

WHY THE WHO'S ORAL HEALTH REPORT MATTERS

THE WORLD'S MOST WIDESPREAD DISEASES ARE IN THE MOUTH:

Reader's summary

Basel, Switzerland 15 March 2026. This first article in our Global oral health insights series distills the key findings of the WHO Global Oral Health Status Report (2022) into a concise and practical overview. Despite its significance, the report remains surprisingly unknown outside specialist circles. Yet its core message is striking: oral diseases are the most widespread health conditions worldwide. Nearly half of the global population is affected — more people than those living with all major noncommunicable diseases (NCDs) combined, including heart disease, diabetes, cancer and chronic respiratory diseases (p. 9).



The numbers are hardly known but they make us think differently.

More than 3.5 billion people live with untreated oral conditions, a number that has grown by 1 billion in just three decades (p. 11). The consequences extend far beyond the mouth: pain, infections, impaired nutrition, lost school and workdays, and significant financial strain.

The full WHO report spans hundreds of pages. This article captures the essential insights — the scale of the problem, the systemic drivers, and the implications for dental professionals and organizations such as the Straumann Group and the Straumann Group Foundation.

It clarifies why oral health must be integrated into universal health coverage (UHC) efforts by 2030 — and where coordinated action can make the greatest difference.

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The world's most widespread diseases are in the mouth:

Why the WHO's oral health report matters

1. Introduction: The most common diseases people don't talk about

Oral health is often misunderstood as a personal matter, disconnected from broader health systems. The WHO report demonstrates that this assumption is outdated. Oral diseases represent a global public health challenge, yet they frequently remain invisible in policy discussions and health system planning.

The report highlights that 3.5 billion people are affected by untreated oral diseases (p. 7–9). Despite this immense burden, oral health has historically received far less attention and investment than other health issues. The report sets the first global baseline for monitoring progress as part of the WHO's commitment to integrate oral health within the wider NCD and UHC agendas.



Giving up? We can help to change this and a certain optimism helps – snapshot from Straumann Group Foundation Board Meeting 2 March 2026

2. The scale of the problem: What the numbers really tell us

2.1. Oral diseases exceed the burden of major NCDs

Oral diseases are now recognized as the single most prevalent disease group worldwide (p. 8). They surpass the combined case numbers of cardiovascular disease, chronic respiratory disease, diabetes and all cancers (p. 9).

This highlights a global mismatch between disease burden and policy attention.

2.2. Burden increasing faster than population growth

Between 1990 and 2019:

- Global population increased by 45%
- Oral disease cases increased by 50%, adding another 1 billion cases (p. 11)

This acceleration shows that oral health is not merely following demographic trends. It signals persisting failures in prevention, public policy and access to care.

2.3. A disease burden spread across all income groups—but not equally

While overall prevalence appears similar across countries (p. 9), outcomes differ:

- 75% of all cases occur in middle-income countries
- Severe consequences concentrate among people with low income, limited education, disabilities, rural residence or minority backgrounds (p. 22–23)

Equal prevalence does not mean equal experience. Social and economic conditions largely determine whether a person receives early, preventive care—or loses teeth, endures pain or faces avoidable complications.



Poverty. Still the number one cause but not the only one.

3. Understanding the main diseases and why they matter

3.1. Dental caries: The most prevalent disease on earth

- More than 2 billion people have untreated caries in permanent teeth
- 514 million children have caries in primary teeth (p. 30–32)

Caries is fuelled by free sugar consumption, insufficient fluoride exposure, limited access to care and powerful commercial influences—not by individual behaviour alone.

3.2. Severe periodontal disease: A major chronic inflammatory burden

- Over 1 billion people are affected (p. 38)

Strong links exist between periodontal disease, tobacco use, diabetes and cardiovascular disease (p. 21). Its impact extends well beyond the mouth.

3.3. Edentulism: Tooth loss as a global measure of inequality

- 350 million people are completely without teeth
- Among people aged 60+, 22.7% are edentulous (p. 43)

Complete tooth loss often reflects lifelong challenges in accessing preventive and restorative services.



“If I have to choose between buying food and buying a toothbrush, I choose food. And if the choice is between visiting a dentist or making sure my family survives, I choose to work and provide for them.”, a typical quote.

3.4. Oral cancer: A preventable cancer with high mortality

- 377,000 new cases and 178,000 deaths per year (p. 45–47)

Tobacco, alcohol and betel quid chewing are major risk factors, with the highest burden in South and Southeast Asia.

3.5. Other conditions

- Orofacial clefts affect 4.6 million people (p. 52)
- Noma, fatal in up to 90% of untreated cases, is concentrated in conditions of extreme poverty (p. 55–57)
- Traumatic dental injuries affect 1 billion people (p. 58)

4. Why this crisis exists: Risks, determinants and commercial forces

4.1. Shared risk factors with major diseases

Oral diseases share lifestyle and environmental risk factors with other noncommunicable diseases—especially sugar, tobacco and alcohol (p. 15–18). This reinforces the need for integrated prevention strategies.

4.2. Commercial determinants

The report highlights how global industries shape oral health (p. 15–16):

- Sugar and sugary drink industries influence dietary norms
- Tobacco companies expand into low- and middle-income markets
- Corporate lobbying often delays public health regulation
- Marketing strategies target children and youth

These forces create environments where oral health is undermined long before clinical care enters the picture.

5. The economics: Oral health as a financial challenge

Global spending

- US\$ 387 billion spent on dental care annually (p. 26–27)
- US\$ 323 billion in productivity losses (p. 26)

Extreme inequalities

- High-income countries: US\$ 260 per capita
- Low-income countries: US\$ 0.52 per capita—a 500-fold difference (p. 27)

Such gaps reflect a global system that prioritizes treatment over prevention and leaves many without access to essential services.

6. Health systems are failing oral health

6.1. Separation from general health systems

The report emphasizes that oral health systems often operate in isolation (p. 60–61):

- Delivered largely through private clinics
- High out-of-pocket costs
- Limited integration into primary health care
- Minimal insurance coverage
- Strong focus on surgical interventions rather than prevention

6.2. Workforce inequalities

- 80% of all dentists work in high- and upper-middle-income countries
- Rural and low-income communities remain significantly underserved (p. 64–66)

7. Fluoride: Essential but unequally accessible

Fluoride toothpaste can cost several days of wages in low-income countries (p. 67), while water fluoridation is limited by infrastructure challenges (p. 69). This prevents many families from accessing basic protection against caries.

8. What this report means for the dental professional community

The WHO report is an important moment for dental professionals. It expands the definition of dentistry from clinical discipline to a vital force within public health, equity and sustainable development.

For dental professionals, this means embracing a broader mission:

Identifying links between oral and systemic health

Oral health is interconnected with diabetes, cardiovascular disease, respiratory diseases, and other chronic conditions. Dental professionals play a key role in early detection, prevention and patient education.

Supporting team-based models

Future-ready oral health systems rely on collaborative models involving hygienists, therapists, midlevel providers and community health workers. These teams extend reach, strengthen prevention and expand access, especially in underserved communities.

Engaging in digital transformation

Digital diagnostics, tele-dentistry, mobile health applications and AI-supported workflows offer powerful opportunities to improve care, expand reach and promote continuity. Dental professionals can accelerate adoption by integrating such tools into daily practice.

Championing access and affordability

By advocating for preventive services, promoting affordable solutions and supporting programs for disadvantaged groups, dental professionals help ensure that oral health does not remain a privilege.

Contributing to surveillance and health information

Data on oral health is scarce in many countries. Clinicians can contribute to registries, screenings, and monitoring initiatives—helping transform fragmented insights into actionable evidence.

Advocating for oral health in broader health policies

Dental professionals are credible voices in public health discussions. Their participation in local and national health policy conversations helps elevate oral health to its rightful place within UHC and NCD strategies.

These responsibilities align closely with the Straumann Group vision of a world where oral health is a source of confidence.

9. Why systemic and sustainable impact matters for the Straumann Group Foundation

The WHO *Global Oral Health Status Report (2022)* makes one point unmistakably clear: oral diseases persist because communities face multiple overlapping barriers — not just a lack of services. These include awareness, availability, accessibility and affordability. One-off interventions cannot overcome structural barriers; sustainable change happens only when solutions are integrated into the whole community system.

For the Straumann Group Foundation (SGF), this insight shapes our philosophy. As a small foundation, our greatest impact comes from programs that strengthen community capacity and connect to broader

health ecosystems. Our approach combines WHO findings with lessons from long-established global health foundations:

Supporting availability

We work to expand the local oral health workforce — hygienists, therapists, midlevel providers and community health workers.

Strengthening accessibility

SGF supports service models that integrate oral health into primary care and community structures, making it easier for people to receive continuous, trusted care — not episodic help. We support outreach programs and mobile units. This ensures oral health care is *present* where people live.

Improving affordability

We back initiatives that reduce financial barriers to preventive and essential care, helping communities shift from emergency-driven treatment to sustainable prevention.

Raising awareness

Through education, school programs and partnerships with ministries and community organizations, we help embed oral health knowledge across the life course and highlight links between oral and general health.

Connecting oral health to systemic impact

SGF supports programs that take a holistic view of people’s needs—recognizing the links between oral health, nutrition, healthy food, hygiene, general health and family circumstances. Effective initiatives provide *recurring care*, build *health literacy*, and strengthen the surrounding social environment. SGF also emphasizes long-term monitoring to understand impact on vulnerable groups and entire communities over time.

Building sustainable community capacity

Our programs aim to leave behind trained people, functional systems and empowered communities — not dependency. This is central to lasting impact.

10. Why this report changes the conversation

The *Global Oral Health Status Report* is more than a collection of data—it is a call to integrate oral health into the heart of global health priorities. It connects oral health with poverty, education, ageing, commercial influence, sustainability and equity.

Achieving universal health coverage and healthy ageing is impossible without addressing oral health. For the Straumann Group, its Foundation, the dental professional community and partners worldwide, the report provides a shared roadmap and a renewed sense of urgency for collective action.

Acknowledgement

World Health Organization. *Global oral health status report: towards universal health coverage for oral health by 2030*. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. Available from: <https://www.who.int/health-topics/oral-health>

Abbreviations

AI – Artificial intelligence

NCDs – Noncommunicable diseases

SGF – Straumann Group Foundation

UHC – Universal health coverage

US\$ – United States dollars

WHO – World Health Organization