



# NATIONAL ORAL HEALTH STRATEGY AND ACTION PLAN OF BANGLADESH (2025-2030)

Ending the Divergence: Oral Health Equity for all



## List of contributors (Not according to seniority and designation)

**Prof. Dr. Syed Zakir Hossain**, (Former) Line Director, NCDC, DGHS

**Dr. Mohiuddin Al Helal**, Senior Assistant Secretary, WH Wing, Ministry of Health & Family Welfare

**Mr. Md. Saiful Islam Majumder**, Sr. Assistant Secretary, PH-1 Section, MoHFW

**Professor Dr. Md Mujibur Rahman Hawlader**, Pro-Vice-Chancellor (Research and Development), Bangladesh Medical University; President, Bangladesh Endodontic Society

**Dr. Afreena Mahmood**, Director, Planning and Research, DGHS

**Muhammad Zakaria Rana**, Assistant Director (Planning), DGHS

**Dr. A. N. M. Nazmul Hoque**, Director, Dental, DGHS

**Prof. Dr. A.F.M. Shahidur Rahman**, Director, Dental, DGME

**Prof. Dr. Hasan Zafar**, Director, NIENT

**Prof. Dr. Md. Ziaul Islam**, Director, NIPSOM

**Dr. Md. Saif Uddoula**, Director, Gastroenterology, National Gastroenterology Institute and Hospital

**Dr. Md. Nadimul Hasan**, Head, Dental and Faciomaxillary Surgical Oncology, National Institute of Cancer Research and Hospital (NICRH)

**Dr. Md. Haider Ali Khan**, Associate Professor & Head, Dept. of Dental Public Health, Dhaka Dental College Hospital

**Prof. Dr. Parimal Chandra Mallick**, (Former) Principal, Dhaka Dental College; President, Bangladesh Dental Society

**Prof. Dr. Mohiuddin Ahmed**, President, BAMOS

**Prof. Dr. Md. Monir-Uz-Zaman**, Convenor, Bangladesh Society of Medicine

**Professor Md Abul Hasan**, Secretary General, Bangladesh Endodontics Society; Head, Conservative Dentistry Department, Shaheed Suhrawardy Medical College Hospital

**Dr. Rashed Md. Golam Rabbani**, General Secretary, Bangladesh Orthodontic Society; Assistant Professor, Department of Orthodontics, Dhaka Dental College

**Dr. Sajib Tarafder**, President, Dental Public Health Society; Organizing Secretary (OS), Bangladesh Dental Society; Associate Professor, Dental Public Health, Mymensingh Medical College Dental Unit

**Dr. Md Mostafijur Rahman**, Assistant Director (Finance), Dhaka Dental College Hospital; Assistant Professor, Dhaka Dental College Hospital

**Dr. Kh Md Watin Alam**, National Professional Officer, WHO

**Dr. Shamim Jubayer**, Research Fellow and Deputy Program Director, Bangladesh Hypertension Control Program (BHCP); Epidemiology and Research Institute (ERI), National Heart Foundation

**Dr. Md. Nurul Islam**, Programme Manager-1, NCDC

**Dr. Sajib Roy**, (Former) Deputy Programme Manager-4, NCDC

**Prof. Dr. Rumana Huque**, Executive Director, ARK Foundation, Bangladesh; Professor, Department of Economics, University of Dhaka

**Prof. Dr. A F M Sarwar**, Consultant, ARK Foundation, Bangladesh

**Dr. Silwa Lina**, Research Associate, ARK Foundation, Bangladesh

**Sajib Saha**, Senior Research Assistant, ARK Foundation, Bangladesh

# Acknowledgement

It is our great pleasure to formally publish the National Oral Health Strategy and Action Plan of Bangladesh (2025–2030), a landmark policy document that reflects the Government’s strong commitment to integrating oral health within the broader noncommunicable disease (NCD) prevention and control agenda. This Strategy represents a significant step forward in strengthening equitable, accessible and quality oral health services across the country.

The Noncommunicable Disease Control (NCDC) Programme, under the Directorate General of Health Services (DGHS), gratefully acknowledges the invaluable technical support provided by the World Health Organization (WHO) in the development of the National Oral Health Strategy and Action Plan of Bangladesh (2025–2030). Their continued commitment to strengthening health systems and advancing universal health coverage has been instrumental in shaping this strategic document.

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The NCDC Programme remains committed to working collaboratively with dental unit, national and international partners to advance oral health as an integral component of noncommunicable disease prevention and control in Bangladesh.

Noncommunicable Disease Control Programme  
Directorate General of Health Services  
Mohakhali, Dhaka 1212, Bangladesh  
E-mail: [ncdc@ld.dghs.gov.bd](mailto:ncdc@ld.dghs.gov.bd)  
Dhaka  
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# Abbreviations/Acronyms

<b>BMDC</b>	Bangladesh Medical & Dental Council
<b>BMRC</b>	Bangladesh Medical Research Council
<b>BNMC</b>	Bangladesh Nursing and Midwifery Council
<b>CBHC</b>	Community Based Health Care
<b>CHCP</b>	Community Health Care Provider
<b>CMSD</b>	Central Medical Stores Depot
<b>CSR</b>	Corporate Social Responsibility
<b>DDM</b>	Department of Disaster Management
<b>DGDA</b>	Directorate General of Drug Administration
<b>DGHS</b>	Directorate General of Health Services
<b>DGME</b>	Directorate General of Medical Education
<b>DGNM</b>	Directorate General of Nursing and Midwifery
<b>DPHE</b>	Department of Public Health Engineering
<b>DRRO</b>	District Relief and Rehabilitation Office
<b>DSHE</b>	Directorate of Secondary & Higher Education
<b>HEU</b>	Health Economics Unit
<b>HIS</b>	Health Information System
<b>LG</b>	Local Government
<b>LGED</b>	Local Government Engineering Department
<b>MIS</b>	Management Information System
<b>MOC</b>	Ministry of Commerce
<b>MoE</b>	Ministry of Education
<b>MoEFCC</b>	Ministry of Environment, Forest and Climate Change
<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>MoIB</b>	Ministry of Information and Broadcasting
<b>MoLJPA</b>	Ministry of Law, Justice and Parliamentary Affairs,
<b>MoPME</b>	Ministry of Primary and Mass Education
<b>MoPTIT</b>	Ministry of Posts, Telecommunications and Information Technology
<b>MoWCA</b>	Ministry of Women and Children Affairs
<b>N<sub>2</sub>O</b>	Nitrous Oxide
<b>NCD</b>	Non-Communicable Disease
<b>NCDC</b>	Non-Communicable Disease Control
<b>NCTB</b>	National Curriculum of Textbook Board
<b>NGO</b>	Non-Governmental Organization
<b>PHC</b>	Primary Health Care
<b>PPE</b>	Personal Protective Equipment
<b>PPP</b>	Public Private Partnership
<b>SEARO</b>	World Health Organization South-East Asia Region
<b>SOP</b>	Standard Operating Procedure
<b>TAC</b>	Technical Advisory Committee
<b>UH&amp;FPO</b>	Upazila Health & Family Planning Officer
<b>UHC</b>	Universal Health Coverage
<b>UHC</b>	Upazila Health Complex
<b>UN</b>	United Nations
<b>WHO</b>	World Health Organization

# Executive Summary

This plan addresses the significant, often neglected, burden of oral diseases in Bangladesh, where more than 80% of the population is affected by at least one of the oral diseases. An alarming 71% reported never having received any form of dental care, highlighting vast unmet needs due to limited rural access, an insufficient and urban-focused workforce, and weak integration with primary health care. Oral cancer, largely driven by tobacco use, is also an escalating public health concern. The National Oral Health Strategy and Costed Action Plan of Bangladesh (2025-2030) was initiated by the Non-Communicable Disease Control Program (NCDC) Unit of the Ministry of Health and Family Welfare (MoHFW), with support of World Health Organization (WHO) Bangladesh, and in collaboration with ARK Foundation, following the 2024 WHO Global Oral Health Meeting in Thailand. Its development was led by the Directorate General of Health Services (DGHS) through a participatory, evidence-based approach.

The strategy focuses on six major strategic objectives: i) Governance & Leadership: Strengthening national oral health governance and foster collaboration among sectors and stakeholders, ii) Access & Equity of Care: Improve availability and affordability of essential oral health services, especially for vulnerable and remote populations, iii) Workforce Development: Expand and skill-up the oral health workforce, including training of community health workers, iv) Promotion and Prevention: Encourage healthy behaviours and practices through implementing existing policies, health education and community outreach activities, v) Data & Research: Strengthen oral health information systems and evidence generation mechanisms for planning and developing policies, and vi) Financing: Ensure sustainable financing mechanism for long-term impact.

This National Oral Health Strategy and Costed Action Plan of Bangladesh is a timely and essential initiative designed to reduce the burden of oral diseases and close critical gaps in services and workforce capacity, aligning national efforts with the WHO Global Oral Health Strategy, Universal Health Coverage (UHC), and Non-Communicable Disease (NCD) prevention goals.

# Chapter 1

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## INTRODUCTION

# Chapter 1: Introduction

## 1.1 Background

Oral health is a vital part of overall health and well-being. It enables individuals to eat, speak, breathe, and socialize without pain or discomfort. Good oral health contributes to confidence, mental health, and productivity across the life course—from childhood to old age. Despite its importance, oral health remains one of the most neglected areas in public health—both globally and in Bangladesh. Oral diseases affect an estimated 3.7 billion people worldwide, making them the most common non-communicable diseases (NCDs) (1). Oral diseases share common risk factors with other NCDs, making oral health a critical component of broader public health and prevention strategies.

This National Oral Health Strategy and Costed Action Plan of Bangladesh 2025-2030 will guide the national response to Oral Health in Bangladesh over a period of five years. This follows the Action Plan for Oral Health in South-East Asia 2022-2030 and Global Strategy and Action Plan on Oral Health 2023-2030 (2,3). This 2025-2030 strategy was designed by adopting the guidance of these two WHO technical documents. This national strategy will implement Bangladesh's commitment to achieving the UN's 2030 Agenda Sustainable Development Goal 3: on ensuring healthy lives and Universal Health Coverage (UHC) (4, 5).

Under the leadership and guidance of Ministry of Health and Family Welfare (MoHFW) the Non-Communicable Disease Control (NCDC) Program of Directorate General of Health Services (DGHS) has taken the initiative to develop the National Oral Health Strategy and Costed Action Plan of Bangladesh (2025-2030) following the first WHO Global Oral Health Meeting in Thailand in 2024 (6). World Health Organization (WHO) Bangladesh has provided the support and technical assistance in collaboration with ARK Foundation for the development of this document. This strategic document comprises a costed action plan for a five-year period, from 2025 to 2030. Developed through national consultations with government bodies, experts, development partners, and local stakeholders, the strategy emphasizes a multi-sectoral approach involving health, education, trade, environment, finance law and non-state actors.

This document serves as a guiding framework to reduce the burden of oral diseases in Bangladesh, address disparities, and make oral health an integral part of the national public health agenda and Universal Health Coverage (UHC). It envisions a future where every person in Bangladesh can enjoy good oral health and live free from preventable oral diseases.

## 1.2 Purpose

The intent of this national strategy and costed action plan is to guide and support collaborated national efforts for comprehensive oral health care in Bangladesh by

accelerating effective actions across prevention, service delivery, workforce development, and integration with the greater health system. The action plan targets to achieve a 33.3% relative reduction of premature mortality from oral cancer by 2030; and a 25% relative reduction of prevalence of untreated dental caries of permanent teeth by 2030 in Bangladesh (2). According to the Bangladesh NCD Risk Factor Survey 2018, an alarming 71% of the population reported never having received any form of dental care, highlighting the vast unmet need and systemic barriers to access (7).

Bangladesh actively participated in the 2024 Bangkok Declaration related to oral health, indicating its leadership commitment to regional cooperation, sustainable development, and inclusive growth across South and Southeast Asia. In this summit, it was highlighted that Bangladesh faces systemic oral health challenges, including limited rural access to services, an insufficient and urban-focused workforce, and weak integration with primary health care. There are few preventive programs, low public awareness, inconsistent fluoride monitoring, and most patients pay for their care out of pocket due to lack of insurance coverage (6). Access to oral health services is limited and uneven, with most care concentrated in urban hospitals and private clinics. Rural areas face severe shortages of trained professionals, and there are no formal roles for dental hygienists, therapists, or nurses. Despite rising oral disease burdens, dental services remain largely missing from Bangladesh's primary care facilities like Community Clinics (CC) and often failing to provide appropriate care and services as expected at Upazila Health Complexes (UHC) due to various reasons (8). Addressing this service delivery gap by integrating dental professionals is essential to achieving equitable oral healthcare across underserved regions.

This National Oral Health Strategy and Costed Action Plan of Bangladesh (2025–2030) is a timely and essential initiative to reduce the burden of oral diseases and close critical gaps in services and workforce capacity. It aligns national efforts with the WHO Global Oral Health Strategy, Universal Health Coverage (UHC), and NCD prevention goals—advancing health equity, quality of life, and broader development priorities.

## Chapter 2

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# OVERVIEW OF THE ORAL DISEASE BURDEN

# Chapter 2: Overview of the Oral Disease Burden

## 2.1 Global and Regional Burden of Oral Diseases

Oral diseases constitute a significant public health challenge both globally and in Bangladesh. According to the World Health Organization's Global Oral Health Status Report 2022, approximately 3.5 billion people—nearly half of the world's population—are affected by oral diseases, with a more than 50% increase in the global burden over the past three decades (1).

Untreated dental caries in permanent teeth is the single most common health condition globally, impacting approximately 2.5 billion individuals (1). These conditions—including dental caries, periodontal disease, oral cancer, and oral trauma—are largely preventable through cost-effective interventions. However, they frequently remain untreated, particularly in low- and middle-income countries, due to systemic barriers such as limited access to care, inadequate workforce capacity, and low public awareness (1, 9).

Oral disease burden is particularly acute in the WHO South-East Asia Region (SEARO), where over one million people suffer from untreated dental caries, severe periodontal disease, and edentulism. This region also records the highest incidence and mortality rates of oral cancer globally, primarily driven by widespread tobacco use and limited access to early detection and treatment services (1).

## 2.2 Magnitude of Oral Diseases in Bangladesh

### Oral Disease Burden

In Bangladesh, the oral health situation reflects and intensifies regional trends, with more than 80% of the population affected by at least one oral disease (10).

Data from 2019 indicate that 43.5% of children aged 1 to 9 years suffer from untreated dental caries in their primary teeth, while nearly one-third of individuals aged five and above are affected by caries in permanent teeth. Severe periodontal disease impacts approximately one in four adults, and 1.2% of adults aged 20 years and older are completely edentulous (1,10).

Oral cancer is an escalating public health concern, with nearly 14,000 new cases reported in 2020—two-thirds of which occurred among men—largely attributed to the high prevalence of tobacco and smokeless tobacco use, and limited access to early detection and treatment (11).

The vulnerable groups—such as children, older adults, individuals living in poverty, and populations residing in rural or informal urban settlements—are disproportionately affected.

These groups face heightened risk due to limited access to dental care, low health literacy, and socioeconomic barriers that hinder early detection and treatment (3, 5).

### **Risk Factors for Oral Diseases**

In Bangladesh, individuals aged 15 years and older exhibit considerable exposure to oral health risk factors. Tobacco use is notably prevalent, affecting 52.5% of males and 17.9% of females, resulting in an overall rate of 35.2%. Although per capita sugar availability is modest at 16.9 grams per day, its contribution to dental issues remains significant, particularly in the context of inadequate oral hygiene practices. Alcohol consumption, recorded at 0.0 litre per annum across all demographics, presents minimal influence on oral health outcomes. Overall, tobacco use, areca nut consumption, and alcohol intake are recognized behavioral risk factors for poor oral health. These statistics underscore the need for comprehensive interventions aimed at reducing tobacco use and promoting oral hygiene awareness (10).

### **Economic Impact of Oral Diseases**

Bangladesh allocated a total of US\$ 13 million to dental healthcare, equating to a per capita expenditure of only US\$ 0.1. In stark contrast, productivity losses attributed to five major oral diseases amounted to US\$ 637 million. Furthermore, access to preventive care remained limited, as fluoride toothpaste was deemed unaffordable, requiring an estimated 2.8 labor days per individual annually to procure a sufficient supply. These figures underscore a pronounced disparity between the economic burden of oral diseases and investment in their prevention and treatment (3, 6).

### **National Health System Response to Oral Health**

Bangladesh introduced a tax on sugar-sweetened beverages to help reduce diet-related health risks. Despite having a dedicated Director General at DGHS, the country lacked a formal oral health policy or action plan. According to the latest Bangladesh Oral Health Country Profile of 2022, Bangladesh is reported to have 9,608 dental surgeons amounting to 0.6 per 10,000 population, and only 23 dental prosthetic technicians, with a ratio of 0.0 per 10,000 population. No data was reported on dental assistants or therapists from 2014 to 2019, indicating significant gaps in workforce capacity and documentation. Oral health services in Bangladesh include screening for early disease detection, urgent treatment for emergencies and pain relief, and basic restorative procedures for dental decay—all reflecting access to essential dental care. Bangladesh's largest government health financing scheme covers only 1% of the population and excludes all forms of oral healthcare—routine, preventive, curative, and rehabilitative—revealing a major gap in dental service accessibility (1, 10).

## **Chapter 3**

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# **METHODOLOGY**

# Chapter 3: Methodology

The National Oral Health Strategy and Costed Action Plan of Bangladesh (2025–2030) was created using a participatory, evidence-based approach, a Technical Advisory Committee (TAC) of national experts was formed. The process included a desk review of national and global policies, stakeholder mapping, and a situation analysis to identify service gaps and challenges.

Figure 1: Stages for the development of the National Oral Health Strategy and Costed Action Plan of Bangladesh (2025 – 2030) to reduce Oral Diseases in Bangladesh



## **Chapter 4**

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# **NATIONAL ORAL HEALTH STRATEGY AND COSTED ACTION PLAN OF BANGLADESH**

# Chapter 4: National Oral Health Strategy and Costed Action Plan of Bangladesh

## 4.1 Mission, Vision, Goal and Targets

### Mission

To ensure every individual in Bangladesh can achieve optimal oral health care by delivering accessible, affordable and high-quality oral health services to reduce the burden of oral diseases and improve overall health and well-being—leaving no one behind.

### Vision

By 2030, everyone in Bangladesh will have access to essential, affordable, and quality oral health services. This will enable all people to enjoy the highest possible standard of oral health and live healthy, productive lives.

### Goal

To guide and support coordinated national efforts for comprehensive oral health care in Bangladesh by accelerating impactful actions across prevention, service delivery, workforce development, and integration with the broader health system.

### Targets (by 2030)

To underpin vision and goal, the plan also defines two regional targets to track progress in oral health by 2030 in alignment with the South-East Asia Action Plan on Oral Health 2022-2030:

- **Target 1:** To achieve a 33.3% relative reduction of premature mortality from oral cancer by 2030 in Bangladesh

**Indicator:** Unconditional probability of dying between age 30 and 70 from oral cancer (cancers of the lip and oral cavity) in Bangladesh

- **Target 2:** To achieve a 25% relative reduction of prevalence of untreated dental caries of permanent teeth by 2030 in Bangladesh

**Indicator:** Estimated prevalence of untreated caries of permanent teeth in Bangladesh (2).

## 4.2 Strategic Objectives

Following are the six strategic objectives of the National Oral Health Strategy and Costed Action Plan (2025-2030) of Bangladesh:

1. **Governance & Leadership:** Strengthen national oral health governance and foster collaboration among sectors and stakeholders
2. **Access & Equity of Care:** Improve availability and affordability of essential oral health services, especially for vulnerable and remote populations
3. **Workforce Development:** Expand and skill-up the oral health workforce, including training of community health workers

4. **Promotion and Prevention:** Encourage healthy behaviours and practices through implementing existing policies, health education and community outreach activities
5. **Data and Research:** Strengthen oral health information systems and evidence generation mechanisms for planning and developing policies
6. **Financing:** Ensure sustainable financing mechanism for long-term impact

#### **4.3 Expected Outcomes**

The expected outcomes of each of the strategic objectives are as given below:

❖ **Outcome for Strategic objective 1: Governance & Leadership - Strengthen national oral health governance and foster collaboration among sectors and stakeholders**

Enhanced oral health governance in Bangladesh by establishing a dedicated National Oral Health Unit under MoHFW and DGHS, led by a skilled Oral Health Personnel. This includes appointing oral health focal persons at all administrative levels, developing a comprehensive, national oral health policy aligned with Universal Health Coverage (UHC), and ensuring broad awareness through targeted orientations.

❖ **Outcome for Strategic objective 2: Access & Equity of Care- Improve availability and affordability of essential oral health services, especially for vulnerable and remote populations**

To advance equitable oral health services in Bangladesh, a comprehensive approach is being implemented that emphasizes population-wide prevention, risk reduction, and targeted fluoride management. This strategy is grounded in multisectoral collaboration, ensuring that culturally appropriate education and oral health services are accessible to all, with a particular focus on reaching vulnerable and underserved populations. By strengthening oral health programs in schools, communities, and workplaces, the initiative promotes early detection, raises awareness, and improves access to essential care. These efforts collectively aim to reduce oral health disparities across the country, fostering a healthier population through inclusive, preventive, and sustainable oral health practices.

❖ **Outcome for Strategic objective 3: Workforce Development - Expand and skill-up the oral health workforce, including training of community health workers**

The oral health workforce in Bangladesh is being strengthened through strategic, evidence-based planning, comprehensive skill development with clearly defined roles and responsibilities. A key focus is on expanding the competencies of mid-level providers to enhance service delivery, particularly in underserved areas. Concurrently, updates to regulatory frameworks are being pursued to ensure that all providers operate within quality-assured, standardized scopes of practice. Strong legislation against unqualified practitioners to implement laws against quack and unauthorized practices, combined with public awareness campaigns, empowering communities to choose registered professionals, and improving oral health equity nationwide.

❖ **Outcome for Strategic objective 4: Promotion and Prevention - Encourage healthy behaviours and practices through implementing existing policies, health education and community outreach activities**

Bangladesh will advance oral health services by expanding affordable specialized care for vulnerable groups and integrating them into primary health care. Strengthening public-private partnerships, ensuring essential medicines, enforcing rigorous infection control, combating antimicrobial resistance, and promoting global best practices like prohibition on dental amalgam use are major priorities to be achieved through these strategies.

❖ **Outcome for Strategic Objective 5: Data & Research - Strengthen oral health information systems and evidence generation mechanisms for planning and developing policies**

Enhanced oral health surveillance in Bangladesh by creating a central database and conducting comprehensive national surveys. Strengthening research partnerships, building capacity, and enforcing data governance will improve evidence-based policymaking. Transparent reporting and active public involvement will ensure accountability, informed decisions, and effective responses to oral health challenges nationwide.

❖ **Outcome for Strategic Objective 6: Financing - Ensure sustainable financing mechanism for long-term impact**

Essential, cost-effective oral health services prioritized and integrated into Universal Health Coverage (UHC) in Bangladesh. This involves comprehensive financial assessments, sustainable financing models, and expanded health insurance schemes to reduce out-of-pocket expenses. Increased dedicated budgets and mobilization of funds from government, partners, and public-private partnerships will ensure equitable, accessible oral health care for all.

#### **4.4 Priority Actions and Activities with Time Frame**

The strategic areas provide the foundation for improving oral health, tailored to Bangladesh's national priorities, health system capacities, and available resources. Each area includes essential actions for all countries, with optional actions depending on local needs and context.

*Table 1: National oral health strategy and costed action plan of Bangladesh (2025-2030) (as per cover page)*

**Strategic Objective 1: Governance & Leadership** – Strengthen national oral health governance and foster collaboration among sectors and stakeholders

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
1.1 Establish an effective national oral health coordinating entity led by a dedicated Dental focal person (director dental, dental health specialist, professors)	1.1.1 <b>Establish and operationalize a National Oral Health Unit</b> under the Ministry of Health and Family Welfare (MoHFW), as guided by Director (Dental), DGHS and Non-Communicable Disease Control (NCDC) Program, DGHS	√	√					MoHFW	30.8	Meeting- 1 day meeting - 6 meetings in year, 30 local resource persons in each meeting (all meetings will be held at national level)+ Operation cost is BDT 50,000 for/month
	1.1.2 <b>Appoint a dedicated Dental Public Health Specialist along with Programme Managers and support staff</b> to carry out unit activities effectively at the Ministry of Health and Family Welfare (MoHFW) and DGHS	√	√					MoHFW and DGHS	0	No Cost - DGHS and MOHFW ensure to recruit for oral health programme
	1.1.3 <b>Create post for designated dental public health specialists and dental surgeons as Oral Health Focal Persons at each divisional, district and Upazila level and deployment of them.</b>	√	√	√	√	√	√	MoHFW, DGHS, NCDC and Ministry of Finance	40.0	Nationwide assessment to determine number, type, and level of oral health focal posts needed. Covers consultant fees, data collectors, fieldwork, travel, data analysis, and report preparation. Meetings / workshops with MoHFW, DGHS, NCDC and Ministry of Finance. Includes venue, logistics, travel, and briefing materials. Printing and distribution of findings and recommendations to decision-makers.

**Strategic Objective 1: Governance & Leadership** – Strengthen national oral health governance and foster collaboration among sectors and stakeholders

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
										.
	1.1.4 <b>Develop Standard Operating Procedures (SOPs) and functional guidelines</b> outlining - roles, responsibilities, reporting lines, and coordination of oral health personnel.	√	√	√				MoHFW, DGHS	49.3	Consultant for 6 month to develop SOP and organize meeting and printing and distribution
1.2 Develop, update and review national oral health policy	1.2.1 <b>Develop and endorse</b> a comprehensive, evidence-based <b>National Oral Health Policy</b> with implementation plan aligned with national health priorities, Bangladesh's Universal Health Coverage (UHC) roadmap.	√	√	√				MoHFW, DGHS	49.3	Consultant for 6 month to develop oral health policy and organize meeting and printing and distribution
	1.2.2 <b>Conduct</b> oral health policy <b>orientation workshops</b> with senior health officials (Divisional Directorate Dental, Civil Surgeons, UH&FPOs, Dental personnel, development partners, and key stakeholders at <b>National-level, Divisional-level, district-level, Upazila and community level</b> ).			√	√	√	√	MoHFW, DGHS	326.2	3,795 senior health officials attend awareness campaign at district level for two days. Each training 35 participant/batch/20 batch/ years Source: Health bulletin

<b>Strategic Objective 1: Governance &amp; Leadership</b> – Strengthen national oral health governance and foster collaboration among sectors and stakeholders										
Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	1.2.3 <b>Upload orientation materials, videos, and circulars to DGHS and MoHFW websites, and use official government WhatsApp/Telegram groups and email bulletins for rapid and wide-reaching dissemination.</b>			√	√	√	√	MoHFW, MoPTIT, DGHS, (MIS)	51.8	Website maintenance and digital dissemination
	1.2.4 <b>Yearly review meetings with key stakeholders to assess progress, identify bottlenecks, and make evidence-based adjustments to the National Oral Health Policy implementation.</b>			√	√	√	√	MoHFW, DGHS	354.3	Divisional review meeting in every year at for two days. Each meeting 60 participants attend.

<b>Strategic Objective 2: Access &amp; Equity</b> – Improve availability and affordability of essential oral health services, especially for vulnerable and remote populations										
Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
2.1 Expand affordable advanced oral health care for the special needs population.	2.1.1. <b>Develop standardized protocols for advanced oral specialized care;</b> such as ensuring availability and use of nitrous oxide (N <sub>2</sub> O) for pediatric and other dental procedures, disabilities,		√	√	√	√	√	MoHFW, Ministry of Finance, MOC, DGHS, DGDA	214.0	Expert consultant fees for protocol development - Stakeholder consultation workshops - Printing/distribution of care guidelines - Equipment cost for N <sub>2</sub> O units and sedation

**Strategic Objective 2: Access & Equity** – Improve availability and affordability of essential oral health services, especially for vulnerable and remote populations

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	prosthetics, oral cancer cases, and other special needs groups.									tools - Training for staff on special needs protocols
2.2 Integrate oral services in PHC	2.2.1 <b>Integrate basic oral health services into PHC facilities</b> including all community clinics, union health centers, and Upazila Health Complexes. <b>Strengthen infrastructure and equip</b> the UHC with necessary dental chairs, dental instruments, sterilization equipment, diagnostic tools, and essential dental materials to enable effective oral health service delivery. Ensure an uninterrupted supply of the necessary materials.		√	√	√	√	√	MoHFW, Ministry of Finance, MoC, DGHS, DGDA, LG, City Corporation	44,996.8	Equipment cost - CC, Union, UHPFO
	2.2.2 Increase the number of Posts for dental surgeons at Upazila Health Complexes – (at least two)		√	√	√	√	√	MoHFW	0	No cost

**Strategic Objective 2: Access & Equity** – Improve availability and affordability of essential oral health services, especially for vulnerable and remote populations

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
2.3 Engage both Government and private oral health care providers in establishing effective models of primary oral health care delivery	2.3.1 Define and implement <b>standardized service packages for primary oral health care</b> to be delivered at primary level by <b>both public and private</b> providers, aligned with national and global best practices		√	√	√	√	√	MoHFW, DGHS,	180	Technical consultant support - Public-private stakeholder consultations - Drafting and printing of service package & protocols
2.4 Promote access to essential dental medicines	2.4.1 <b>Ensure regular supply of medicines, relevant equipment and logistics for oral health service provisions at PHC</b> facilities, from procurement and supply chain systems.		√	√	√	√	√	MoHFW, Ministry of Finance, DGHS, DGDA, CMSD	1,167.5	<ul style="list-style-type: none"> <li>● Bangladesh has approx. 500 Upazila Health Complexes, 4,500 Community Clinics, and 500 Union Health Centers.</li> <li>● Quantity and supply estimates based on annual need for essential oral procedures.</li> <li>● Budget designed for basic essential care only,</li> </ul>

**Strategic Objective 2: Access & Equity** – Improve availability and affordability of essential oral health services, especially for vulnerable and remote populations

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
2.5 Address emerging issues to strengthen the oral health sector such as: - emergency preparedness and response, - antimicrobial resistance - environmental sustainability and the phase-down of dental amalgam.	2.5.1 <b>Ensure availability of equipment for infection control</b> including personal protective equipment (PPE), sterilization materials, disinfectants, and safe waste disposal management in all dental care settings including primary, secondary and tertiary level.		√	√	√	√	√	MoHFW, DGHS, DGME, CMSD	6750	<ul style="list-style-type: none"> <li>Bangladesh has approx. 500 Upazila Health Complexes, 64 District Hospitals, 15 Medical Colleges, 4500+ Community Clinics, and Private sector dental facilities.</li> <li>The equipment is distributed proportionately to service level needs.</li> </ul>
	2.5.2 <b>Capacity building oral health workforce of primary, secondary and tertiary level facilities on emergency response during pandemics.</b>		√		√		√	MoHFW, DGHS, DGME	250	Target: Train approx. 800 oral health personnel from primary (UHC, CC), secondary (District), and tertiary (Medical College) hospitals.
	2.5.3 <b>Develop and implementation guidelines on responsible use of antimicrobial drugs in oral health.</b>	√	√	√				MoHFW, DGHS, DGDA, DGME	33.5	Consultant hired
	2.5.4 <b>Ban the use of dental amalgam</b> in all dental care settings including primary, secondary, tertiary level facilities and private		√	√	√	√	√	MoHFW, MOEFCC, Ministry of Finance, DGHS, BMDC, CMSD	82	Policy update meetings with health authorities - Revision of essential drug & materials list - Training on

**Strategic Objective 2: Access & Equity** – Improve availability and affordability of essential oral health services, especially for vulnerable and remote populations

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	clinics; and <b>encourage use of alternative (mercury-free) restorative material</b> by updating procurement policies.									mercury-free restorative practices - Procurement of mercury-free dental materials - IEC materials for awareness
2.6 Design oral health programmes targeted for specific populations (i.e. children, mother, senior citizens, disabled people and displaced persons)	2.6.1 <b>Train healthcare providers</b> of different health programs related to <b>mother and child health</b> , to include oral hygiene counseling, teaching proper tooth-brushing and interdental cleaning technique, taking of healthy diet and tobacco avoidance, and conducting caries and periodontal screenings with referrals.		√	√	√	√	√	MoHFW, MOWCA, DGHS (Director Dental)	2,207.8	Training targets all 26,481 HA, AHI, and HI cadres.  40 trainees per batch; results in ~662 batches of 2-day training each. 132 batch/year
	2.6.2 <b>Integrate oral health assessments and rehabilitation services for senior citizen people in</b> national, divisional, district, Upazila and community level to routinely screen older adults for edentulism, periodontal disease, dry mouth, oral	√	√	√	√	√	√	MoHFW, DGHS	3,770.0	2,460 camps cover 492 Upazilas with 5 sessions each. Training includes government and NGO staff involved in elderly care. 10,000 elderly assumed to need rehabilitation (e.g., dentures). Transport subsidy focuses

**Strategic Objective 2: Access & Equity** – Improve availability and affordability of essential oral health services, especially for vulnerable and remote populations

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	cancers and related oral health issues.									on the poorest segment among elderly referrals.
	2.6.3 <b>Provide oral health support for displaced and vulnerable populations</b> by collaborating with humanitarian organizations, which include oral health screening, preventive services, emergency dental care in refugee camps, disaster-affected areas and underserved communities.			√	√	√	√	MoHFW, DGHS, Civil Surgeons office, DDM, DRRO	158.4	-Mobile dental units/equipment - Emergency dental kits - Coordination with humanitarian orgs - Field allowances for dental teams - IEC materials – posters, leaflets, banners

**Strategic Objective 3: Workforce Development** – Expand and skill-up the oral health workforce, and training for all health workers

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
3.1 Ensure integrated oral health workforce planning as part of national health workforce strategies	3.1.1 <b>Conduct comprehensive oral health workforce assessment</b> by collecting and analyzing area-based data on the current oral health workforce distribution, skill mix, capacity and service-gap relative to the disease burden and population needs across Bangladesh.		√	√	√	√	√	MoHFW, DGHS, DGME	300.0	Data collection is done per district. Field staff are recruited or hired short-term. MoHFW and DGHS coordinate centrally.
3.2 Remodeling / reshaping existing workforce models, developing definitions of oral health care providers and their scope of practice	3.2.1 <b>Develop training curricula for mid-level oral health care providers (dental hygienists/therapists, and dental-nurse) and train them to develop similar workforces</b> with competencies in preventive care, basic treatment, health education and referral.		√	√				MoHFW, DGHS, DGME, BMDC, BNMC	140.0	100 mid-level providers trained per year. Curriculum developed once and reused annually with minor updates.
	3.2.2 <b>Deploy mid-level oral health care providers (dental hygienists/therapists, and dental-nurse) in divisional, district and community level</b> as mid-level provider to expand basic oral health services.			√	√	√	√	MoHFW, DGHS, DGME, DGNM, BMDC, BNMC	0	No cost deploy as per government policy
	3.2.3 <b>Update licensing</b>			√	√	√	√	MoHFW, DGHS, DGME,	20.4	-Budget is for policy and systems reform,

**Strategic Objective 3: Workforce Development** – Expand and skill-up the oral health workforce, and training for all health workers

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	requirements and regulatory guidelines to recognize mid-level oral health care providers (dental hygienists/therapists, and dental-nurse) roles and enabling their appropriate practice oversight.							DGNM, BMDC, BNMC		- Legal and institutional alignment will likely be coordinated through Bangladesh Dental Council and DGHS.
3.3 Enforce Legislation to Eliminate Unqualified Oral Health Practitioners and Promote Public Awareness	3.3.1 Review and update existing regulations to clearly outline responsibilities for dental surgeons, dental hygienists/therapists, dental nurses, community health workers, and other allied health professionals and legal provisions (dental jurisprudence) prohibiting unlicensed oral health practice.			√	√	√	√	MoHFW, DGHS, DGME, BMDC, BNMC	10.6	Legal consultation & drafting support - Inter-ministerial workshops - Printing/dissemination of revised legal framework - Policy advocacy and stakeholder engagement
	3.3.2 Launch national awareness campaigns (radio-television announcement, social media, printed media and Govt. health websites) to inform the public about their right to get legitimate services from registered dental professionals through online			√	√	√	√	MoHFW, MoIB, Ministry of Law, Justice and Parliamentary Affairs, DGHS, BMDC, Press and Media	14.35	Mass media campaign costs (TV, radio, social media) - Content development (animation, infographics, scripts) - Web portal/verification system upgrades - Monitoring & analytics of campaign reach

Strategic Objective 3: Workforce Development – Expand and skill-up the oral health workforce, and training for all health workers										
Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	verification and the dangers of receiving care from unqualified oral health care providers.									

Strategic Objective 4: Prevention & Promotion – Encourage healthy behaviours and preventive practices through health education and community outreach activities										
Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
4.1 Establish population-based strategies for a) oral disease prevention, b) risk reduction, c) oral health promotion	4.1.1. Collaborate with NCD control programs and Director (Dental), Ministry of Health and Family Welfare (MoHFW), multisectoral platforms and NGOs to spread oral health-specific information (such as proper cleaning of oral cavity, 6 monthly regular check-up, common oral diseases, impact of smoking & smokeless tobacco, alcohol, and unhealthy sugary diets/drinks on oral health), through Government			√	√	√	√	MoHFW, MoPTIT, DGHS, MIS, Press and Media	798.0	Development of IEC/BCC materials (print, video) - Media campaign costs (TV, radio, social media) - NGO/partner coordination meetings - Communication consultant/agency fee

**Strategic Objective 4: Prevention & Promotion** – Encourage healthy behaviours and preventive practices through health education and community outreach activities

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	website, social apps, oral health campaigns and mass medias.									
	4.1.2 Initiate a nationwide assessment of fluoride levels in drinking water (both ground and piped sources) to identify low-fluoride and high-fluoride zones and establish a system for periodic data updates to guide public health interventions.			√	√	√	√	MoHFW, MOEFCC, DPHE, LG	140.4	-Water sample testing kits/lab services - Transportation & logistics for sample collection - Data management system setup - Technical consultant fees - Reporting and dissemination workshop
	4.1.3 Include fluoride exposure screening in regular health check-ups.  In <b>low-fluoride areas</b> , health professionals will advise to use fluoride toothpaste and other topical fluoride interventions.  In <b>high-fluoride areas</b> , there would be restriction on additional fluoride use and			√	√	√	√	MoHFW, MoE, MoPME, MOEFCC, DGHS, LGED, DPHE	487.6	Targets 60,000 fluoride tests/year + 500 high-risk communities with water interventions

**Strategic Objective 4: Prevention & Promotion** – Encourage healthy behaviours and preventive practices through health education and community outreach activities

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	promotion of safe water alternatives (e.g., rainwater harvesting or treated surface water) and focus on mitigation to reduce excessive fluoride exposure.									
4.2 Strengthen and expand health-promoting environments in schools and communities	<b>4.2.1 Integrate and implement oral health education into school curricula with healthy school meal policies.</b>	√	√	√	√	√	√	MoHFW, DGHS, MOE, Department of Primary Health, DSHE, and NCTB	715.0	- Curriculum review workshops - Teacher training -Coordination with education ministry
	<b>4.2.2 Establish school-based oral health interventions to train teachers and school staff to supervise tooth brushing of children, and deliver oral health education to them.</b>		√	√	√	√	√	MoHFW, DGHS, MoE, PHC, and DHSE	410.0	- Training sessions for teachers/staff - Tooth brushing kits (toothbrush, paste) - Supervisory tools and manuals - Monitoring and follow-up visits
	<b>4.2.3 Train community health workers (Community Health Care Provider - CHCP, Health Assistant, and others) to deliver oral health education, basic screenings, and referral</b>		√	√	√	√	√	MoHFW, DGHS, CBHC, LG, City Corporations	1,553.8	* CHCP batches = $13,500 \div 25 = 540$ ; HA batches = $20,877 \div 25 \approx 835$ ** Total training sessions = 1,375 TA + DSA assumed for full-day training

**Strategic Objective 4: Prevention & Promotion** – Encourage healthy behaviours and preventive practices through health education and community outreach activities

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	services at the grassroots level.									
	4.2.4 <b>Organize community oral health awareness campaigns</b> through mobile dental clinics and outreach campaigns, which include providing proper tooth-brushing techniques, interdental cleaning, diet advice and avoidance of harmful habits like tobacco use, areca nut use; screening and basic treatments to the community people.		√	√	√	√	√	MoHFW, DGHS, LG and City Corporation	535.0	200 mobile clinic/outreach days assumed across 8 divisions (avg. ~2 per month/division). Kits include basic dental disposables + screening tools. IEC and AV content adapted from WHO/Ministry of Health standards.
4.3 Address priority oral diseases across the life course, with particular attention to early detection of oral cancer (EDOC)	4.3.1 <b>Develop &amp; implement a comprehensive national oral cancer control program</b> , focusing on prevention, early detection, diagnosis, treatment, rehabilitation and establish referral pathways linking primary and secondary health centers to specialized	√	√	√	√	√	√	MoHFW, DGHS	503.8	Target: 8 divisional diagnostic centers 500 primary clinics equipped with tablets 200 community awareness events/year

**Strategic Objective 4: Prevention & Promotion** – Encourage healthy behaviours and preventive practices through health education and community outreach activities

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	diagnostic centers equipped with biopsy and histopathology services for timely confirmation.									
	4.3.2. Identifying relevant interventions (e.g. vaccination) for the prevention of oral cancer with special priority of adolescents.		√	√	√	√	√	MoHFW (EPI), DGHS, MoE, DSHE, UN organizations , HIS/MIS	30	Conducting evidence reviews, expert consultations, and feasibility assessments through different methods e.g. literature reviews, situation analysis, to identify and prioritize effective, age-appropriate preventive interventions—such as HPV vaccination—for reducing oral cancer.

**Strategic Objective 5: Data & Research** – Strengthen oral health information systems and promote research to guide planning and policies

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
5.1 Integrate and strengthen oral health information system	5.1.1 Establish a centralized database ensuring that it covers core oral health indicators e.g. prevalence of major oral diseases, risk factors, service coverage, and treatment outcomes from both public and private oral health services at national, divisional		√	√	√	√	√	MoHFW, DGHS, MoPTIT, MIS, HIS	356	Meeting

<b>Strategic Objective 5: Data &amp; Research</b> – Strengthen oral health information systems and promote research to guide planning and policies										
Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	<b>5.1.3 Conduct national oral health survey every five years</b>		√				√	MoHFW, DGHS, DGME	372.1	Sample coverage: All 8 divisions, covering both urban and rural populations.
5.2 Strengthen public health and operational research capacities to translate oral health information into action	5.2.1 Identify and address priority knowledge gaps (e.g. Randomized Control Trial on dental caries vaccination), and assess research capacity with existing resources on oral health.	√	√				√	MoHFW, DGHS, BMRC	39.1	Survey
	5.2.2 Strengthen the capacity of oral health service providers from all levels of the health facilities, including private practitioners, to translate the findings of the research into policy and action.		√		√		√	MoHFW, DGHS, BMRC	81.3	Training targets <b>800+ oral health professionals</b> from public and private sectors across Bangladesh.
	5.2.3 Promote collaboration and partnerships with joint research projects among		√	√	√	√	√	MoHFW, DGHS, BMRC	11.3	Survey

**Strategic Objective 5: Data & Research** – Strengthen oral health information systems and promote research to guide planning and policies

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	government, universities, public health institutions, international partners, and the private sector.									
5.3 Facilitate clinical research on oral health	5.3.1 Establish a structured process to identify and prioritize key areas for clinical research in oral health, based on disease burden, public health relevance, and stakeholder consultation.		√	√	√	√	√	MoHFW, DGHS, BMRC, DGME, Dhaka Dental College, Research Institutes, International Collaborators	78	Conducting expert consultation, data analysis, and publication of a national oral health research agenda to ensure strategic and evidence-based research planning.
	5.3.2 Develop standardized clinical trial protocols for oral and dental science in accordance with national regulations and international guidelines with clearly defined objectives, methodology, outcome measures, and ethical safeguards.							MoHFW, DGHS, BMRC, DGME, Dhaka Dental College, Research Institutes, International Collaborators	55	Expert consultation, protocol development, ethics approvals.
5.4 Ensuring data transparency	5.4.1 <b>Regularly update the oral health database and enhance data accessibility through</b>		√	√	√	√	√	MoHFW, DGHS, MoPTIT, HIS, MIS	85.6	<ul style="list-style-type: none"> <li>• Updated oral health indicators database.</li> <li>• Dynamic data dashboards for public and</li> </ul>

<b>Strategic Objective 5: Data &amp; Research</b> – Strengthen oral health information systems and promote research to guide planning and policies										
Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	interactive visualizations, policy briefs, and user-friendly summaries tailored for diverse audiences.									internal use.

<b>Strategic Objective 6: Financing</b> – Ensure sustainable public funding for oral health through integration into the Universal Health Coverage (UHC) framework										
Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
6.1 Define a package of evidence-based and cost-effective essential oral health interventions in response to population needs	6.1.1 <b>Review</b> national oral health <b>priorities and disease burden</b> , and thereby <b>develop and integrate an essential oral health package in the UHC</b> to address priority needs.	√	√					MoHFW, Ministry of Finance, DGHS, HEU	18.1	Consultant hired
	6.1.2 <b>Conduct financial assessment of oral health services</b> by analyzing current costs, funding sources, and out-	√	√	√				MoHFW, DGHS, Ministry of Finance, HEU	17.0	Costing study and consultant fees

Strategic Objective 6: Financing – Ensure sustainable public funding for oral health through integration into the Universal Health Coverage (UHC) framework										
Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	of-pocket expenditures for oral health care across Government and private sectors in Bangladesh.									
	6.1.3 Advocate and implement expanded health insurance, social protection, subsidies, and voucher programs at all administrative levels to include oral health care, reducing out-of-pocket costs—especially for low-income, rural, and marginalized populations.			√	√	√	√	MoHFW, Ministry of Finance, DGHS, HEU	44.0	Advocacy meetings and stakeholder workshops
6.2 Establish a sustainable financial mechanism system for the implementation of the oral health policy and action plan	6.2.1 <b>Develop a dedicated and appropriate</b> funding mechanism for operations, staffing, and activities of the National Oral Health Unit, ensuring procurement and maintenance of dental instruments, mobile oral health units, IT systems, and other logistics necessary for	√	√	√				MoHFW, Ministry of Finance, DGHS, HEU LG, City Corporation	0	No cost Govt. have an infrastructure for staffing and operational cost

Strategic Objective 6: Financing – Ensure sustainable public funding for oral health through integration into the Universal Health Coverage (UHC) framework										
Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	service delivery.									
	6.2.2 Decentralize budget allocation to field level and ensure that all Upazila health Complexes get operational funding to carry out oral health promotion and basic screening services at the grassroots level.	√	√	√				MoHFW, Ministry of Finance, DGHS, CBHC	352.5	Block grants to Upazila Health complexes: - Monitoring tools and supervision costs - Training of clinic staff on fund utilization - Supplies for oral screening and promotion (kits, models, leaflets)
	6.2.3 Ensure and mobilize funds for oral health research through external sources from development partners, CSR (Corporate Social Responsibility) funds, and health taxes to supplement the government's allocation. Enable joint funding through Public-Private Partnerships (PPP) for oral health service provision.		√	√	√	√	√	MoHFW, Ministry of Finance, DGHS, HEU	8.0	Consultant hired

**Strategic Objective 6: Financing** – Ensure sustainable public funding for oral health through integration into the Universal Health Coverage (UHC) framework

Priority action	Activities	Planned Timeframe (Year: 2026-2030)						Agency	Costing	
		25	26	27	28	29	30		Cost (in lakh BDT)	Reason / Justification
	Grand Total								67,054.01	

## **Chapter 5**

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# **CONCLUSION**

## Chapter 5: Conclusion

This National Oral Health Strategy and Costed Action Plan of Bangladesh for 2025-2030 is a critical and timely initiative. It directly addresses the significant and often neglected burden of oral diseases in Bangladesh, where over 80% of the population is affected, and 71% have never received dental care, indicating vast unmet needs and systemic barriers.

The action plan's vision is for everyone in Bangladesh to have access to essential, affordable, and quality oral health services by 2030. Its central goal is to guide comprehensive national efforts across prevention, service delivery, and workforce development. By focusing on six strategic objectives—Governance & Leadership, Access & Equity, Workforce Development, Promotion and Prevention, Data & Research, and Financing—and setting targets like a 33.3% reduction in oral cancer mortality and a 25% reduction in untreated dental caries by 2030, this strategy aligns Bangladesh's efforts with global and regional oral health frameworks, Universal Health Coverage (UHC), and Non-Communicable Disease (NCD) prevention goals. Conclusively, this comprehensive strategy aims to reduce the burden of oral diseases, close critical service and workforce gaps, and enhance the quality of life across Bangladesh.

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**Annex:**

Government of the People's Republic of Bangladesh  
Directorate General of Health Services  
Non-Communicable Disease Control Program  
Mohakhali, Dhaka-1212  
E-mail: [ncdc@ld.dghs.gov.bd](mailto:ncdc@ld.dghs.gov.bd)

Memo. No. : DGHS/LD/NCDC/Oral Health/2025/ 3273

Date: 22 /06/2025

In accordance with the decision made during the 1<sup>st</sup> Technical Advisory Committee meeting, the Non-Communicable Disease Control (NCDC) Program of the Directorate General of Health Services (DGHS) is reforming the **Technical Advisory Committee (TAC)** to develop National Strategy and Action Plan on Oral Health in Bangladesh with the following members:

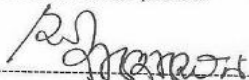
SI. No.	Affiliation	Position title
1.	Line Director, Non-Communicable Disease Control Program (NCDC), Directorate General of Health Services (DGHS)	Chairperson
2.	Representative, Health Services Division, WH wing, Ministry of Health & Family Welfare	Member
3.	Representative, Health Services Division, PH wing, Ministry of Health & Family Welfare	"
4.	Pro-Vice-Chancellor (Research and Development), Bangladesh Medical University	"
5.	Director, Planning and Research, Directorate General of Health Services (DGHS)	"
6.	Director, Dental, Directorate General of Health Services (DGHS)	"
7.	Director, (Dental Education), Directorate General of Medical Education (DGME)	"
8.	Principal, Dhaka Dental College, Dhaka	"
9.	Director / Representative, National Institute of ENT (NINET), Dhaka	"
10.	Director / Representative, National Institute of Preventive & Social Medicine (NIPSOM)	"
11.	Director/ Representative, National Gastro liver Institute and Hospital, Dhaka	"
12.	Head, Dental and Faciomaxillary Surgical Oncology, National Institute of Cancer Research and Hospital (NICRH), Dhaka	"
13.	Head of the Department of Dental Public Health, Dhaka Dental College	"
14.	President, Bangladesh Dental Society	"
15.	President, Bangladesh Association of Oral and Maxillofacial Surgeons (BAMOS)	"
16.	Convener, Bangladesh Society of Medicine (BSOM)	"
17.	General Secretary, Bangladesh Endodontic Society	"
18.	General Secretary, Bangladesh Orthodontic Society	"
19.	President, Dental Public Health Society	"
20.	Assistant Director (Finance), Dhaka Dental College Hospital	"
21.	Representative from WHO, Bangladesh	"
22.	Executive Director, ARK Foundation	"
23.	Representative from Department of Epidemiology and Research, National Heart Foundation	"
24.	Programme Manager-1, NCDC, DGHS	"
25.	Deputy Programme Manager-4, NCDC, DGHS	Member Secretary

Terms of References: The technical committee will –

- 1) Review and finalize the strategic and technical documents on oral health
- 2) Recommend, monitor and supervise the implementation of strategy and action plan
- 3) Provide guidance on any other initiatives related to oral health as relevant

Note:

- 1) The committee will be able to co-opt members as and when required.
- 2) The same individual will continue to be contacted for matters related to the Technical Advisory Committee, regardless of any future transfer or retirement from their current position.

  
(Prof. Dr. Syed Zakir Hossain)

Line Director  
Non-Communicable Disease Control Program  
Directorate General of Health Services (DGHS)  
Mohakhali, Dhaka-1212.