WFPHA Positional Statement: Access to the optimal use of fluorides for oral health as a fundamental public health measure

Hyewon Lee^{1,2}, Aditi Gupta³, Woo Jung Yang^{2,4}

AFFILIATION

- 1 Global Maternal and Child Oral Health Center, Dental Research Institute, School of Dentistry, Seoul National University, Seoul, South Korea
- 2 Oral Health Working Group, World Federation of Public Health Associations, Institute of Global Health, University of Geneva, Geneva, Switzerland
- 3 Prosthodontic Program, Penn Dental Medicine, University of Pennsylvania, Philadelphia, United States
- 4 Seoul 365 Apsun Dental Clinic, Incheon, South Korea

CORRESPONDENCE TO

Hyewon Lee. Global Maternal and Child Oral Health Center, Dental

Popul. Med. 2025;7(February):5

Research Institute, School of Dentistry, Seoul National University, Building 86-311, 1 Gwanak ro, Gwanak gu, Seoul, South Korea. E-mail: hyewonlee@snu.ac.kr ORCID iD: https://orcid.org/0000-0002-5960-535X

KEYWORDS

fluorides, oral health, public health measure

Received: 1 February 2025, Revised: 3 February 2025, Accepted: 6 February 2025

https://doi.org/10.18332/popmed/200818

Oral diseases remain the most prevalent diseases and among the most expensive health conditions globally as a neglected epidemic¹. Addressing this public health challenge, the World Health Organization (WHO) recently released the Global Oral Health Action Plan and expanded the Essential Medicine List to include Essential Dental Medicines (EDM), including preventive agents like silver diamine fluoride (SDF), glass ionomer cement (GI), and fluoride applications^{1,2}.

Fluoride's efficacy in preventing and managing dental caries is well-established through extensive scientific research³⁻⁶. As a naturally occurring element, fluoride prevents dental caries through two primary mechanisms: increasing tooth resistance to acid attacks from cariogenic bacteria and promoting remineralization of early carious lesions in tooth enamel^{7,8}.

Various fluoride administration routes exist, and effective caries control requires localized treatment protocols. Community water fluoridation emerged as an efficient delivery method, particularly benefiting populations with limited access to oral healthcare irrespective of age, gender, race, education, ethnicity, and employment status^{6,9}. Historical evidence supports this approach: a study in 1942 across 21 US cities demonstrated caries prevention at approximately 1 ppm fluoride concentration¹⁰, with subsequent research over 70 years confirming the efficacy and safety of community water fluoridation globally¹¹. The WHO guideline value for fluoride in drinking water is less than or equal to 1.5 mg/l, with the optimal concentration in drinking water within the range of 0.5-1.0 mg/L to maximize dental health benefits while minimizing potential risks such as dental or skeletal fluorosis^{6,12}. Fluoride concentrations

higher than 1.5mg/L in drinking water can increase the risk of dental fluorosis, especially in hot climates where higher water consumption leads to increased fluoride intake^{6,13}.

The evolution of fluoride delivery methods reflects diverse community needs worldwide. Recent Cochrane research suggests that while water fluoridation showed clear benefits before 1975, its relative impact may have decreased due to widespread fluoride toothpaste availability¹⁴. Options now include salt fluoridation, fluoride toothpaste, professional applications (varnishes and gels), SDF for non-invasive caries management, and glass ionomer materials that release fluoride in resource-limited settings. However, method selection must consider context-specific factors: natural fluoride levels, population needs, healthcare access, and economic feasibility^{15,16}.

The World Federation of Public Health Associations (WFPHA) strongly advocates for optimal fluoride access as a fundamental public health measure. This position acknowledges both evidence-based recommendations and safety considerations. WHO's guidelines help communities balance caries prevention with adverse effect protection, incorporating water fluoridation among recommended delivery methods in its 2024 Global Oral Health Action Plan.

Our position is based on two key points:

- Global oral health burden: Dental caries remains the most common disease in the world, and oral diseases disproportionately affect socially marginalized and vulnerable populations. At the same time, many countries and communities struggle with the shortage of oral health workforce¹⁷.
- 2. Scientific Evidence: Decades of research support the safety

and effectiveness of fluoride at recommended levels. WHO has also published guidelines to help communities control fluoride exposures to establish the important balance between caries prevention and protection against adverse effects⁶, and water fluoridation is listed as one of the fluoride delivery methods by WHO's recent Global Oral Health Action Plan¹.

WFPHA maintains its commitment to oral health equity through safe and cost-effective prevention. Aligning with WHO's vision of oral health for all, WFPHA supports developing comprehensive national guidelines for optimal fluoride use, considering local contexts, infrastructure, resources, and natural fluoride levels.

WFPHA asserts that access to optimal levels of fluoride is a basic public health right, crucial for achieving global oral health parity. As global oral health communities pursue universal access to optimal levels of fluoride through evidence-based policies and community-specific implementations, we can work toward eliminating preventable dental caries and contributing to health inequities.

REFERENCES

- World Health Organization. Global strategy and action plan on oral health 2023–2030. WHO; 2024. Accessed February 6, 2025. https://www.who.int/publications/i/item/9789240090538
- World Health Organization. The selection and use of essential medicines 2023. Executive Summary of the report of the 24th WHO Expert Committee on Selection and Use of Essential Medicines. WHO; 2023. Accessed February 6, 2025. https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.01
- Pizzo G, Piscopo MR, Pizzo I, Giuliana G. Community water fluoridation and caries prevention: a critical review. Clin Oral Investig. 2007;11(3):189-193. doi:10.1007/s00784-007-0111-6
- 4. National Institute of Dental and Craniofacial Research. Fluoride & Dental Health. Accessed February 6, 2025. https://www.nidcr.nih.gov/health-info/fluoride
- Iheozor-Ejiofor Z, Worthington HV, Walsh T, et al. Water fluoridation for the prevention of dental caries. Cochrane Database Syst Rev. 2015;2015(6):CD010856. doi:10.1002/14651858.CD010856.pub2

ACKNOWLEDGEMENTS

The WFPHA extends its sincere appreciation to all members of the Oral Health Working Group for their valuable contributions to developing this positional article.

CONFLICTS OF INTEREST

The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none was reported.

FUNDING

There was no source of funding.

- World Health Organization. Inadequate or excess fluoride: a major public health concern. WHO; 2019. Accessed February 6, 2025. https://www.who.int/publications/i/item/WHO-CED-PHE-EPE-19.4.5
- 7. Featherstone JD. Dental caries: a dynamic disease process. Aust Dent J. 2008;53(3):286-291. doi:10.1111/j.1834-7819.2008.00064.x
- 8. ten Cate JM. Contemporary perspective on the use of fluoride products in caries prevention. Br Dent J. 2013;214(4):161-167. doi:10.1038/sj.bdj.2013.162
- Horowitz HS. The effectiveness of community water fluoridation in the United States. J Public Health Dent. 1996;56(5 Spec No):253-258. doi:10.1111/j.1752-7325.1996. tb02448.x
- 10. Dean HT, Arnold FA, Elvove E. The fluorine content of the water supply and its relation to dental caries. Public Health Rep. 1942;57(23):1155-1179.
- 11. Whelton HP, Spencer AJ, Do LG, Rugg-Gunn AJ. Fluoride revolution and dental caries: evolution of policies for global use. J Dent Res. 2019;98(8):837-846. doi:10.1177/0022034519843495
- 12. United Nations Office for Disaster Risk Reduction. Fluoride Excess or inadequate intake. United Nations Office for Disaster Risk Reduction; 2022. Accessed February 6, 2025. https://www.undrr.org/understanding-disaster-risk/terminology/hips/ch0022
- 13. World Health Organization. Guidelines for drinking-water quality, 4th edition, incorporating the 1st addendum. WHO; 2017. Accessed February 6, 2025. https://www.who.int/publications/i/item/9789241549950
- 14. Iheozor-Ejiofor Z, Walsh T, Lewis SR, et al. Water fluoridation for the prevention of dental caries. Cochrane Database Syst Rev. 2024;10(10):CD010856. doi:10.1002/14651858. CD010856.pub3
- 15. Featherstone JD. Prevention and reversal of dental caries: role of low level fluoride. Community Dent Oral Epidemiol. 1999;27(1):31-40. doi:10.1111/j.1600-0528.1999.tb01989.x
- 16. Tenuta LMA, Cury JA, Dame-Teixeira N, et al. Position statement on individual and professional methods of fluoride use. J Dent Res. 2022.
- World Health Organization. Global oral health status report: towards universal health coverage for oral health by 2030. WHO; 2022. Accessed February 6, 2025. https://www.who.int/publications/i/item/9789240061484

ETHICAL APPROVAL AND INFORMED CONSENT

Ethical approval and informed consent were not required.

DATA AVAILABILITY

Data sharing does not apply to this article as no new data were created.

PROVENANCE AND PEER REVIEW

Not commissioned; internally peer reviewed.

DISCLAIMER

The views and opinions expressed in this article are those of the authors.