Dental health in the shadows of global commitments: Addressing neglected priorities in lower middle-income countries

Wajiha Qamar

Dear Madam, I am writing to alert you on a serious concern that requires our attention around global health commitments: the frequently disregarded and undervalued dental reforms. In the realm of global health commitments, dental reforms are often ignored and underestimated.1 Despite significant advancements in many other facets of health owing to these commitments, dental health remains marginalized within its sphere creating a glaring disparity, especially in lower middle-income countries where it’s a crucial concern.2

Dental health has a significant impact on a person’s quality of life in addition to preventing oral diseases. It has a significant impact on a person’s quality of life, having an impact on their mental and physical well-being. Neglected oral health can affect speech, self-esteem, and psychosocial wellbeing as well as cause pain, infections, malnutrition, and systemic health problems.3 The disruptive relationship between oral diseases and significant medical conditions like diabetes, cardiovascular disease, and adverse pregnancy outcomes emphasizes the complex relationship between dental health and overall health.

Despite efforts to promote understanding, such as Universal Health Coverage (UHC) and the International Health Regulations (IHR), oral health is often disregarded in global discussion. Particularly in lower middle-income countries, oral health is neglected due to a lack of tailored interventions, which decreases its significance. A significant leap forward has been made with the recent World Health Organization (WHO) resolution that declares oral health a global priority and calls for its inclusion in national strategies. The WHO has acknowledged the need to address this problem immediately.4 The challenge, however, is recognition into concrete, commitment-backed activities and specific interventions. The resolution has potential, but its effectiveness will be judged by the concrete measures taken to bridge the gaps.

The Sustainable Development Goals (SDGs) offer a potential reference point for rectifying this gap. By integrating oral health in SDGs like Goal 3 on excellent health and well-being, a holistic approach may be taken. This integration could help bridge the gap between international commitments, raise the public’s awareness of oral health, and foster tailored initiatives for dental reforms.

The lack of dental-focused initiatives results in noticeable discrepancies in lower middle-income countries. There are limitations on both the availability of dental professionals and the access to treatment procedures.5 The divide grows further by an inadequate level of public understanding about oral health. Due to conflicting health priorities, dental health, is considered to be secondary. This is especially detrimental in areas with a strained healthcare infrastructure. Initiatives aimed at enhancing oral health are hampered by the lack of international commitments in this domain. In addition to limited budget allocation, it also reinforces the idea that dental health is a secondary concern.3 This perspective ignores the complex relationships between dental health and general health. The situation makes it difficult to design comprehensive policies and interventions that can address disparities in oral health.

To rectify this situation, it is essential to advocate for the inclusion of dental health in global health agendas. Lack of dedicated efforts undermines the goal of equitable oral health for all, which worsens oral health inequities. To close this gap, a deliberate effort must be undertaken to raise public awareness of the importance of oral health, particularly in the context of lower middle-income countries. It is essential to allocate funds for dental research, encourage interdisciplinary cooperation, and promote oral health promotion and care in order to close this gap.

DOI: https://doi.org/10.47391/JPMA.10750

Disclaimer: None.

Conflict of Interest: None.
Source of Funding: None.

References

Author's Contributions
WQ: Conceived the idea, design, acquisition, interpretation, revision and final approval.