

A GLOBAL CONSENSUS for achieving a dental cavity-free future

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Based on advice and policy recommendations from:
THE ACFF MAKING CAVITIES HISTORY TASKFORCE



Executive summary

1 - Globally, dental caries and cavities are responsible for the biggest burden of disease

1.1 - Quality of life is adversely affected by caries and cavities

Tooth decay affects people in a variety of profound ways. It can cause recurring pain (both acute and chronic), lead to infection and the need for complex, on-going, and expensive rehabilitation. For an individual, suffering from tooth decay can severely compromise the ability to speak, smile, smell, taste, eat and convey emotions through facial expressions, with confidence and without pain.

1.2 - Caries creates sizeable economic challenges

It is estimated that in 2015 dental caries accounted for 245 billion USD globally (161 billion USD in direct costs and 84 billion USD in indirect costs).

1.3 - Caries is the most common NCD and has the largest impact within oral health

A GBD Study puts untreated Cavities at No.1 for Adults and No.6 for Children of all diseases. 2.3 billion people have untreated cavities in permanent teeth, and over 530 million children suffer from untreated cavities of the primary teeth. This is more than for other aspects of oral health.

2 - The burden and pain caused by caries and cavities is preventable

2.1 - By tackling caries, we can avoid cavities

By using established methods of primary and secondary caries prevention (to stop the formation of new lesions and arrest early-stage disease) it is possible to stop cavities.

2.2 - Preventing cavities will also tackle NCDs and improve general health

As caries shares modifiable common risk factors (such as sugar and hygiene) with other NCDs, reducing risk factors can help improve caries as well as obesity, diabetes, and cardiovascular disease.

3 - Despite the evidence, caries is typically ignored in health policy

3.1 - Previous global policy recommendations often have not mentioned dental caries

When only generic references are made to oral health challenges it is hard to get concerted action to address the continuing silent epidemic of caries.

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This document represents the work of a Taskforce of global oral health experts led by the Alliance for a Cavity-Free Future. For more information, please visit www.acffglobal.org/making-cavities-history or email us at admin@acffglobal.org



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3.2 - Dental caries not visible in global or national NCD strategies

Although dental caries has been formally classified as a Non-Communicable Disease (NCD), it is not recognised or included in National NCD strategies.

3.3 - This means it is invisible and does not come with available resources

When health policy priorities are being assessed caries is often invisible as an issue (or seen as an inevitability) and the resources needed are not available or allocated.

4 - A cavity-free future is possible and desirable

4.1 - Various stakeholders have had a shared vision for this for the last decade

There has been growing acceptance in the dental community that it is possible to control caries with a range of evidence-based interventions. Traditionally there has been a separation between public health level "preventive" actions and what dentists and other health professionals do for patients – there is now support for aligning prevention and clinical management and integrating dental, medical, and nursing staff to tackle the issue.

4.2 - Dental authorities around the world are united around this vision

The Alliance for a Cavity Free Future has been advocating joining-up caries prevention and minimally interventive clinical management for more than 10 years and the vision of delivering preventive dental medicine in caries care is shared by the FDI World Dental Federation and the dental research community.

5 - Making progress with caries requires both global-level policy agreement and country-level policy implementation

The ACFF Making Cavities History Taskforce has brought together world-leading experts to create consensus over a set of recommendations for policy makers to ensure that caries and cavities are built into health policy discussions. The following are key areas that must be addressed.

5.1 - Population and health professional education and behaviour must drive change around primary prevention of NCDs

5.2 - It is critical to tackle sugar and the other major food risk factors for NCDs

5.3 - There needs to be integrated primary and secondary caries prevention across the life course

5.4 - We need systematic surveillance data to monitor actions and progress

6 - First actions to secure a cavity-free future

The first actions include securing appropriate caries recommendations in supranational health strategy by international institutions and, in parallel, ensuring appropriate country-level implementation.

6.1 - Adopting and 'glocally' implementing the recommendations (global and then country)

With global institutions aligned, local governments and policymakers will need to adapt the recommendations suitably for local implementation to ensure that maximum benefit is achieved. There are some areas that should be urgently addressed by all stakeholders.

6.2 - Examples of early actions required include:

- a. Early childhood prevention, addressing both caries and other NCD's, should be a key initial priority.
- b. Resources must be allocated for modern, comprehensive caries prevention and management, including appropriate care pathways and payment systems that incentivise prevention.
- c. Prevention of caries and cavities needs to be included in UHCs.

The authors of this paper strongly believe that if a concerted, global effort is made, dental caries can be stopped in its tracks, and that we might feasibly create a future free from dental cavities.

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