

# Dr Tin Chun Wong

## FDI President

Meeting of the European Regional  
Organization (ERO)

Tbilisi (Georgia)

25 April 2015



# Finances

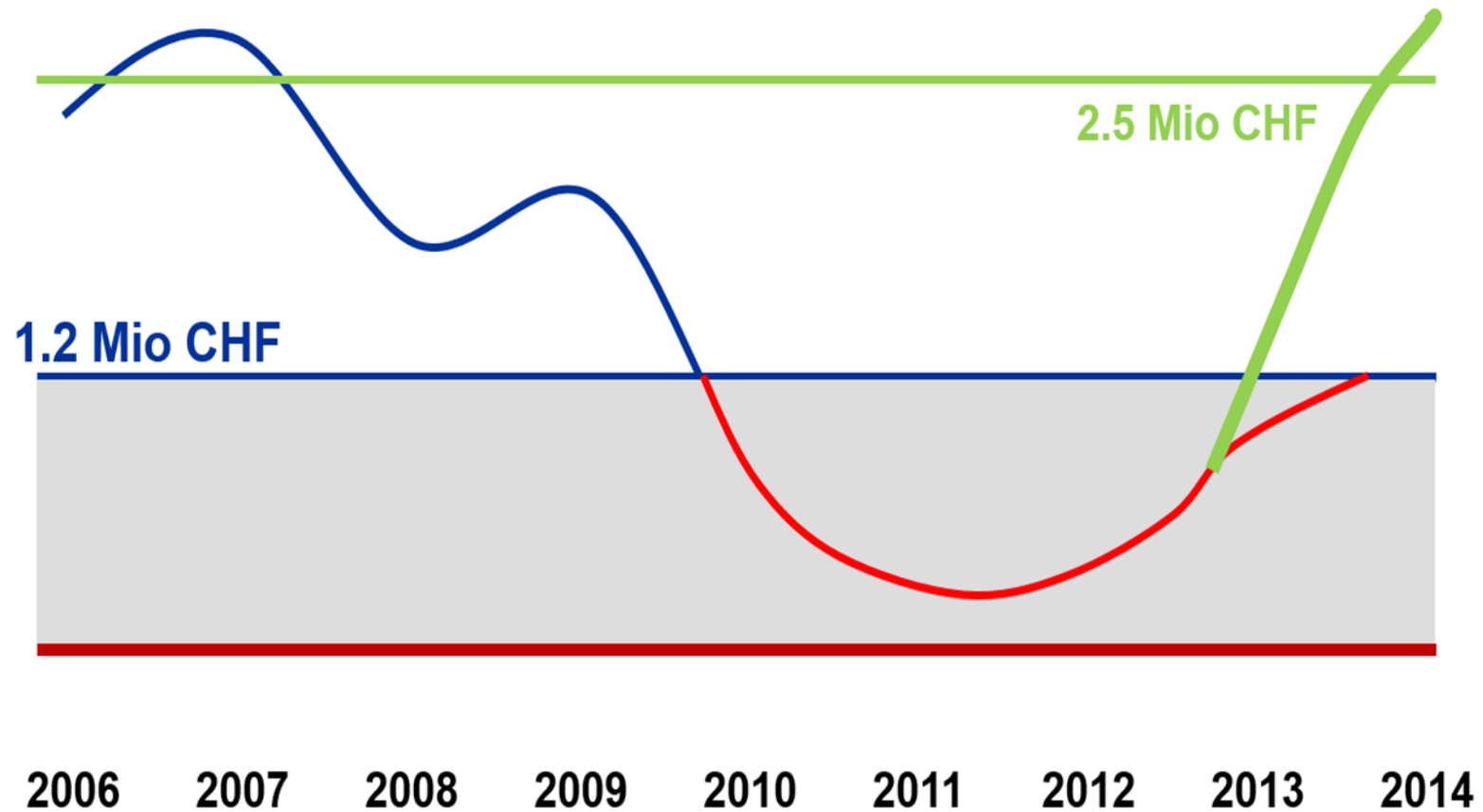
## Main focus since 2011

- New budget structure implemented in 2012
- Restructuration and cost cutting measures 2012-2014
- External audit report 2013 based on RPC-21 standards
- Internal Audit Task Team 2013 & 2014 (Germany & Japan)

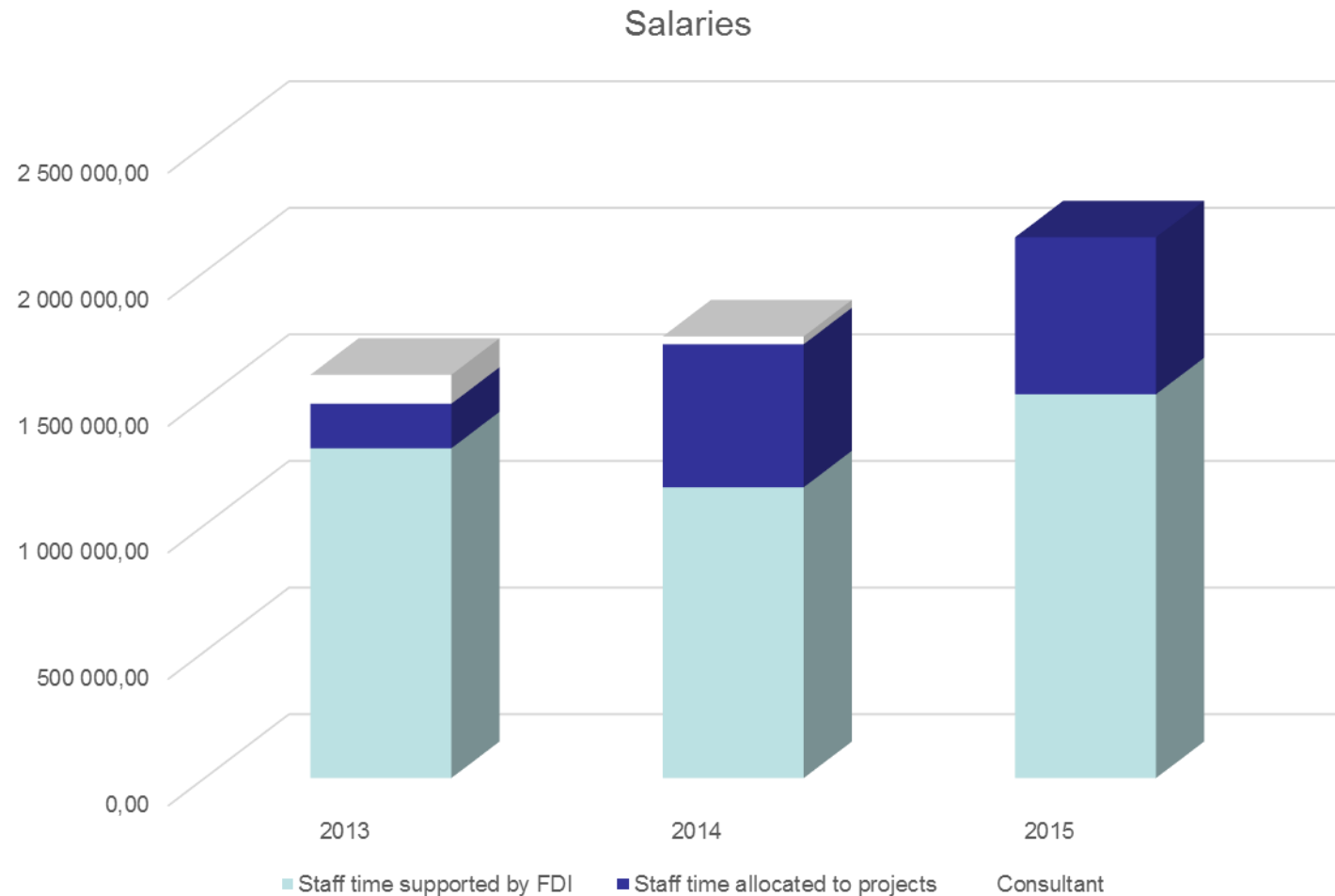
# Finances

- 2014 accounts closed and external audit report received, approved by Council
- 2014 surplus: KCHF 1,100
- Unrestricted funds now at CHF 2.8M
- Restricted and unrestricted funds now at CHF 3.5M

# Reserves (unrestricted) 2.8 Mio CHF



# New staff hired on projects



# Finances

## 2015 budget priorities

- Restore financial reserves above 2.5 M CHF policy
- Restore in priority support to committees and volunteers (Mid-year meeting, projects, etc)
- Move from austerity to conservative approach for travel, governance costs and overheads
- Since budget was adopted, KCHF 520 additional income from partnerships

# Partnerships

New partnerships signed end 2014 (were not included in the 2015 budget)

- Colgate, Ivoclar Vivadent, GC Corp
- WOHD: Wrigley as a full partner
- Vision 2020: Morita

# Healthy Ageing Task Team

- Partnership with JDA and GC Corp
- Build on the Tokyo 2015 conference
- Events in Lucern (Switzerland) and dissemination activities

会場 東京国際フォーラム  
会期 2015年3月13日(金)~15日(日)

事前参加登録期間  
2014年10月1日~12月1日



WORLD CONGRESS 2015  
Dental care and oral health for healthy longevity in an aging society

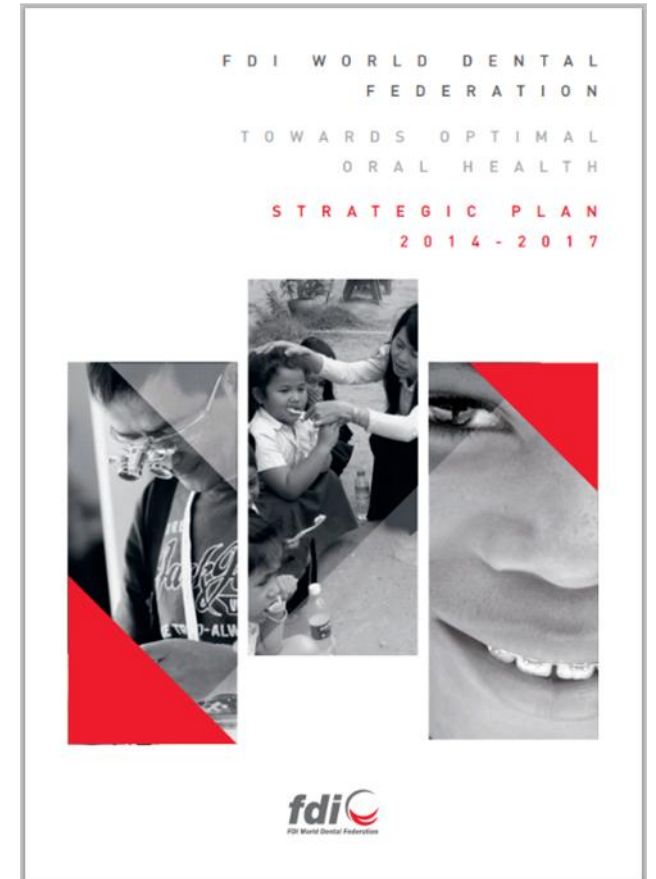
MARCH. 13 → 15  
FRIDAY SUNDAY

大会運営事務局/公益社団法人 日本歯科医師会 事業部 宇崎課・日本歯科医学会事務局 〒102-0073 東京都千代田区九段北4-1-20 TEL: 03-3262-9212 FAX: 03-3262-9885  
事務局/日本コンベンションサービス株式会社 〒100-0013 東京都千代田区豊が美1-4-2 大同生命館が美ビル18階 TEL: 03-3508-1214 FAX: 03-3508-0820 Mail: sekaikaig2015@convention.co.jp



# Strategic Plan 2014-2017

Adopted by General Assembly in 2014



# Strategic Plan 2014-2017

1. Develop programmes and activities to further meet the needs of our members.
2. Communicate FDI's values and messages more effectively. Establish wider and deeper communication and advocacy internally and externally to position FDI as a reliable and valuable source.
3. Develop organizational leadership through competent, performance-based leadership with fair processes.

# Business plan 2015-2017

The Business Plan will help FDI focus on the strategic objectives in the coming year, and maintain a sound and sustainable financial status.

1. 56 action points to achieve the strategic goals,
2. Internal and external risks analysis,
3. Financial forecast 2015-2017

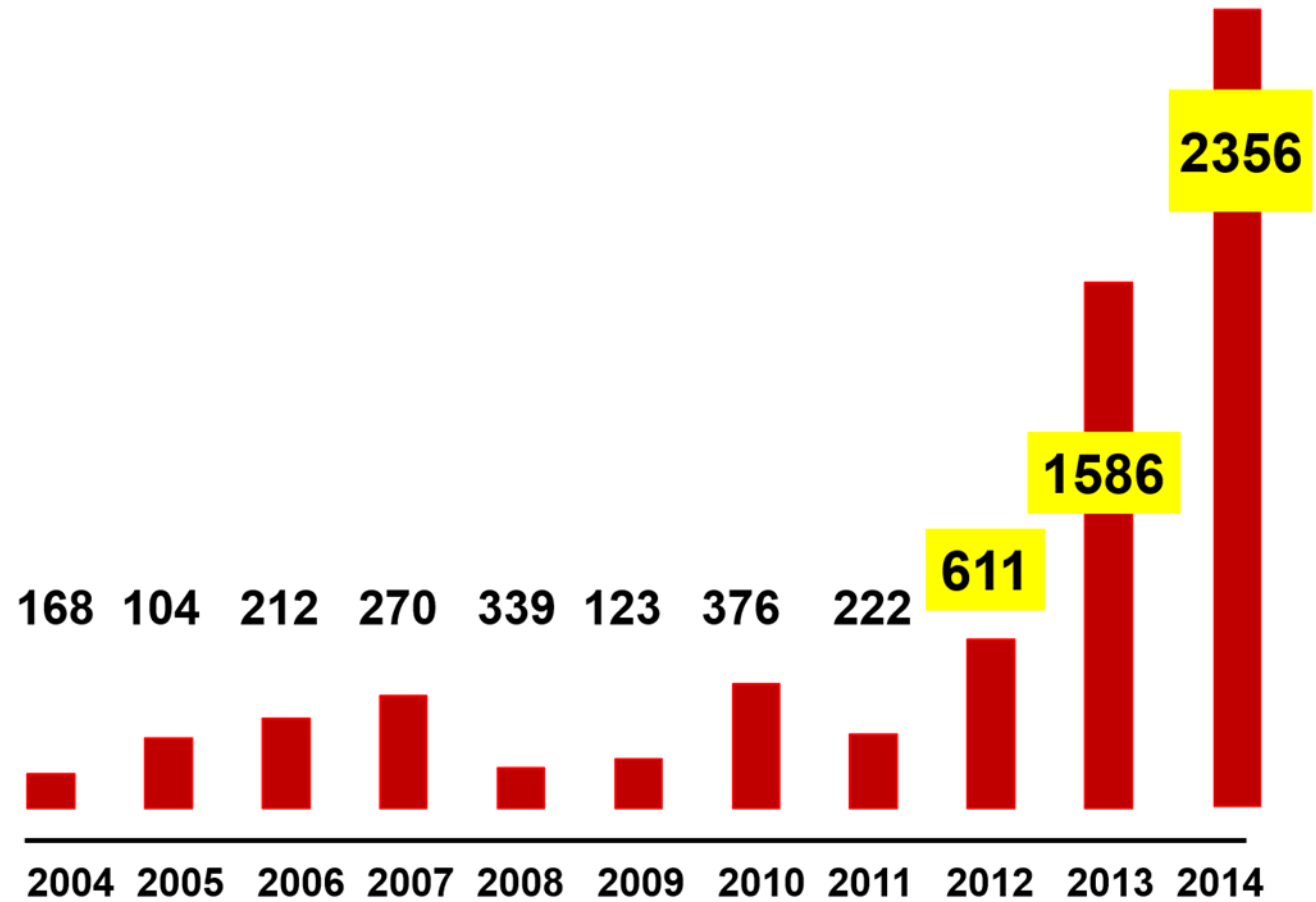


*“The IDJ will publish research papers in three areas: practice-related research, international dental public health, and interprofessional education and practice. Concise reviews will also soon appear in each issue of the IDJ, providing updates for clinicians about topics of clinical relevance, written by experts in the field.”*

# Annual Congress

- Franchise model is a success
- Istanbul 2013: over 1 M Euros profit for TDA
- New Delhi 2014: 19,437 participants
- Bangkok 2015: 85% exhibition sold
- Poznan 2016
- 2017: 4 candidates
- 2018: 3 candidates

# Abstract submissions



# FDI Strategy for Africa



- Leadership training Workshop held in Geneva from 2-7 February 2015;
- 18 countries: Benin, Botswana, Burkina Faso, Congo, Côte d'Ivoire, Egypt, Gabon, Ghana, Mali, Mauritius, Niger, Nigeria, Rwanda, Senegal, Tanzania, Togo, Uganda, and Zimbabwe;



- Featured presentations and break-out session;
- Arranged in two three-day courses, the first for French speaking countries, the second for English-speaking.

# FDI Strategy for Africa

*“This action to support and enhance the leadership skills of national dental associations is a huge step forward for oral health policy, practice and leadership on the African continent. It reaffirms the commitment of FDI Leadership to the implementation and development of FDI’s Strategy for Africa.”*

**Dr Patrick, leader of FDI’s African Strategy**

NAME	COUNTRY	Association	Position
Dr Boipelo P. Mariri	Botswana	Botswana Dental Association	President
Dr Nahawand Thabet	Egypt	Egyptian Dental Syndicate	Board Member
Dr Ernest Bueteye Paapa Puplampu	Ghana	Ghana Dental Association	General Secretary
Dr Mehsouf Fugurally	Mauritius	Mauritius Dental Association	Secretary
Dr Olabode Ijarogbe	Nigeria	Nigerian Dental Association	President
Prof. Adeyemi Oluniyi Olusile	Nigeria	ARO	President
Dr Immaculée Kamanzi	Rwanda	Rwanda Dental Association	President
Dr Ambege Jack Mwakatobe	Tanzania	Tanzania Dental Association	President elect
Dr Lovemore Manachi	Zimbabwe	Zimbabwe Dental Association	Chair of the Education Committee
Dr Gerald Tsoka	Zimbabwe	Zimbabwe Dental Association	NLO
Dr Steven Mugabe	Uganda	Uganda Dental Association	Ex-Officio - Executive Committee
Dr Edward Kalyesubula	Uganda	Uganda Dental Association	President
Dr Marc-Aurele Catraye	Benin	Association des Chirurgiens-Dentistes du Bénin, (A.C.D.B.)	President
Dr Augustin Sawadogo	Burkina Faso	Association des Chirurgiens-Dentistes du Burkina (ACDB)	General Secretary
Dr Alain Diaha	Côte d'Ivoire	Association des Odonto-Stomatologistes de Côte d'Ivoire (A.O.S.C.I.)	President
Dr Jacquie Ndoutoume	Gabon	Association Nationale des Odontostomatologistes du Gabon	President
Dr Ahmed Ba	Mali	Association des Odontostomatologistes du Mali (AOSMA)	President
Dr Amadou Ibrahim	Niger	Association des Chirurgiens Dentistes du Niger (A.C.D.N)	Vice-President
Dr Noel Akonde	Senegal	Association Nationale des Chirurgiens-Dentistes Sénégalais (A.N.C.D.S)	President
Dr Mamadou Wone	Senegal	Association Nationale des Chirurgiens-Dentistes Sénégalais (A.N.C.D.S)	Vice-President
Dr Fagbegnon Sikavi Odette Amivi	Togo	Association des Chirurgiens-Dentistes du Togo (ACDT)	NLO
Dr. Khaled Tanazefi	Tunisia	Syndicat Tunisien des Médecins Dentistes de Libre Pratique	President
Dr. Imene Jamazi	Tunisia	Syndicat Tunisien des Médecins Dentistes de Libre Pratique	Member



# FDI Strategy for Africa

## Update

- Training: leadership, communication, making presentations, holding meetings, goal settings and objective, action planning, project management, monitoring and evaluation;
- The training was well evaluated by the participants.

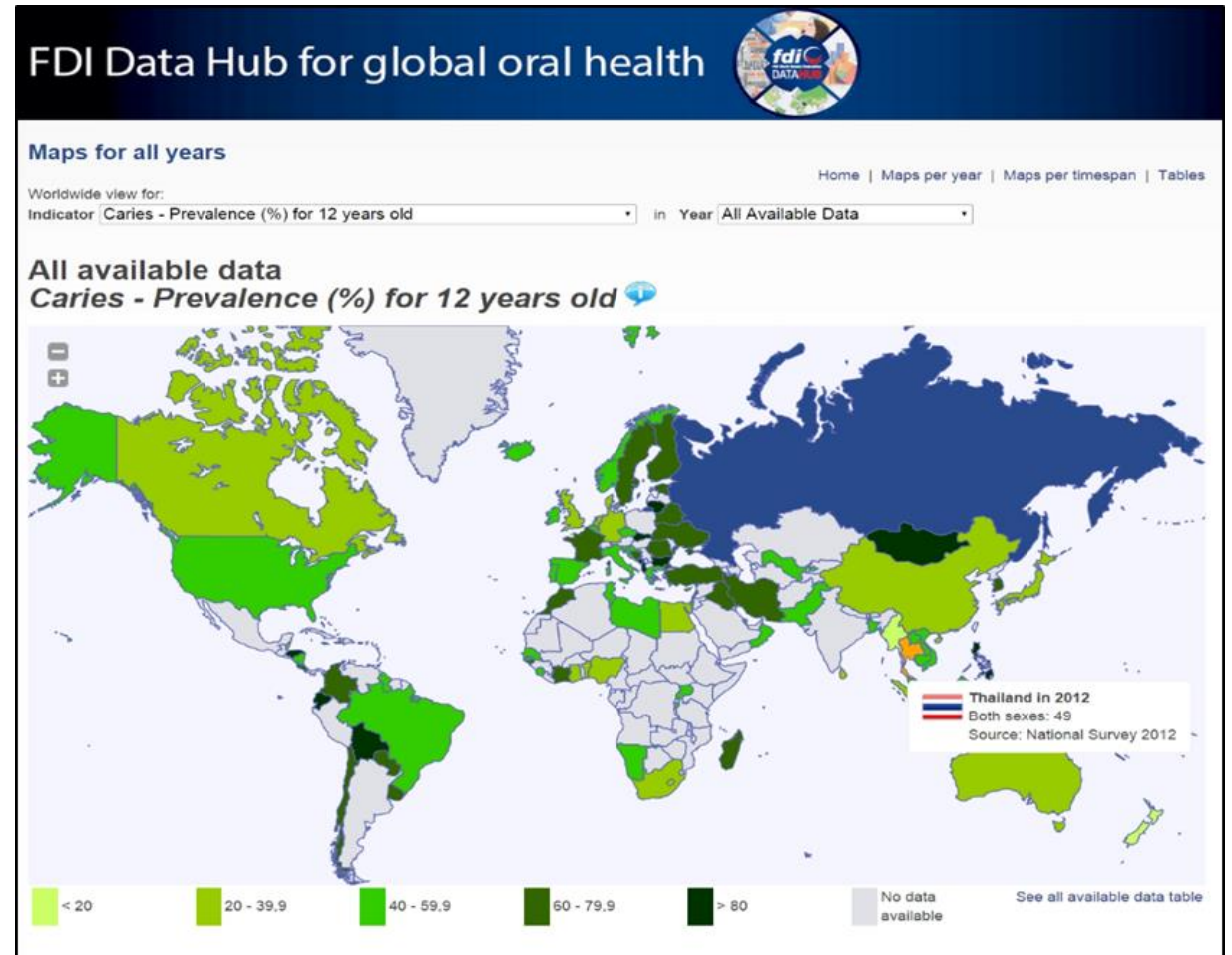
## Next steps

- Each participants was requested to send a project proposal to FDI HO by 15 March 2015;
- Documents to monitor and evaluate their leadership have been sent to all participants;
- Follow-up is organized with the participants in May, September and December 2015.

# Advocacy and global health

- Vision 2020 is becoming the major FDI advocacy programme
- FDI is the unique global platform for information gathering and sharing on oral health
- 2014: Data Hub
- 2015: Oral Health Atlas book > advocacy strategic plan

# FDI Data Hub for Global Oral Health



# Oral Health Atlas, second edition

### Periodontal disease

Promotion of measures for preventing periodontal disease should be a priority for all health professionals, as it is one of the most common diseases worldwide.

Periodontal disease generally refers to both gingivitis (inflammation of the gums) and periodontitis (serious gum infection that destroys tooth-supporting tissues and can eventually cause tooth loss). Together they represent one of the most common human diseases worldwide.

Periodontal disease is one of the major global oral health burdens, and has significant social and economic impact. It is not a disease associated only with the elderly, but it starts in childhood and its prevalence and severity increase with age. Severe periodontal disease exists in 5 to 20 percent of the adult population around the world, and remains the major cause of tooth loss in adults globally. The consequences of tooth loss in patients with periodontal disease are very serious. For instance, it can cause problems with chewing and speaking, and can significantly affect general well-being and quality of life.

The bacteria in dental plaque are the essential cause of periodontal disease. Other important risk factors, aside from poor oral hygiene, include tobacco use, diabetes and certain other systemic disease conditions: unhealthy diet, genetic factors, stress and excessive alcohol consumption.

Strong evidence shows that periodontal disease enhances the risk for various systemic diseases, such as cardiovascular disease, diabetes, stroke, respiratory diseases, adverse pregnancy outcomes, some types of cancers and cognitive impairment (dementia).

As such, periodontal disease is receiving increasing global attention from healthcare professionals, governments, nongovernmental organizations and the health industry. Yet, many members of the general public still seem to be relatively unaware of it, and of measures they could take to prevent it. Periodontal care is still unavailable in many developing countries, or, if available, is usually not affordable to many patients. There is a clear need for further promotion of preventive measures and inter-professional collaborative practice between health professionals and dentists for optimal oral health and general health.

**SEVERE CHRONIC PERIODONTITIS**  
Estimates of prevalence 2010

- more than 15.0%
- 10.1% – 15.0%
- 10% or less
- no data

**Chronic Gingivitis**  
A persistent, stable state in which host immune-mediated defence mechanisms are in equilibrium with the potentially damaging effects of the micro-organisms colonizing the tooth surface.

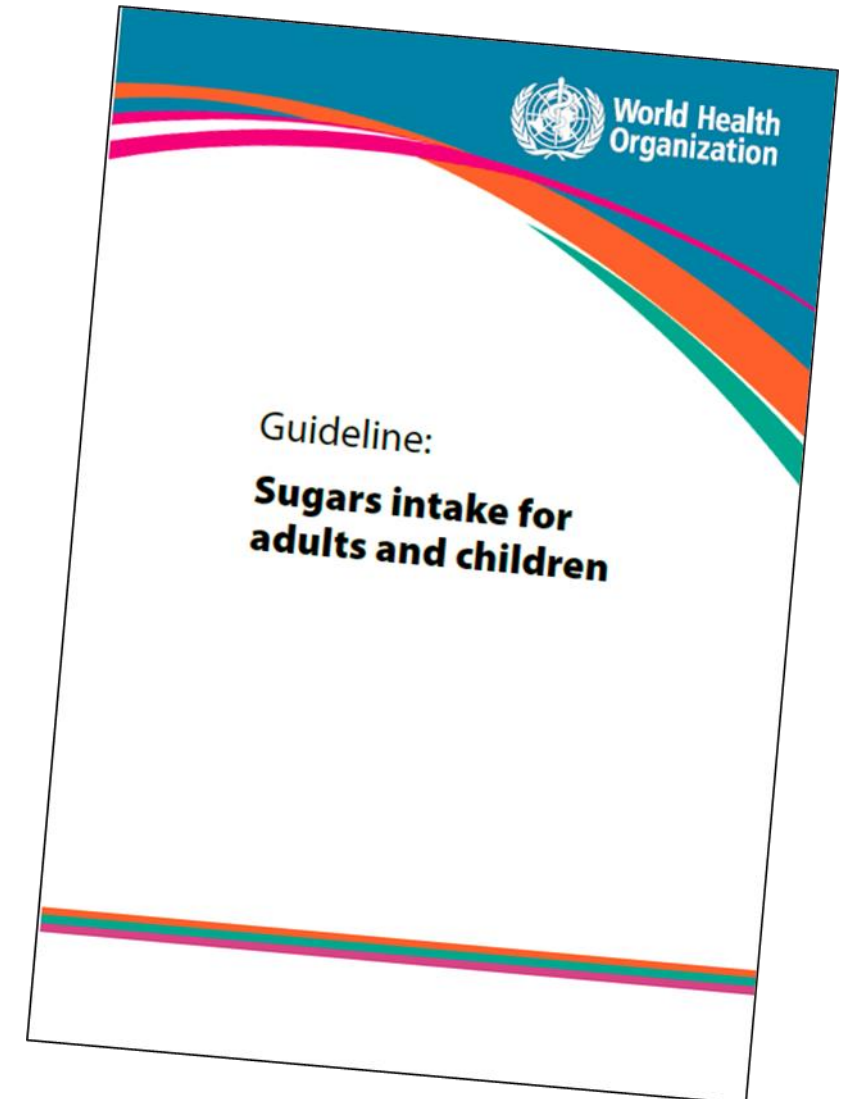
**Destructive Periodontitis**  
Transient disequilibrium between the protective host defences and the damaging effects of plaque bacteria leads to destruction of supporting bone around the tooth.

**Systemic effects**  
Host and microbial products generated in extensive periodontal disease may enter the bloodstream and have been implicated in systemic disease. There is also evidence that systemic diseases such as diabetes may impair host defences and increase the risk of developing severe destructive periodontitis.

PART 7: ORAL DISEASES AND HEALTH

## WHO, NCD Action plan

- WHO Guideline on sugars intake
- FDI responded to WHO March 2014 public consultation
- FDI presented statements at World Health Assembly and Executive Board 2014-2015
- Guideline recommendations are in line with FDI recommendations



# The dental caries argument supplements the obesity argument for the first time

Beverages — increases overall energy intake and may reduce the intake of foods containing more nutritionally adequate calories, leading to an unhealthy diet, weight gain and increased risk of NCDs (9-13). Another concern is the association between intake of free sugars and dental caries (3, 4, 14-16). Dental diseases are the most prevalent NCDs globally (17, 18) and, although great improvements in prevention and treatment of dental diseases have occurred in the past decades, problems still persist, causing pain, anxiety, functional limitation (including poor school attendance and performance in children) and social handicap through tooth loss. The treatment of dental diseases is expensive, consuming 5–10% of health-care budgets in industrialized countries, and would exceed the entire financial resources available for the health care of children in most lower income countries (17, 19).

An analysis of cohort studies in children suggests a positive association between the level of free sugars intake and dental caries. The evidence suggests higher rates of dental caries when the level of free sugars intake is more than 10% of total energy intake compared with it being less than 10% of total energy intake. Furthermore, in three national population studies, lower levels of dental caries development were observed when per capita sugars intake was less than 10 kg/person/year (approximately 5% of total energy intake). Additionally, a positive log-linear dose-response relationship between free sugars intake and dental caries was observed across all studies, at free sugars intakes well below 10 kg/person/year (i.e. <5% of total energy intake). The overall quality of the available evidence from cohort studies was considered to be moderate, whereas that from the national population studies was considered to be very low.

Based on the entire body of evidence, WHO generated the following recommendations for free sugars intake in adults and children.

# Meeting at WHO with M. Chan and O. Chestnov



# FDI advocacy

- NONCOMMUNICABLE DISEASES (NCDs): currently a lower priority on the WHO agenda item than epidemics;
- AGEING POPULATION: FDI presented two statements at WHO Executive Board;
- HUMAN RESOURCES FOR HEALTH: meeting with Jim Campbell, Director, Health Workforce at WHO and Executive Director, Global Health Workforce Alliance (GHWA); also provided response to GHWA draft; International Recruitment of Health Personnel;
- NOMA: working with the international, independent, medical humanitarian organisation Médecins Sans Frontières (MSF)



## FDI advocacy (*continued*)

- UNEP/MINAMATA CONVENTION/DENTAL AMALGAM: present at the 6th meeting of the International Negotiating Committee on Mercury (INC6); phase 2 of FDI's programme for amalgam waste disposal in Eastern Africa;
- HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS AND FUTURE SUSTAINABLE DEVELOPMENT GOALS: continuously monitoring developments;
- UNIVERSAL HEALTH COVERAGE: continuously monitoring developments within WHO.

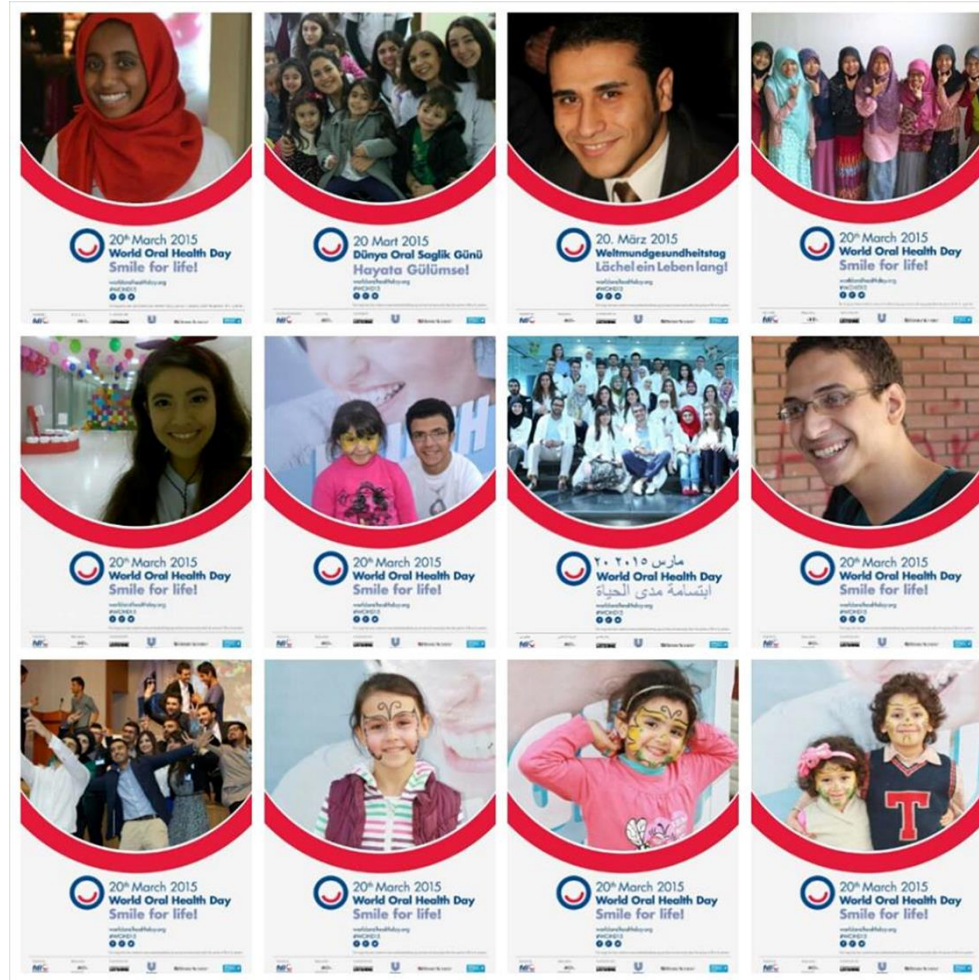
# World Oral Health Day 2015 – Bogor, Indonesia



# World Oral Health Day 2015: innovative ideas



The screenshot shows the FDI World Dental Federation website for World Oral Health Day 2015. At the top left is the FDI logo and 'World Dental Federation'. On the right, there are links for 'contact' and 'disclaimer', and social media icons for Twitter, Facebook, Google+, and YouTube. Below this is a large banner featuring a photo of a smiling child and an elderly woman. To the right of the photo is the text '20th March 2015 World Oral Health Day / Smile for life', the World Oral Health Day logo, and the date '20th March'. Below the banner is a navigation bar with links for 'News', 'About WOHD', 'Resources', 'Get involved', and 'Past editions', along with a search bar. The main content area has a heading 'Customise and share your own #WOHD15 poster!' followed by a paragraph explaining the poster customization process. To the right of this text is a countdown timer showing '0 27' days left until WOHD'15, and a large blue button that says 'CUSTOMISE YOUR OWN POSTER AND SHARE IT!'. At the bottom left, there is a 'Read +' button and a URL 'sur-own-wohd15-poster/'. At the bottom right, there is a partial heading 'FDI calls for a preventive focus in the pursuit of a'.



## 25<sup>th</sup> Anniversary Celebrations of the Re-establishment of the Polish Chambers of Physicians and Dental Practitioners , Warsaw, Dec. 2014



With ERO and CED Leaders



Congratulations to  
President Maciej Hamankiewicz



Dr Stanislaw Larczewski  
Vice-Marshal of Polish Senate

Thank you!

Dr Tin Chun Wong

FDI President

[tcwong.fdi@gmail.com](mailto:tcwong.fdi@gmail.com)

