareness campaigns through at least 2 digital platforms.	2025-2030	70,000	National Budget Development Partners

6.2	***Enhance the screening and detection of oral cancers through the primary health care system (USD 176,000)***			
6.2.1	Conduct a series of technical meetings focused on developing a care pathway including screening process, referral method and documentation.	2024-2025	10,000	National Budget Development Partners
6.2.2	Create a network and platform to provide technical support for those performing screening and referral for oral cancers.	2024-2026	2,000	National Budget Development Partners
6.2.3	Facilitate training in the diagnosis of oral cancer and OMPD for health workers involved in screening activities.	2024-2030	64,000	National Budget Development Partners
6.2.4	Conduct a demonstration project to test the protocol for screening and referral on oral and mucosal lesions	2025-2030	50,000	National Budget Development Partners
6.2.5	Establish an oral cancer registry that complements the data collection being performed for other cancers in Cambodia.	2026-2030	50,000	National Budget Development Partners
	Total budget estimation:		**USD 3,669,500**	

6. Monitoring and Evaluation

	Indicator	Method of measurement	Monitoring and evaluation framework	Measurement frequency	Data sources
Purpose: Increase access to universal health care for oral health and reduce the burden of oral disease					
1	The proportion of health centres in each target province undertaking oral health care programs which include: (1) Early childhood caries prevention, (2) Oral health promotion for school children, (3) Oral cancer screening, and (4) oral health services for older adults.	**Numerator:** Number of Health Centres that are participating in one of the four named programs **Denominator:** Total number of health centres in the target province(s).	Output	5-years	Administrative data/Report
2	Reduced proportion of oral disease among the population	**Numerator**: the proportion of the population who have dental caries, or relevant oral disease **Denominator**: The proportion of the population who have participated in the surveys	Outcome	Every 10 years	Data from proposed national oral health survey and data from 2011 National Oral Health Survey

<u>Strategic Objective 1:</u> Strengthen oral health leadership, governance, and networks for facilitating cross-sectorial partnerships at National and Sub-national levels.					
3	Annual reporting system initiated based on the establishment of data collection systems to track health service delivery, oral disease burden.	**Qualitative:** Annual summary report produced, assessment of the process for aggregating data	Output	Annual starting in 2028	Oral health service delivery is being tracked at a national level through routine channels.
4	Develop policy brief and advocacy documents for the purpose of promoting oral health issues and seeking support from those in leadership positions	**Qualitative:** A series of policy brief documents presented and shared at national and subnational levels to influence decision making	Output	Annual starting in 2024	Oral health Bureau documentation
5	There would be evidence of efforts to engage the general public, clinical implementers, subnational stakeholders, dental stakeholders and central government/ development partners.	**Numerator:** Number of ways in which each sector of civil society is being engaged. **Denominator**: Number of sectors of civil society being engaged **Qualitative:** Level of engagement from stakeholders	Output	Bi-annual	Oral health advocacy network

<u>Strategic Objective 2:</u> Improve the Capacity of the Oral Health Workforce to extend universal health coverage for oral health through person-centred primary health care.					
6	Number of continuous training sessions to the oral health workforces at the sub-national level to enhance their work efficiency.	**Numerator:** Number of training sessions had been conducted **Denominator**: Number of training sessions had been planned	Output	Annual	Report
<u>Strategic Objective 3:</u> Increase universal access for oral health promotion and preventive care for young children in the community					
7	Proportion of health centres delivering oral health promotion and fluoride varnish applications for children below the age of 6-years	**Numerator:** Number of Health Centres that are participating delivery of oral health services for children below the age of 6-years **Denominator:** Total number of health centres in the target province(s).	Output	Annual	Administrative data/Report
8	Proportion of 3-year-old and 6-year-old children with one or more carious lesions.	**Numerator**: the proportion of children below 3 and 6 years old who have dental caries, or relevant oral disease **Denominator**: The proportion of children below 6 years old who have been participating in the study.	Outcome	5-years	Oral Health Study for children (National, regional or provincial level)
9	Number of established IEC materials on oral health promotion and preventive care for using at school and in the community.	**Quantitative:** Number of oral health IEC materials had been developed and printed.	Output	Annual	Report

<u>Strategic Objective 4:</u> Strengthen oral health promotion and preventive care activities in the school environment.					
10	Number of schools participating in the practice of group daily toothbrushing	**Numerator:** Number of schools that are participating in the delivery of oral health services **Denominator:** Total number of schools in the target province(s).	Output	Annual	Administrative data/Report
11	Proportion of primary schools where annual screening and topical fluoride (Silver Diammine Fluoride) treatments are implemented	**Numerator:** Number of schools that are participating from the oral health services implementation **Denominator:** Total number of schools in the target province(s).	Output	Annual	Administrative data/Report
<u>Strategic Objective 5:</u> Develop appropriate care pathways to deliver oral health services for older adult					
12	Number of health centres (HCs) with ICOPE project which integrated oral health care into their program.	**Numerator:** Number of HCs that are participating in the delivery of oral health services for older adults. **Denominator:** Total number of HCs in the target province(s).	Output	Annual	Administrative data/Report

<u>Strategic Objective 6:</u> **Improve the early detection and referral pathway for oral cancer and potentially malignant lesions of the mouth and jaws.**					
13	Number of platforms or campaigns on oral cancer which have been launched	**Numerator:** Number of platform or campaigns launched. **Denominator:** Number of platform or campaigns defined in the plan.	Outcome	annual	Administrative data/Report
14	Proportion of cancers treated at an early stage vs late stage at baseline (2024) vs endline (2029)	**Numerator**: the proportion of the those with oral cancers diagnosed at a late stage in 2029 **Denominator**: The proportion of those with oral cancers diagnosed at a late stage in 2024	Outcome	5 years	Retrospective review of medical records from major hospitals delivering care for those with oral cancer diagnosis

7. Conclusions

The National Action Plan for Oral Health 2023-2030 contributes to the implementation of the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases and will be implemented as an oriented approach to achieving universal health coverage (UHC) for oral health. Oral health care activities will be integrated into all aspects of primary health care and focus on the population to bring primary care services closer to the community in order to provide effective and equitable reduction of oral disease so as to reduce the suffering, and economic burden on households and society.

To achieve these strategic objectives, it is necessary to have inter-sectoral cooperation across relevant institutions and partners in governmental agencies, the private sector, and non-governmental organisations. The activities will enhance good leadership and governance as well as develop the capacity of the workforce to support oral health promotion and prevention across the life-course, and for the early detection of oral cancer. In addition, there will be a strong focus on upstream activities such as the appropriate use of fluorides, reduction of sugar and soft drinks consumption, and reduction in tobacco use. The plan incorporates strengthening the health information system, monitoring and integration of digital technology.

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