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F.No. T-20018/38/2017-NCD
Directorate General of Health Services
Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi
Dated 22nd February, 2021

Subject:- Circulation of Draft National Oral Health Policy for public comments through MoHFW Website.

With the aim to provide a framework for prevention of oral diseases and promotion of oral health, a draft National Oral Health Policy is proposed by National Oral Health Program Division of Ministry of Health and Family Welfare. The same is being circulated for the public comments through this MoHFW website.

The public comments on the draft National Oral Health Policy are invited and may be sent to the following:-

1. Name of the concerned official:- Dr. L. Swasticharan
2. Email Id:- **nohpindia@gmail.com**
3. Phone no.- 011-23063537
4. Deadline for receiving comments:- 25th March 2021.

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DRAFT NATIONAL ORAL HEALTH POLICY

(An extension of the National Health Policy 2017)

NATIONAL ORAL HEALTH PROGRAMME

MINISTRY OF HEALTH and FAMILY WELFARE,
GOVT. OFINDIA

FOREWORD

It is an honor for me to write the foreword for the new oral health policy in India. The aim of the oral health policy is to provide a framework for prevention of oral diseases and promotion of health by supporting policies and programs that make a difference to our health. The policy recognizes that oral health should be treated like any other serious health issue in the country.

It emphasizes the importance of equity, integration, community participation, gender, prevention and promotion, and research as major tools to be used in addressing the oral disease burden in India. The oral health policy outlines objectives and suggests strategies to be followed and will therefore improve the effectiveness and efficiency of delivery of oral health care by adopting safe and effective disease preventive measures. The policy also addresses the inequalities and disparities that affect those with the least resources to achieve optimal oral health. However, the success of this policy will require the active involvement of the public and private sector as well as the community.

This policy has marked yet another milestone in the Ministry's determination and commitment to improve the health status of its citizens. The improved quality of life resulting from enhanced health care will be translated into decreased demand for oral health services and increased productivity in the absence of oral diseases. In conclusion, I wish to express my appreciation to all those who contributed to the development of this policy.

Contents

Key Terms

1. GoI – Government of India
2. MoHFW – Ministry of Health and Family Welfare
3. NOHP – National Oral Health Programme
4. NHP – National Health Policy
5. NHM – National Health Mission
6. RBSK – Rashtriya Bal Swasthya Karyakram
7. NPCDCS – National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke
8. AYUSH – Ayurveda, Yoga and Naturopathy, Unani, Sidhha and Homeopathy
9. IVRS – Interactive Voice Response System
10. IEC – Information Education Communication
11. BCC – Behaviour Change Communication
12. PRI – Panchayati Raj Institutions
13. DORA- Dental Operating Room Assistants
14. YLD – Years Lost to Disability
15. CRFA – Common Risk Factor Approach
16. NCD – Non Communicable Diseases
17. HWC – Health & Wellness Center
18. DCI – Dental Council of India
19. ESIC – Employees' State Insurance Corporation
20. BDS – Bachelor of Dental Surgery
21. MDS – Master of Dental Surgery
22. CGHS – Central Government Health Scheme
23. IPHS – Indian Public Health Standards
24. CRM – Common Review Mission
25. NHA – National Health Accounts
26. RSBY – Rashtriya Swasthya Bima Yojana
27. PM-JAY – Pradhan Mantri Jan Arogya Yojana

28. OHRQoL – Oral Health Related Quality of Life
29. GDP – Gross Domestic Product
30. DH – District Hospital
31. SDH – Sub District Hospital
32. CHC – Community Health Center
33. PHC – Primary Health Center
34. SHC – Sub Health Center
35. NTCP – National Tobacco Control Programme
36. NPHCE – National Programme for Health Care of Elderly
37. NPPCF – National Programme for Prevention and Control of Fluorosis
38. RKSK – Rashtriya Kishor Swasthya Karyakram
39. NACO – National AIDS Control Organization
40. RMNCH+A – Reproductive, Maternal, Newborn, Child and Adolescent Health
41. CSR – Corporate Social Responsibility
42. SSR – Scientific Social Responsibility
43. SHG – Self Help Group
44. CDE – Continuing Dental Education
45. NaRRIDS – National Referral and Research Institute for higher Dental Studies
46. DST – Department of Science and Technology
47. DBT – Department of Biotechnology
48. ICMR – Indian Council of Medical Research
49. CSIR – Council of Scientific and Industrial Research
50. HMIS – Health Management Information System
51. IIT – Indian Institute of Technology
52. NFHS – National Family Health Survey
53. IDA - Indian Dental Association
54. NHSRC- National Health System Resource Centre

Definitions

HEALTH is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[1]

HEALTH PROMOTION is the process of enabling people to increase control over, and to improve their health.[2]

ORAL HEALTH is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow, and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.[3]

DENTISTRY involves the science, practice and research directed to —

i) Facilitating healthy development of dentition, jaws and dento facial structures.

ii) Prevention of oral diseases and promotion of oral health.

iii) Diagnose and use of diagnostic tests, investigations and procedure to decide the normal and abnormal state (diseases) of teeth, gums, jaws and related tissues necessary for the functions of the oral cavity.

iv) Perform procedures for the optimization of dental and oral health. These procedures may include restoration, rehabilitation, surgery or a combination thereof to restore the functions, structures (anatomy) and aesthetics of the stomatognathic system, the masticatory apparatus.

v) Awareness and working knowledge of the effects of systemic health on dentition and oral cavity, and vice c versa to perform the duties of an active member of the health care team including basic life support.

vi) Actions required to promote good systemic health through diagnosis and necessary interventions related to oral health conditions.

vii) Awareness of oral health related issues of the society/nation and facilitate implementation of updated policies of State/Government bodies in this regard.

DENTAL TEAM comprises a mix of dental surgeons and appropriate allied dental personnel, which must at all times be headed by a dental surgeon who will be responsible for the diagnosis,

treatment planning, delivery of dental services and continued evaluation of the oral health of the patient. The dental surgeon supports, directs and supervises the members of the dental team.[5]

DENTAL SURGEON is an appropriately qualified dental practitioner, registered to practice all fields related to dentistry.[4]

DENTAL HYGIENIST means a person not being a dentist or a medical practitioner, (included but not limited to) scales, cleans or polishes teeth, or gives instruction in dental hygiene.[4]

DENTAL MECHANIC/ DENTAL TECHNICIAN means a person qualified to (included but not limited to) perform laboratory work required for the prosthetic rehabilitation of dental and maxillofacial structures, and orthodontic appliances.

DENTAL OPERATING ROOM ASSISTANT / Dentist Assistant -is a person, not being a Dentist or Medical Practitioner; assists the Dental Surgeon in (included but not limited to) sterilizing and at the chair side by supplying instruments, handling various dental materials and medicines as required by the Dental Surgeon.[5]

DENTAL CARIES (tooth decay) results when microbial biofilm (plaque) formed on the tooth surface converts the free sugars contained in foods and drinks into acids that dissolve tooth enamel and dentine over time. With continued high intake of free sugars, inadequate exposure to fluoride and without regular microbial biofilm removable, tooth structures are destroyed, resulting in development of cavities and pain, impacts on oral-health-related quality of life, and, in the advanced stage, tooth loss and systemic infection.[6]

PERIODONTAL (gum) DISEASE affects the tissues that both surround and support the tooth. This often presents as bleeding or swollen gums (gingivitis), pain and sometimes as bad breath. In its more severe form, loss of gum attachment to the tooth and supporting bone causes “pockets” and loosening of teeth(periodontitis).[6]

TOOTH LOSS Dental caries and periodontal diseases are major causes of tooth loss. Severe tooth loss and edentulism (no natural teeth remaining) are widespread and particularly seen among older people.[6]

ORAL CANCER includes cancers of lip and all subsides of the oral cavity, and oropharynx.[6]

ORO-DENTAL TRAUMA is an impact injury to the teeth and/or other hard or soft tissues within and around the mouth and oral cavity.[6]

DENTAL FLUOROSIS is a hypo-mineralization of tooth enamel caused by the ingestion of excessive fluoride by young children with developing teeth.[7]

MALOCCLUSION Irregularity in dental occlusion beyond the accepted range of normal level is considered as a malocclusion.[8]

TEMPOROMANDIBULAR JOINT AND MUSCLE DISORDERS are a group of conditions that cause pain and dysfunction in the jaw joint and the muscles that control jaw movement.[9]

Preamble

The National Oral Health Policy considers the “citizen of India” at the core of oral health promotion, oral disease prevention, oral health care delivery systems strengthening and the integration of oral health with general health. It takes into consideration the present burden of oral diseases, appropriate oral health awareness of the community, disparities in availability of affordable oral health care services, accessibility to oral hygiene aids and improvement in oral health related quality of life of the individual and the community.

The policy as a framework is relevant to national and state level policymakers, health resource planners, researchers, academicians, service providers and service seekers across the country. It provides a vision for the future goals and objectives to achieve in the short and long terms and outlines the priorities to achieve universal health coverage in the context of oral Health The policy emphasizes the need for quality oral health research and education. It looks to public health institutions and centers of eminence as a partner for building the capacity of the oral healthcare delivery system.

Policy development and implementation is a dynamic process and the success of this policy will be contingent on its communication to and involvement of all stakeholders. This policy outlines priorities and the expected role of stakeholders. Concurrent monitoring and evaluation for its effectiveness and filling of gaps, if any, will be the pillars for its successful implementation.

Executive Summary

Introduction

Optimum oral health is a key aspect of maintaining general health and enjoying a decent quality of life. Altered oral health results in pain, suffering, disability, loss of productivity and low self-esteem.[10] Oral diseases are one of the leading contributors to disability in India and affect individuals of all age groups irrespective of any socioeconomic factors.[11] Access to quality oral healthcare services are limited and mostly restricted to urban areas.

With the launch of National Rural Health Mission in 2006 and National Health Mission in 2012 the access to dental services has improved due to the support given to the states. However, such provisions for improving oral health services have mostly been utilized in a limited way by some states only leading to overall lack of assured oral health care services both in rural and urban areas. Various studies have clearly identified that gap in perceiving the problems due to various oral health conditions by the population exist largely because of lack in awareness. This shows the lack of demand for oral health services in the population. In a nutshell, gaps are there both in demand and supply. Hence, the Government of India is coming out with this Oral Health Policy for improving entire spectrum of oral health from planning to implementation.

National Oral Health Policy has therefore been brought out enhancing an enabling environment to all the professionals and institutes who are contributing positively in rendering good quality oral health care for the public.

The policy clearly indicates the positive intent of the Government in improving and uplifting oral health care services with cost effective and wider access for all particularly those priority populations. It is hoped that under the ambit of the policy, states will be able to leverage the benefit in planning and implementation of various oral health care programs. These efforts will lead to improve the oral health indicators among the population of the country.

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2. Situational Analysis

2.1 Burden of Oral Diseases:

Oral diseases and conditions such as dental caries, periodontal diseases, malocclusion, oro-facial anomalies, dental fluorosis, loss of teeth, temporo-mandibular joint disorders, oro -facial trauma and oral cancers have the dubious distinction of affecting more than half of the population globally i.e., nearly 3.5 billion people[12] Oral diseases and anomalies can manifest themselves as early as at the time of birth. Severe periodontal diseases, estimated to affect nearly 10% of the global population.[6]

The global oral health profile has changed considerably in the past few decades. While many countries have shown improvement in various oral health indicators, the same does not hold true for India. As per multi-centric oral health survey conducted by Ministry of Health -WHO India collaborative bi annum program 2007-08, the prevalence of dental caries among the 12-year- old's ranged between 23.0 % to 71.5 % and adults aged 35-45 years was between 48.1% to 86.4%. However, the elderly in 65-74 years had dental caries in the range of 51.6 % to 95.1 %. Similarly, periodontal diseases among adults & elderly were in the range of 15.32 % to 77.9 % & 19.9% to 96.1%.[13] The prevalence of untreated dental caries in children below six years was found to be 49.6 % in India as per the systematic review published in year 2018.[14] If this percentage is extrapolated to below six years, then the children with untreated dental caries are approximately 10 crores.

2.2 Social Determinants of Oral Health:

Oral diseases are associated with an array of socio-economic and environmental factors including income, literacy, hygiene, sanitation, housing, and safe drinking water. Health literacy, specifically oral health literacy has a definite social gradient. Lack of awareness of preventive and promotive oral health (like mouth rinsing and tooth brushing) and the association of oral health with socio-economic factors result in a significant unfelt need for oral health services.[15]

Risk factors:

Risk factors for oral diseases include poor oral hygiene, tobacco use, unhealthy cariogenic diet, stress, and harmful use of alcohol. Many of these risk factors are in common for major Non-Communicable Diseases (NCDs) as well. Targeting these risk factors through the Common Risk Factor Approach can therefore help prevent oral diseases and other Non-Communicable Diseases.[15]

2.3 Human Resources for Oral Health:

Human resources for oral health include specialty dental surgeons, dental surgeons, dental hygienists, dental operating room assistants / dental assistant and dental mechanics, all of whom comprise a dental team. The demand for human resources for health (including oral health) is estimated to go up with the establishment of Health & Wellness Centers under Ayushman Bharat. As per data from the Dental Council of India, there are 2.78 Lakh registered dental surgeons across the country as of August2020.[4]

The dental education infrastructure has expanded rapidly. There are 313 dental colleges offering Bachelor of Dental Surgery (BDS) while 268 offer Master of Dental Surgery (MDS) courses. 26,949 students were admitted for the Bachelors program and 6501 students were admitted for the Master's program in 2020-21. However, only 110 dental colleges in the country offer Diploma course in Dental Hygienists and Dental Mechanics.[4]

2.4 Oral Healthcare service delivery system:

The majority of the oral health care services in the country are rendered through the private sector. Oral health service delivery in the public sector is augmented by other organized sectors like Central Government Health Scheme, Employees' State Insurance Corporation, Indian Railways, Para Military and Armed Forces.

The current Indian Public Health Standard norms make provision for oral health services at levels of District Hospital, Sub District Hospital and Community Health Center.[17] However, the National Oral Health Program and the new norms accepted by NHSRC of Govt. of India also extends dental health care through primary health centres and health & wellness centers being established around the country. [18]

2.5 Economic Impact of Oral Health Services:

Oral diseases contribute to direct and indirect economic burden on the country by expenditure towards cost of treatment and loss of man hours.

From the Current Health Expenditures, Union Government share is Rs. 46896 crores (8.7%) and the State Government's share Rs. 84953 crores (15.8%). Local bodies' share is Rs. 4339 crores (0.8%), Households share (including insurance contributions) about Rs. 367373 crores (68.1%, OOPE being 63.2%), enterprises (including insurance contributions) is Rs. 24512 crores (4.5%) and NGOs is Rs. 7837 crores (1.5%).[18] External/donor funding contributes to about Rs. 3462 crores (0.6%). Contribution by Current Dental outpatient curative care Expenditures is Rs. 392.44 crores (0.07% of total health expenditures) according to National Health Accounts Estimates for India 2016-17. [19]

The majority of the total expenditure was incurred more in the offices of general medical practitioners than in Government hospitals.[20]Existing private health insurance organizations provide very limited coverage for inpatient, trauma related oral health services, though there is scope for expanding the range of coverage by adding top up packages for additional premium. Public sector insurances like Rashtriya Swasthya Bima Yojna (RSBY), Central Government Health Scheme and Employees' State Insurance also provide coverage for a limited number of oral health procedures. Pradhan Mantri Jan Arogya Yojana (PM-JAY) holds promise to further increase the percentage of population covered by public insurance for health care. The policy will also aim to promote oral health economic research in at national and regional levels since information in this area is incomplete and often disaggregated.[21]

3. Values and Principles

3.1 Professionalism, Integrity and Ethics

The oral health policy commits itself to maintaining the highest professional standards, integrity and ethics in oral health service delivery and training of dental professionals of all categories. It facilitates a transparent and responsible regulatory environment in the public and private oral health care delivery system of the country.

3.2 Universality and Equity

The policy envisages providing quality oral health care services to the population of the country irrespective of socioeconomic status, gender, geography, disability or any other barrier. It channelizes the available resources under the ambit of the National Health Policy for the protection of the poor, vulnerable and marginalized who suffer the greatest burden of dental and oral diseases.

3.3 Affordable, Patient centered, Accessible, Quality care

The policy commits to provide affordable, safe and quality oral health care services at all health facilities. It commits itself to abide by the latest Indian Public Health Standards for provision of primary and secondary oral health services. It encompasses access to the highest quality tertiary oral health services in the country.

3.4 Inclusive partnerships

This policy adopts intra-sectoral and inter-sectoral approaches with the existing organized systems of service delivery including but not limited to schools and educational institutions, community leaders, professional academia/ academic institutions, research organizations, not for profit organizations, relevant ministries, armed and paramilitary forces, Employees' State Insurance, Central Government Health Scheme and railways and health care industry.

3.5 Dynamism and Adaptiveness

The knowledge base in oral health care is ever dynamic in nature with evidence-based learning from communities and national and international partners coming forth every day. This policy aims to adapt to the dynamic nature of oral health care technology and services.

3.6 Decentralization and flexibility

Oral Health care needs are dynamic and there will be considerable variations in needs at different geographical regions, requiring decentralization of regional strategies and flexibility in approach to achieve oral health. The policy will facilitated centralization and flexibility by promoting creation of regional strategies to achieve outcomes in alignment with national oral health policy.

3.7 Evidence-based policy development and implementation

Research and evidence that can drive policy changes are lacking. The policy will promote identification of knowledge gaps to drive research in those areas to bridge the gap to drive policy changes in future.

3.8 Community Participation

Community participation in the form of increased oral health awareness and promoting oral health seeking behavior will increase demand for dental services at all levels of healthcare delivery systems. This policy will promote community participation in driving supply, uptake and utilization of dental services at all levels.[21-24]

4. Vision

All the people of India enjoy the highest possible level of dental and oro-facial health, through promotive, preventive, curative and rehabilitative services with the highest professional standards, integrity, safety, equity and ethics.

5. Objectives and Targets

5.1 Objectives

1. To strengthen oral healthcare delivery system at all levels to render promotive, preventive, curative and rehabilitative services.

2. To promote support for generating evidences, innovations, and implementation of oral health policy to control and reduce the risk factors and prevent oral diseases.

3. To encourage policy driven research, education, implementation and monitoring.

4. To build the capacity of service providers and also public health facilities for availability of skilled oral health care professionals and provision of essential oral health care services.

5. To ensure integration of oral health in all policies in multi- sectional domains including national programs under Health, Education, Work and community related policies.

6. To identify the Centers of excellence at National, Regional and State levels for generating research innovations and evidences to strengthen oral health program in the country

7. To support Centers of excellence in various activities including capacity building of service providers in the states.

8. To ensure regular monitoring and periodic evaluation of oral health program for improving the implementation and outcome envisaged under NOHP.

9. To delineate roles and responsibilities at each level (national, state and regional levels) and develop achievable targets with defined oral health outcome measures at each level

5.2 Specific Quantitative Targets

The policy's target is to develop robust and evidence-based outcome measures which will be defined to be collected at various levels of health care delivery systems which will form part of National Oral Health Strategic Plan document, which will be frequently reviewed and updated.

5.2.1 Oral Health Status

1. Establish baseline data for oral disease burden of the country by2025.
2. Reduce the morbidity and mortality from dental and oro-facial diseases by 15% by2030

5.2.2 Health System Performance

1. Increase utilization of public oral health facilities by at least 50% per district by2030.
2. Increase the coverage of community based awareness programs and procedures for oral health through health care facilities by 50% by 2025; and 70% by2030

5.2.3 Oral Health System strengthening

Make available assured and appropriate preventive and promotive oral health services at each health & wellness center and primary health center by 2025 and in addition, make available assured curative oral health services at each Primary Health Center by 2030.

5.2.4 Oral Health Management Information

a. Ensure district-level electronic database of information on health system components by2025.

b. Establish integrated oral health information architecture & exchanges between district & primary health centers by2030.

6. Policy Components

6.1 Ensure Adequate Investment

The National Health Policy, 2017 has proposed to raise public health expenditure to 2.5% of the Gross Domestic Product in a time bound manner. In line with the National Health Policy 2017, this policy looks to increase funding towards strengthening and broadening the scope of oral health care in the country. This policy acknowledges alternative sources of fund mobilization and will encourage the states to explore and utilize these sources.

6.2 Comprehensive Oral Health Care (Promotive, Preventive, Curative and Rehabilitative)

This oral health policy focuses on comprehensive oral health care with greater emphasis on promotive and preventive measures like promoting healthy eating habits, preventive care and oral health education in pregnant women, preventing tobacco/alcohol abuse, Information Education Communication/Behavior Change Communication, oral health screening programs, tooth-brushing activities in school, professional dental cleaning, fluoride varnish application and pit and fissure sealant programs. This policy aims to make available assured and equitable quality oral health.

6.3 Accessible and Affordable Oral Healthcare:

This policy proposes to raise adequate infrastructure in the three tier health care delivery system of the country with a special focus on rural, hard to reach and tribal areas to improve access to accountable, primary oral health care services in line with the universal health coverage philosophy. The health care facilities should be able to provide oral health services to all. Further, it recognizes the need to use newer, user-friendly technology to increase accessibility to information and services. This policy will aim to define roles and responsibilities of systems at national and regional levels for achieving oral health and to decentralize development of integrated local or regional oral health policy in alignment with National Oral Health Policy.

6.4 Quality of Life:

The policy strives to establish an oral health-promoting environment conducive to lead a quality life. It commits to provide appropriate preventive and promotive measures pertaining to oral diseases; to improve Oral Health Related Quality of Life for all age groups, with a special focus on priority populations.

6.5 Integration

This policy envisages integration as an efficient strategy for higher gains in the following areas:

6.5.1 Relevant National Health Programs

The policy intends to work with other national health programs which have many overlapping goals. Synergistic integration with these programs will yield greater mutual benefit.

6.5.2 Inter-Ministerial Collaborations

Oral health determinants being inter-sectoral, the policy supports collaborations with relevant programs of various Ministries for a combined effect on policy implementation and outcomes. The policy will also emphasize oral health promotion among the target groups of the society or population with special health care needs including children, adolescents, expectant mothers, geriatric, poor & marginalized population with a focus on road safety, oral health friendly workplace, protective gears for sports and other sectors

6.5.3 Educational Institutions

The policy looks to strengthen dental and/or medical and public health colleges in the country to act as nodal centers for capacity building, monitoring and evaluation. It also will facilitate coordination between the State Oral Health Cell and the Dental and/or Medical Colleges for the purpose of knowledge sharing, operational research and act as tertiary referral centers.

6.6 Community involvement

The policy promotes involvement of community leaders, Panchayati Raj Institutions, Self Help Groups and civil society to empower communities to take informed decisions, facilitate need based planning, implement, monitor, and evaluate oral health related activities in the local context.

6.7 Partnership

Wherever Government oral healthcare services are not adequately available, this policy recognizes the need for strategic purchasing of services from the private sector, preferably from not-for-profit organizations, for an efficient oral health care delivery and to strengthen preventive and promotive oral health activities. The policy aims to utilize the existing organized oral healthcare delivery systems including Central Government Health Services, armed forces, paramilitary forces,

railways and Employees' State Insurance, National Professional organizations like IDA which has a large network of members through its State Branches (38 Branches) as well as over 645 local branches. Mobilizing expert human resources and leveraging on Corporate Social Responsibility/Scientific Social Responsibility may also be explored. To encourage participation of private sector, this policy advocates financial and / or non-financial incentives, devoid of conflict of interest.

6.8 Common Risk Factor Approach(CRFA)

This policy recommends making consorted efforts aligning with other non-communicable disease control policies by using Common Risk Factor Approach as a major strategy. It will avoid duplication of efforts and address socio political factors like oro-facial trauma, tobacco, alcohol, sugar consumption and unhealthy eating habits, to reduce the burden of oro- facial trauma, dental caries, oral cancer and periodontal diseases along with other Non-Communicable Diseases.

6.9 Information Education Communication/ Behavior Change Communication

The policy supports targeted population-based approaches to augment mass awareness on dental and oral diseases, prevention and healthy practices using available contemporary modalities in local/ regional context, with special emphasis on high risk and vulnerable populations. There is an urgent need to develop effective and core oral health messages which can be used consistently over the course of an advocacy campaign or effort. These messages should be aspirational and connect advocacy goals with the hopes and values of the people. There is a need to address myths and taboos in the country pertaining to oral health that arise from some cultural or regional beliefs.

6.10 Patient centered quality of care

This policy recognizes the need for public and private health facilities rendering oral health care services to cater patient friendly, need based, and evidence based, quality care, acceptable to the patient, considering cultural and social factors. It supports the system of oral health care delivery through well-established and documented processes that are replicable across the States.

6.11 Health System Strengthening

The policy proposes placing trained oral health care personnel at all levels of health care delivery and support systems of the country. It supports the development of defined and assured career progression paths by establishing hierarchy and creation of oral health directorate in each state. The policy also supports knowledge enhancement of oral health professionals by Continuing Education. This policy looks to maximize resources, including those supported by the National Oral Health Program, to strengthen the oral health infrastructure of the country. This policy also advocates opening of oral healthcare units in other organizations and departments not covered under Ministry of Health. The oral healthcare units/wing in the existing Medical Colleges will also be strengthened to cater to the oral health needs of the population.

6.12 Oral Health Research

The policy commits to encourage research in Oral Health and Dental sciences. The areas of research may include fundamental dental research, epidemiological, operational and implementation research of national importance. It supports the establishment of Centers of Oral Health Research across India. It plans to utilize platforms like the National Referral and Research Institute for higher Dental Studies, National Resource Centers under the National Oral Health Program, Statistics division of the Ministry of Health and Family Welfare, Department of Science and Technology, Department of Biotechnology, Indian Council of Medical Research and Council of Scientific and Industrial Research to facilitate oral health research and surveys. Collaboration with National/ International Research Organizations/Institutes may be encouraged wherever feasible. The policy also has a provision for strengthening of dental education and research at all levels with promotion of partnership of academia with industries and other institutes of national/regional importance like IIT, IISc, Regional Technical Institutes to increase research and innovation in dental materials, equipment and materials so as to strengthen “make in India movement” and cater to “Atma Nirbhar Bharat” to promote self-reliance and reduce costs. The policy will facilitate strengthening interdisciplinary care for various oro-facial anomalies like cleft lip and palate with active and early involvement of dental specialists in multi-disciplinary care to reduce the disease burden. It also emphasizes need of local innovations, adaptations and manufacturing of dental equipment, instruments and consumables in India through concerted efforts under various Govt. programs and schemes. There is a need to create a research knowledge repository to prevent duplication of research and utilization of existing knowledge for enhancing the science of dentistry. There is need to create trained workforce for oral health research and to fund, promote and strengthen health research capacity for development and implementation of cost-effective preventive strategies in oral health.

6.13 Accountability, Monitoring andEvaluation

This policy supports the development of standardized protocols and establishment of a valid and reliable interdisciplinary oral health surveillance system. This will generate data pertaining to all components of the oral health care delivery system. It also recommends the use of performance indicators to assess output and outcomes of the system. It looks to establishing a central site for aggregating survey results and developing a robust Health Management Information System.

6.14 Dental Education

The policy is committed to reform dental education by stressing upon competence of dental graduates, specialists and para-dental staff produced in the country. It envisages uniform system of education, training and assessment throughout the country. There is a need to reform the teaching learning method and examination system in line with changing needs and global trends. Also, the policy will stress on global health, inter-professional education, technical and nontechnical skill building and capacity building for dental educators/teachers and researchers; and to create more post-doctoral training courses for dentists and dental specialists to increase trained manpower. In addition to this the policy aims to strengthen the quality of higher education in all specialties of dentistry with focus on overall health promotion and promote teaching, research and innovation at all levels of dental education.

6.15 Advocacy

Advocacy at all levels of governance is required for increased political and financial commitment for oral health. Persistent efforts based on available evidences and best practices should be made for recognition of oral health in health policy and its integration with related programs.

6.16 Availability of Affordable Oral Hygiene Products, Dental Equipment, Instruments and Materials

The policy promotes availability of quality assured oral health products for the Indian population at affordable costs. Local manufacturing and frugal innovations may be encouraged as a means of controlling cost of care and strengthening of supply chain mechanism to ensure dental consumables of good quality reach the dental services at all levels especially those at lower levels (frontline). It plans to have the existing Government of India regulatory bodies to regulate production of dental equipment, instruments and materials. Availability of fluoridated toothpaste, various oral hygiene aids and commonly prescribed drugs

for dental use at lower costs, for commercial use in market or at subsidized rates by the government or by reducing the taxation at these items would lead to increase in utilization of these products.

7. Regulatory framework

7.1 Professional Education Regulation

The policy is committed to regulate and monitor dental education through a robust system through appropriate body of Govt. of India.

7.2 Regulation of Dental Clinical Establishments

This policy supports the guidelines as proposed under the Clinical Establishments Act2010 for delivering quality oral health care services in all dental establishments through standard operating procedures. The policy will advocate facilitation of dental clinic establishment particularly in rural and under-served areas. The policy supports compliance of Standard treatment Guidelines by the Dental Clinical Establishments as may be issued by Central or State Government from time to time.

7.3 Regulation of Dental equipment, Instruments and Materials

There is a need to have strict monitoring of the quality and costing of dental equipment, instruments and materials available in the country. The National Oral Health policy recommends supporting and strengthening all existing and future regulations related to medical/ dental devices and dental materials. The policy shall also support the regulatory framework for Post market surveillance / materio-vigilance program of Government of India.

7.4 Regulation of Commercial determinants of Oral Health Research, Policy and Practice

The policy is committed to identification of social and commercial determinants of common risk factors of oral health shared with a range of other non-communicable diseases (NCDs). It aims to create a coherent and comprehensive regulation and legislation framework to regulate the commercial determinants to tackle these shared risk factors. The policy will promote transparency at all levels and in all procedures to limit and clarify the influence of the commercial determinants on oral health research, policy and practice.[23,24]

8. Policy Thrust

- Increasing investment in Oral Health Promotion and Service Provisions by strengthening of oral health Infrastructure at Health and Wellness Centre
- Strengthening the public health care system by making states and their trained hierarchical inter-professional human resources for the public oral healthcare.
- Increased monitoring, safety, equity, accessibility, accountability and quality assurance of dental healthcare service provision
- Robust surveillance in oral health following top down approach.
- Maximum co-existence of oral healthcare along with contemporary general health care programs with a strong concept of including oral health in all policies.
- Commitment towards at par level of dental education and dental service.
- Promoting meaningful policy driven and interdisciplinary dental research with adequate fund allocation for research in oral health domains.[24]

9. Policy review and development

The policy also recommends development of a robust framework for policy evaluation, implementation, monitoring and impact assessment which is reviewed periodically as per changing needs. Detailed outcome measures, monitoring and evaluation framework will be part of the National Oral Health Strategic Plan that will be updated time to time. The monitoring and evaluation framework must be more detailed in line with the outcome measures with defined timeline for data collection and strengthening of reporting including creating data-reporting, data validation and analysis.

10. Legal Aspects

This policy is based on the same core principles of National Health Policy 2017 and abides by the same legal framework as NHP 2017.

11. Financial Implications

The policy document will be a guiding principle to streamline the allocation and disbursement of funds for improvement of oral health care infrastructure, uniform horizontal service delivery and quality of care. It will frame mechanisms for monitoring the proportionate funding for oral health through National Health Accounts. Strengthening of existing data sources under National Health Accounts to capture more detailed information on expenditure on dental care, long term care and rehabilitative care in Government/Private sector.

12. Stakeholders

This policy aims to include the general public, all policy makers, public and private sector dental professionals, medical professionals, allied health professionals, relevant ministries, professional councils, manufacturers of dental devices and products, not for profit organizations and corporate sectors for implementing the strategies laid down in the document.

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