Draft CED White Paper

Oral Health Promotion and Disease Prevention in Europe

Council of European Dentists

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INTRODUCTION

The Council of European Dentists (CED) represents more than 350,000 practicing dentists across Europe. As the recognized voice of the dental profession in EU health policy, the CED promotes high standards of oral healthcare, protects patient safety, and advocates for prevention as the foundation of oral health policy.

Oral health is inseparable from overall health, healthy longevity, wellbeing, and quality of life. Poor oral health contributes to pain, disability, social and professional exclusion, rising healthcare costs, and above all, exacerbates existing inequalities. Dental caries and periodontitis disproportionately affect the most deprived populations in Europe. Disadvantaged groups therefore face a higher economic burden and are more likely to receive suboptimal or inappropriate treatment, impacting in turn other conditions.

The CED continues to emphasize the preventive paradigm, following its landmark 2011 Resolution 'For Better Oral Health of All EU Citizens'. In 2025, the burden of oral disease remains heavy, with **dental caries, periodontal disease, and oral cancer** ranking among the most prevalent and costly conditions. At the same time, demographic change, widening inequalities, digitalization, and evolving risk factors, such as HPV, antimicrobial resistance, unhealthy diet, and lifestyle, create new opportunities and challenges for the dental profession.

Current EU oral health policies remain overly focused on restorative care, with insufficient attention given to key and effective preventive approaches. These priorities must be matched by appropriate financial investments targeting oral health, contributing substantially to general well-being.

The present updated white paper therefore outlines a prevention framework for 2026–2030, integrating new evidence and aligning recommendations with the WHO Global Oral Health Strategy 2023–2030, as well as the 2025 UN Political Declaration on noncommunicable diseases and the promotion of mental health and well-being, and finally, the 2024 WHO Bangkok Declaration.

BURDEN OF ORAL DISEASES IN EUROPE

Dental caries remains the most prevalent noncommunicable disease worldwide, affecting nearly all adults at some point in life.

Despite improvements in fluoride exposure and professional and personal oral hygiene measures, socio-economic disparities in oral health persist across EU Member States, as reflected in epidemiological data. Untreated dental caries remains a leading cause of pain, school absenteeism, and avoidable treatment costs. Dental caries also disproportionately affects children and adolescents, accounting for 80% of all cases.

Periodontitis affects approximately half of European adults, and severe periodontitis is associated with systemic conditions such as cardiovascular disease, diabetes, and adverse pregnancy outcomes. These findings highlight the link between oral and general health and underscore the importance of integrating oral health into chronic disease prevention frameworks.

Oral cancer represents an increasing public health challenge, with more than 62,000 new cases of lip and oral cavity cancer reported in Europe in 2022, with a five-year survival rate for approximately 50% of patients, primarily due to late diagnosis.

Common risk factors for oral conditions and other NCDs, such as tobacco, alcohol consumption and high sugar intake, as well as unhealthy diets, HPV infection, and socio-economic inequalities remain significant, underscore the need for integrated prevention and early detection strategies.
Oral diseases have a disproportionate social and economic burden on disadvantaged groups, particularly the most deprived populations in Europe. Restorative and reparative treatments are significantly more costly than cost-effective preventive approaches. While this is always the case, it is even more pronounced among lower-income, socially and educationally disadvantaged groups.

HEALTHY LONGEVITY & ORAL HEALTH

Health at a Glance Europe 2024 identifies healthy ageing and functional longevity as core public health objectives.
Oral health is fundamental to achieving these goals, as it supports nutrition, communication, medication adherence, and social participation. Poor oral health in older adults is linked to frailty, aspiration pneumonia, malnutrition, and cognitive decline.

With Europe's rapidly ageing population, prevention strategies must be integrated into geriatric and long-term care systems. Routine oral health assessments in nursing homes, assistance with daily hygiene, and training of caregivers are essential. Digital technologies, such as teleconsultations and AI-supported screening, can enhance access and monitoring for older populations, helping to supply the correct caregiving procedures, reducing inequalities and improving quality of life.

LIFE-COURSE PREVENTION FRAMEWORK

A life-course approach ensures continuity of prevention from pregnancy through to old age, addressing determinants at each stage.
For pregnancy and early years, antenatal counselling, fluoride use, and dietary guidance are vital. In childhood and adolescence, school-based programs combining daily toothbrushing, fluoride varnish, sealants, as well as national population wide strategies for health literacy promotion and

the establishment of healthy lifelong habits, while also highlighting the risks associated with unhealthy behaviours, show strong cost-effectiveness.
For younger people and adults, regular risk-based recall intervals, periodontal check-ups and maintenance, and behavioural counselling on the health risks associated with tobacco, alcohol, drug use and the consumption of ultra-processed foods remain priorities.
For elderly people and long-term care residents, assisted hygiene, denture care, and opportunistic oral cancer screening must become routine.
This framework highlights the need for strengthened health equity, ensuring preventive interventions reach disadvantaged groups, migrants, and those in institutional settings.

ORAL CANCER PREVENTION

Oral cancer incidence is increasing across Europe, and survival rates have stagnated due to late-stage diagnosis. Early detection through opportunistic screening in dental settings remains the most effective approach. Dentists should conduct routine mucosal examinations and refer suspicious lesions for biopsy. Awareness campaigns, such as ANDI Oral Cancer Day in Italy, the Spanish National Oral Plan, the UK Mouth Cancer Action Month, the Oral Cancer Awareness Campaign in Cyprus, and the Oral Cancer Awareness Campaign in Greece, have delivered effective results in improving public knowledge, early prevention and diagnosis of oral cancers.

HPV vaccination programs should be expanded to include all genders, and oral health professionals should collaborate with oncologists and public health sectors to reduce risk factors like tobacco and alcohol use. Training and guidelines for standardized screening and referral protocols should be harmonized across EU Member States.

POPULATION-LEVEL STRATEGIES

Population and equity-based interventions remain the cornerstone of sustainable prevention.
Taxation and reformulation of sugar-sweetened beverages have shown measurable reductions in the prevalence of childhood caries and obesity.
Tobacco and alcohol control through the WHO MPOWER measures continue to be highly effective and should be fully implemented.
Furthermore, oral health prevention strategies should be integrated into initiatives aimed at reducing social and economic inequalities and addressing social determinants of health. Access to affordable fluoride toothpaste, salt fluoridation and other topical fluoride applications, where appropriate, can further reduce the burden of oral disease. At the population level, strategies may also include the targeted provision of pit and fissure sealants to children in high-risk groups.

These interventions should be supported by cross-sectoral health promotion policies linking oral health with nutrition, mental health, and chronic disease strategies.

CLINICAL PREVENTION TOOLBOX

In the clinical setting, prevention must be personalized and evidence based. Fluoride toothpaste remains the cornerstone of caries prevention, while fluoride varnish and silver diamine fluoride are effective for high-risk individuals.

The CED hereby emphasises that the use of sodium fluoride in topical applications, within the safe levels of daily fluoride intake recommended by EFSA, plays a long-standing, clinically well-established and crucial role in protecting vulnerable groups, including children, individuals with high caries prevalence, orthodontic patients, older adults, and persons with reduced salivary flow. Topical fluoride exposure contributes to disease control, reduces the need for invasive treatments and support oral health equity.

Population-level strategies and health prevention policies must urgently address misinformation and disinformation regarding the use of sodium fluoride.

Sealants continue to reduce occlusal caries in children and adolescents.
Comprehensive periodontal prevention and regular screening for mucosal lesions are essential for lifelong oral health.

Digital tools such as risk calculators, e-records, and telemonitoring systems enhance preventive decision-making. Integrating oral health promotion into medical settings, such as diabetes or cardiovascular and oncological clinics, offers additional opportunities for prevention through interprofessional collaboration.

DATA, INDICATORS & RESEARCH

Robust data and research are critical to guide effective oral health policies. Standardized core indicators, such as caries prevalence, periodontal status, tooth loss, functional dentition, and oral cancer metrics, should be included in EU health monitoring frameworks.

Economic studies consistently demonstrate the cost-effectiveness of prevention care packages and early detection, including among patients suffering from chronic systemic conditions, multimorbidity and other NCDs such as diabetes, and cardio-vascular disease.

The CED supports the development of a European Oral Health Observatory to harmonize surveillance, foster digital data sharing, and inform Member State policy decisions. Strengthening implementation research and evaluating preventive models across healthcare systems will be essential for continuous improvement.

FINANCING & WORKFORCE

Financial and workforce structures must shift towards prevention-focused models. Payment systems should reward preventive outcomes rather than service volume, following value-based care principles.
Coverage of prevention bundles should extend to children, high-risk adults and residents of long-term care facilities.

Expanding oral health promotion through primary care and interprofessional collaboration is essential. Workforce development should emphasize preventive competencies, communication skills, and digital literacy, supported by EU-level continuing professional development initiatives.
Furthermore, continued efforts are needed to strengthen existing strategies and to develop new national, population-wide strategies aimed at improving oral health literacy.

CED RECOMMENDATION

The CED calls on policymakers to closely adopt a preventive-focused strategic approach in line with the UN 2030 Agenda. This includes:

- Integrating oral health across all national health and NCD strategies.
- Establishing EU-wide oral health indicators and a digital data platform for effective monitoring and benchmarking
- Ensuring equitable access to prevention for vulnerable and underserved populations and implementing policies to address social and economic determinants of oral health
- Expanding gender-neutral HPV vaccination programs and oral cancer awareness campaigns
- Strengthening professional training on early detection and prevention, as well as on digital oral healthcare tools
- Reforming reimbursement structures to incentivize prevention and improve patient outcomes
- Fostering collaboration between EU institutions, Member States, academia, and the dental profession to implement these goals

Through these coordinated actions, the European Union could ensure that oral health contributes fully to the wellbeing, productivity, and longevity of all citizens by 2030.

CONCLUSION

Oral health is central to wellbeing and longevity. Prevention is the most cost-effective, equitable, and sustainable approach to reducing oral disease burden and health inequalities. The prevention and early detection of caries, periodontitis and oral cancer must remain EU health priorities to

support health ageing and longevity. By incorporating comprehensive oral health prevention and promotion activities in all future initiatives stemming from the WHO Global Oral Health Action Plan, Europe's Beating Cancer Plan and the recent EU's Cardiovascular Health Plan, the EU can achieve crucial progress towards improving oral and general health by 2030.

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