MINISTRY OF HEALTH

REPUBLIC OF GHANA

FREEDOM AND JUSTICE

NATIONAL ORAL HEALTH STRATEGY

AUGUST 2026



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INNER PAGE

National Oral Health Strategy

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FOREWORD

Oral health is an essential component of overall health and well-being, yet it has historically received limited attention within national health systems. In Ghana, the impact of oral diseases continues to be significant, affecting children, adolescents, adults, and the elderly. Dental caries, periodontal diseases, oral cancers, and other oral conditions undermine quality of life, reduces productivity, affects school attendance, and hinder economic growth. As our nation strives toward the attainment of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), strengthening oral health services is both a public health imperative and a development priority.

It is in this context that the Ministry of Health presents the National Oral Health Strategy, a comprehensive framework that outlines Ghana's vision, priorities, and strategic directions for improving oral health over the next five years. This Strategy was developed through a rigorous, inclusive, and evidence-informed process, bringing together key stakeholders from both the public and private sectors. Their collective insights, experiences, and expertise have shaped a forward-looking strategy that responds to current challenges while preparing the nation for emerging needs.

The Strategy provides a clear policy direction and comprehensive national framework for strengthening leadership and governance for Oral Health at all levels, enhancing oral health promotion and disease prevention, improving oral health workforce training, regulation, scope of practice and equitable distribution, securing sustainable financing for Oral Health, integrating Oral Healthcare into Primary Health Care (PHC), and strengthening evidence-based decision-making. It also positions oral health as a critical component of non-communicable disease prevention and control, in line with national priorities and global commitments.

The Strategy also aligns with the national response to Noncommunicable Diseases (NCDs), the vision of the UHC Roadmap, the National Health Policy and WHO Global Oral Health Action Plan and its African Regional Framework. It reflects our collective aspiration to reduce the burden of oral diseases and ensure equitable access to quality oral health services for all. Successful implementation will require sustained partnership among government, professional bodies, community structures, private-sector providers, and development partners. We must work together to ensure that oral health promotion, early detection, and timely treatment become integral to Ghana's health agenda. Every Ghanaian, regardless of geographical location or socio-economic status, should have the opportunity to attain optimal oral health.

The Ministry of Health is committed to working collaboratively with all relevant stakeholders to implement this Strategy and translate its recommendations into meaningful and measurable action.

Kwabena Mintah Akandoh (MP)
Minister for Health

PREFACE

Oral health plays an important role in the well-being, productivity, and quality of life of individuals and communities. Oral diseases are among the most common Noncommunicable Diseases worldwide, affecting an estimated 3.7 billion people.

In Ghana, oral diseases such as dental caries, periodontal disease, and other oral conditions continue to affect people across all age groups, placing a growing burden on individuals, families, and the health system. Addressing these challenges is essential as we work towards Universal Health Coverage and improved health outcomes for all Ghanaians.

The National Oral Health Strategy provides a clear and practical framework to guide Oral Health Service delivery across all levels of the health sector. It outlines strategies and interventions to strengthen prevention and health promotion, integrate oral health into primary health care, improve access to quality services, enhance workforce capacity, strengthen data and monitoring systems and conduct oral health-focused research to support evidence-based decision-making.

As the main agency responsible for service delivery, the Ghana Health Service is committed to translating this strategy into effective action at all levels of care working together with the support of sister Agencies.

The implementation of this strategy will require commitment and strong leadership, efficient use of resources, close collaboration with the Ministry of Health, Teaching hospitals, Faith-Based Organisations, regulatory bodies, professional associations, local government authorities, development partners, civil society organisations, corporate institutions, regional and district health management teams, health workers, individuals and communities.

The Ghana Health Service will ensure, through sustained commitment and coordinated action at national, regional, district, and community levels, integrate Oral Health into routine service delivery to reduce the burden of oral diseases and improve access to quality Oral Health services nationwide.



Dr Samuel Kaba Akoriyea
Director General
Ghana Health Service

ACKNOWLEDGEMENT

The development of the National Oral Health Strategy marks a significant milestone in our collective effort to strengthen Oral Health Care delivery, prevention and access within Ghana's Health Sector.

We extend our deepest appreciation to the Minister for Health, Honourable Kwabena Mintah Akandoh, the Deputy Minister for Health, Honourable Dr Grace Ayensu-Danquah, and the Chief Director, Mr. Desmond Boateng, for their visionary leadership, strategic direction, and unwavering support throughout the development of the National Oral Health Strategy.

We also wish to acknowledge the invaluable leadership and technical oversight provided by the Ag. Director, Technical Coordination Directorate, Dr Hafez Adam Taher and Director-General of the Ghana Health Service Dr Samuel Kaba Akoriyea, whose guidance throughout the development process ensured the successful completion of this important national document.

The Ministry extends its sincere gratitude to the members of the editorial team and the Technical Working Group for their dedication, technical expertise, and tireless efforts in developing this Strategy. Appreciation is also extended to all stakeholders from the Agencies of the Ministry of Health, other Ministries, Departments and Agencies (MDAs), professional associations, academic and research institutions, civil society organisations, development partners, and all individuals and institutions whose invaluable contributions, insightful recommendations, and constructive feedback enriched the Strategy through the consultative and validation processes.

A special thanks to our development partners, World Health Organisation (WHO) and the Borrow Foundation for their continuous support, both technically and financially throughout the development of this Strategy.

Finally, the Ministry extends its heartfelt thanks to all individuals and institutions whose commitment, collaboration, and shared vision contributed to the successful completion of this Strategy. Their collective efforts have laid a solid foundation for strengthening oral health services, improving oral health outcomes, and advancing equitable access to safe, quality, and people-centred oral healthcare for all people in Ghana.

ABBREVIATIONS

AMR	Antimicrobial resistance
CDO	Chief Dental Officer
CPD	Continuing Professional Development
CPI	Community Periodontal Index
CHAG	Christian Health Association of Ghana
CHPS	Community – Based Health Planning and Services
CMCs	Community Management Committee
CSO	Civil Society Organisations
CV	Community Volunteers
DALY	Disability adjusted life year
DHD	District Health Directorate
DHIMS/DHIS II	District Health Information System II
DHMT	District Health Management Teams
DMFT	Decayed, Missing and Filled Teeth
dmft	Decayed, Missing and Filled Teeth -primary teeth
DP	Development Partners
DSA	Dental Surgery Assistants
FBO	Faith Based Organisation
FDA	Food and Drugs Authority
GBD	Global Burden of Disease
GCPS	Ghana College of Physicians and Surgeons
GES	Ghana Education Service
GHS	Ghana Health Service
GOHAP	Global Oral Health Action Plan
HeFRA	Health Facilities Regulatory Authority
HPV	Human Papilloma Virus
ICD	Institutional Care Division
KNUST	Kwame Nkrumah University of Science and Technology
MoE	Ministry of Education

MoH	Ministry of Health
NASIA	National Schools Inspectorate Authority
NCCE	National Commission for Civic Education
NCD	Noncommunicable Diseases
NMC	Nursing and Midwifery Council
MDC	Medical and Dental Council
MMDAs	Metropolitan, Municipal and District Assemblies
MEST	Ministry of Education, Science and Technology
PHC	Primary Health Care
PHCN	Primary Health Care Networks
PPMED	Policy Planning Monitoring and Evaluation Division
RHD	Regional Health Directorate
RDD	Research and Development Division
SDG	Sustainable Development Goals
SHEP	School Health Education Program
SOP	Standard Operating Protocols
TCD	Technical Coordination Directorate
TVET	Technical and Vocational Education Training
TWG	Technical Working Group
WHA	World Health Assembly
WHO	World Health Organisation
UHC	Universal Health Coverage
UG	University of Ghana

TABLE OF CONTENTS

FOREWORD.....ii
PREFACE.....iv
ACKNOWLEDGEMENT.....v
ABBREVIATIONS.....vi
TABLE OF CONTENTS.....viii
LIST OF FIGURES.....x
GLOSSARY.....xi
EXECUTIVE SUMMARY.....xiii
Chapter One: Introduction.....1
1.1 History of Dentistry in Ghana.....1
1.2 Rationale for National Oral Health Strategic Plan.....2
1.3 Scope of Strategy.....2
1.4 Strategy Development and Review Process.....3
1.5 Situational Analysis.....3
1.5.1 Current State of Oral Health in Ghana.....3
1.5.2 Oral Disease Burden.....4
1.5.3. Oral Health Governance.....6
1.5.4 Oral Health Financing.....7
1.5.5 Oral Health Service Utilisation, Service delivery and Workforce.....8
1.6.6 Oral Health Promotion and Oral Disease Prevention.....11
1.6.7 Oral Health Information System and Oral Disease Surveillance.....11
1.6.8 SWOT Analysis.....11
Chapter Two: Strategic Contexts and Framework.....15
2.1 Global and National Policy and Legal Contexts.....15
2.1.2 Global and Regional Contexts.....15
2.1.3 National Context.....16
2.3 Vision, Mission, Goal and Guiding Principles.....18
2.3.1 Vision.....18
2.3.2 Mission.....18
2.3.3 Goal.....18
2.3.4 Guiding Principles.....18
Chapter Three: Strategic Objectives & Interventions.....20
3.1 Objectives and Strategies.....20
3.1.1 Strategic Objective 1: Oral Health Governance and Leadership:.....20
3.1.2 Strategic Objective 2: Health Promotion and Oral Disease Prevention.....20

3.1.3 Strategic Objective 3: Oral Health Workforce....21
3.1.4 Strategic Objective 4: Oral Health Financing....21
3.1.5 Strategic Objective 5: Oral Health Care....21
3.1.6 Strategic Objective 6: Oral Health Information Systems and Research....22
Chapter Four: Strategy Implementation Arrangement and Plan....23
4.1 Implementation Arrangements....23
4.2 Roles and Responsibility Matrix....24
4.3 Resource Mobilization....27
Chapter Five: Monitoring, Evaluation, Learning and Research....28
5.1 Research....28
5.2 Review of the Strategy....29
Chapter Six: Costing Framework....30
Chapter Seven: Strategy Dissemination Plan....32
7.1 National level....32
7.2 Regional Level....32
7.3 District and Sub-District Levels....32
References....33
Appendices....37
Appendix 1 Technical Working Group....37
Appendix 2 List of Contributors/Stakeholders....38
Appendix 3 Editorial Team....39
Appendix 4 Development Partners....39
Appendix 5 Organogram for National Oral Health Implementation....40
Appendix 7 Communication plan....46
Appendix 8 Dissemination plan....50
Appendix 9 Monitoring and Evaluation Matrix Framework....52

LIST OF TABLES

Table 1 Oral health professional trained and registered from the three training institutions.....9
Table 2 number of specialists trained (UG and KNUST).....9
Table 3 SWOT analysis of Ghana's Oral Health system using WHO health system.....12
Table 4 Global legislative and policy frameworks guiding oral health service provision in Ghana...15
Table 5 Legislative and policy framework guiding oral health service provision in Ghana.....16
Table 6 Roles and responsibility matrix.....24
Table 7 Cost of Implementation: Summary Budget.....30
Table 8 Technical Working Group.....37
Table 9 Contributors/Stakeholders.....38
Table 10 Editorial Team.....39
Table 11 Supporting Partners.....39
Table 12 Organogram for National Oral Health Implementation.....40
Table 13 Oral Health Strategic Plan Implementation Matrix.....41
Table 14 Communication plan.....46
Table 15 Dissemination Plan: National, Regional, District and Sub-District Levels.....50
Table 16 Monitoring and Evaluation Matrix.....52

LIST OF FIGURES

Figure 1 5yr Analysis of Dental Caries and Periodontal Diseases across all Age Groups.....4
Figure 2 Number of extractions in ages <5yrs and 5-17yrs and no. of fillings across all age groups and sex (source: DHIMSII).....5
Figure 3 Map showing distribution of Dental Surgeons in GHS-CHAG facilities across the 16 regions-2025.....10
Figure 4 Map showing distribution of mid-level oral health personnel in GHS-CHAG facilities across the 16 regions 2025.....10

GLOSSARY

Continuing Professional Development	Learning activities that professionals engage in to develop and enhance their abilities.
Dental Caries (Dental Decay)	A chronic bacterial disease of calcified tissues of teeth characterized by demineralization of the inorganic and destruction of the organic substance of the tooth.
Essential Health Package	A quality minimum package of health care services, that government has specified to be available at all times to all the people in Ghana, irrespective of ability-to-pay.
Dentist	A qualified healthcare professional, also known as a dental surgeon, who diagnoses, treats, and prevents conditions related to the teeth, gums, mouth, and jaw
Dental Technician/Technologist	A qualified healthcare professional trained to make custom-made dental appliances such as crowns, bridges, dentures and models in a dental laboratory based on prescriptions from dentists.
Dental Surgery Assistant/Nurse	A qualified clinical support professional who works alongside dentists, providing 'four-handed" dentistry chairside assistance, preparing instruments and managing infection prevention and control.
Physician Assistant-Dental/COHO (Dental Therapist/Hygienist)	A qualified dental care professional who focuses on cleaning, scaling, selected procedures and oral health education.
Minamata Convention on Mercury	An international treaty designed to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds.
Noma	An orofacial gangrene, with a high mortality, mainly occurring in malnourished children debilitated by disease, which causes progressive and mutilating destruction of the infected tissues.
Noncommunicable Diseases (NCDs)	Health conditions which cannot be directly transmitted between people, and which last for a long period of time (also known as chronic diseases) e.g., diabetes, oral diseases, hypertension.

Oral Health	The state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions, such as eating, breathing and speaking, and encompasses psychosocial dimensions, such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment.
Periodontal Disease	A chronic inflammatory disease that is triggered by bacteria and involves a severe chronic inflammation that causes the destruction of the tooth-supporting apparatus and can lead to tooth loss and other health problems.
Preventive Dentistry	The branch of dentistry that deals with the preservation of healthy teeth and gums and the prevention of dental caries and other oral diseases.

EXECUTIVE SUMMARY

Background:

Oral health is an essential component of overall health and well-being. Despite being largely preventable, oral diseases, such as dental caries, periodontal diseases, oral cancers, and other oral conditions continue to affect a significant proportion of the population, resulting in pain, disability, reduced quality of life, and increased healthcare costs. Many of these conditions share common risk factors with other noncommunicable diseases (NCDs), including tobacco use, harmful use of alcohol, unhealthy diets high in sugar and poor oral hygiene.

Rationale:

Oral health remains a low public health priority in Ghana, despite the growing burden of oral diseases. With 84.9% of Ghanaians (Ghana STEPS, 2023) among 18-69 years old having never visited a dentist, significant inequities in access to oral health services persist. This National Oral Health Strategic Plan provides a framework to address these gaps by promoting equitable access, preventing oral diseases and integrating oral health into the overall national health and development agenda.

Scope:

The strategy adopts a multisectoral approach to improve oral health. It focuses on disease prevention, oral health promotion, improved health literacy, and equitable access to quality oral health services through primary care and strengthened policies.

The strategy aligns with National Health priorities, and the WHO Global Strategy and Action Plan on Oral Health (2023–2030) and its African Regional Framework. A detailed situational and SWOT analysis which identified key challenges, gaps and opportunities formed the basis for the strategic objectives and interventions of this strategy.

Strategic Objectives (SO):

S.O. 1: Oral Health Governance and Leadership: To Strengthen Leadership and Governance for Oral Health at all levels

S.O. 2: Health Promotion and Oral Disease Prevention: Strengthen Oral Health Promotion and Disease Prevention

S.O. 3: Oral Health Workforce: Improve oral health workforce training. regulation, scope of practice and distribution

S.O. 4: Oral Health Financing: To secure sustainable financing for oral health

S.O. 5: Oral Health Care: Strengthen the integration of Oral Health Care into Primary Health Care (PHC)

S.O. 6: Oral Health Information Systems and Research: To strengthen evidence-based decision - making for Oral Health

Implementation:

The implementation framework for the National Oral Health Strategy provides a comprehensive framework to improve oral health outcomes through a coordinated, equitable, and people-centred approach.

The strategy recognises that improving oral health requires coordinated action across government ministries, local authorities, professional associations, academic institutions, civil society organisations, development partners, private sector, individuals, communities, healthcare providers and other sectors whose activities influence population health.

Monitoring and Evaluation:

A robust monitoring and evaluation framework will guide implementation, track progress, and inform continuous improvement.

Conclusion:

Successful implementation of this strategy will contribute to the reduction of the burden of oral diseases, improve access to quality oral health services, promote healthier communities and advance Universal Health Coverage for all.

Chapter One:

Introduction

Oral health is integral to overall health, and although oral diseases are some of the most common noncommunicable diseases (NCDs), they are often overlooked globally. Dental caries, periodontal disease, tooth loss, oral cancer, oro-dental trauma, noma, and congenital deformities including cleft lip and palate are among the illnesses and ailments categorized as oral diseases. Moreover, poor oral health has been linked to several chronic diseases, such as diabetes[1], cardiovascular diseases[2], and cancer.

In 2021, the 74th World Health Assembly adopted a historic resolution on oral health. The resolution calls for a paradigm shift in oral health policy and planning from a conventional model of curative dentistry towards a promotive and preventive model. The resolution also emphasises that oral health should be fully embedded in the NCD agenda and that essential oral health care interventions should be included in Universal Health Coverage (UHC) benefit packages[3]. Addressing oral health as an NCD requires a holistic approach that addresses the underlying lifestyle and behavioural factors contributing to oral diseases, particularly given that these diseases share common risk factors with other NCDs. This includes promoting healthy diets, reducing tobacco and alcohol use, improving oral hygiene, and expanding access to affordable, high-quality oral health services. Furthermore, at the request of Member States through the oral health resolution, WHO developed the Global Oral Health Strategy in 2022 and its Global Oral Health Action Plan in 2023[1]. Member States in the WHO African Region also adopted the Regional Framework on Oral Health during the 75th Regional Committee for Africa.[2]

1.1 History of Dentistry in Ghana

Modern dental services in Ghana date back to the 1930s, when two expatriate dentists, one in the Gold Coast Health Services and the other in private practice provided the earliest documented care. Their work was soon complemented by three additional practitioners who established private dental clinics in Accra, contributing to the gradual expansion of oral health services. As the need for a national workforce increased, Ghana supported overseas training for dental professionals. The first Ghanaian-trained dentist emerged during this period, with three more joining the service in 1949. Over the following decades, more locally trained dentists entered both civilian and military practice, including the first Ghanaian woman to qualify as a dentist. The armed forces also established a dedicated dental corps, with one officer eventually becoming the first commanding officer of the 37 Military Hospital and later serving as Minister of Health. Local dental training formally began in Ghana, with the first cohort graduating in 1997.

Training of mid-level Oral health personnel formally began in Ghana with a two-year programme for Dental Surgery Assistants at the Ridge Hospital Dental Clinic in 1972. Subsequently, the Rural Health Training School, now known as the College of Health and Well-Being, Kintampo, received accreditation in 2007 to train Community Oral Health Officers (COHOs), now Physician Assistants-Oral/Dental and Registered Dental Surgery Assistants.

By 1953, there were only two Dental Technologists in Ghana. Later, more dental technologists were trained through a collaboration with the Federal School of Dental Technology in Lagos, Nigeria. Local training of dental technologists began in Ghana in 2002. There have been challenges with the training of dental technologists since the last cohort graduated in 2020.

Leadership structures evolved alongside workforce growth. The Ministry of Health created the position of Senior Dental Surgeon in 1957, followed by the appointment of the first Director of Dental Services in 1958. Further leadership transitions occurred in 1974 and 1980. After a leadership gap following the untimely demise of the director in 1985, the role of Chief Dental Officer was created in 1992 and has since served as the highest technical authority for oral health.

1.2 Rationale for National Oral Health Strategic Plan

Evidence suggests that oral health is a priority but overlooked in most African countries[5], indicating a lack of oral health policies, strategies, and programmes. This is compounded by an increasing burden of oral diseases across the African continent and in Ghana[6,7]. Estimates from the Ghana STEPS report revealed that approximately 85% among 18-69 years old have never visited a dentist (Ghana STEPS, 2023). It is imperative to begin to address inequities related to oral health services in Ghana. Key to achieving this is the development of the first- National Oral Health Strategic Plan, which is necessary for providing guidance eliminate inequities, promote good oral health and prevent oral diseases. This ensures a healthier future in which oral health is recognised as an integral part of the nation's well-being.

1.3 Scope of Strategy

The Strategy, which is to ensure a healthy population for national development, recognises the wider operational definition of health as being “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity” (WHO). It focuses on the prevention of oral diseases (oral hygiene practices, dietary choices especially reduction of diet with high in sugars, tobacco cessation, alcohol reduction/ rational use of alcohol), improving of oral health literacy, ensuring equitable access to oral health services through primary care, tackling social and commercial determinants, leveraging technology, and building strong policies across the life course. This will ensure a reduction in the burden of oral diseases. This Strategy recognises the role of all the various organisations/ institutions (both public and private), people (including practitioners, patients/ lived experience), and especially the non-health institutions and their actions that impact the oral health of the population.

1.4 Strategy Development and Review Process

The National Oral Health Strategy was developed through evidence-based and extensive participatory processes involving reviews of relevant documents, stakeholder consultations and engagements. This was done under the stewardship of the Minister for Health. The process leveraged the Health Sector Working Group Platform for strategic guidance under the chairmanship of the Chief Director of the Ministry of Health. The day-to-day technical and administrative work was undertaken by an editorial team established

by the Ghana Health Service at the Office of the Chief Dental Officer within the Institutional Care Division and supported by the Technical Coordinating Directorate, Policy Coordination Unit of the MOH, WHO and the NCDs Programme of the Public Health Division. This was followed by a review and final validation process involving key Government Agencies, professional bodies and private health sector actors.

1.5 Situational Analysis

1.5.1 Current State of Oral Health in Ghana

Ghana is a country in West Africa and shares its borders with Togo to the east, Côte D'Ivoire on the west, Burkina Faso to the north and the Gulf of Guinea to the South[8]. It covers 92,099 square miles and politically the country is divided into 16 regions with 261 districts[8]. The country has a population of approximately 33 million and Accra serves as the capital. Ghana is classified as a lower middle-income country and has a GDP per capita of US$2,390.8 as of 2024[9]. Health expenditure as a share of GDP has declined from 2.1% in 2024 to 2.0%[10,11] in 2025 falling below the recommended 5% WHO threshold required for advancing UHC[10,12]. Less than 1% of the health budget is spent on oral health care. The country has a minimum package of essential oral health services at the primary care level though implementation has been sub-optimal and thus, making access to oral health care difficult. This was seen in the 2023 Ghana STEPS Report which indicated that 84.9% of Ghanaian citizens among 18-69 years old had never received dental care[13]. Oral health care services face several challenges, such as disparities and inequalities in service provision, affordability, lack of awareness, socio-behavioural and cultural factors[14]. According to a study by Antwi et al. (2020), only 17.5% of Ghanaians had visited a dentist in the past year, and the main reason for seeking dental care was acute pain or infection[7]. This has been corroborated by the 2023 Ghana STEPS report which revealed only about 15.1% of the adult population had ever received dental care. Furthermore, about a third (29%) of adults experienced oral pain or discomfort in the preceding year yet only 3.4% visited a dentist within the same timeframe[15]. While most adults clean their teeth with fluoridated toothpaste at least once a day, only about half (54.3%) clean twice a day, and older adults (aged 45-69) were less likely to use toothpaste in cleaning, compared to younger adults (aged 18-44)[15]. These findings are indication for efforts towards the achievement of universal oral healthcare for all in Ghana.

1.5.2 Oral Disease Burden in Ghana

1.5.2.1 Dental Caries and Periodontal Diseases

A study conducted among school children aged 9-16 years in Accra, Ghana, reported that 47.7% of participants had common oral conditions with a prevalence of 13.3% for dental caries in 2022[7]. This burden of oral disease among children may be higher outside the capital city where dental services are limited and health inequalities prevail.

The figure below (fig 1) also illustrates the high numbers of dental caries and periodontal diseases in Ghana.

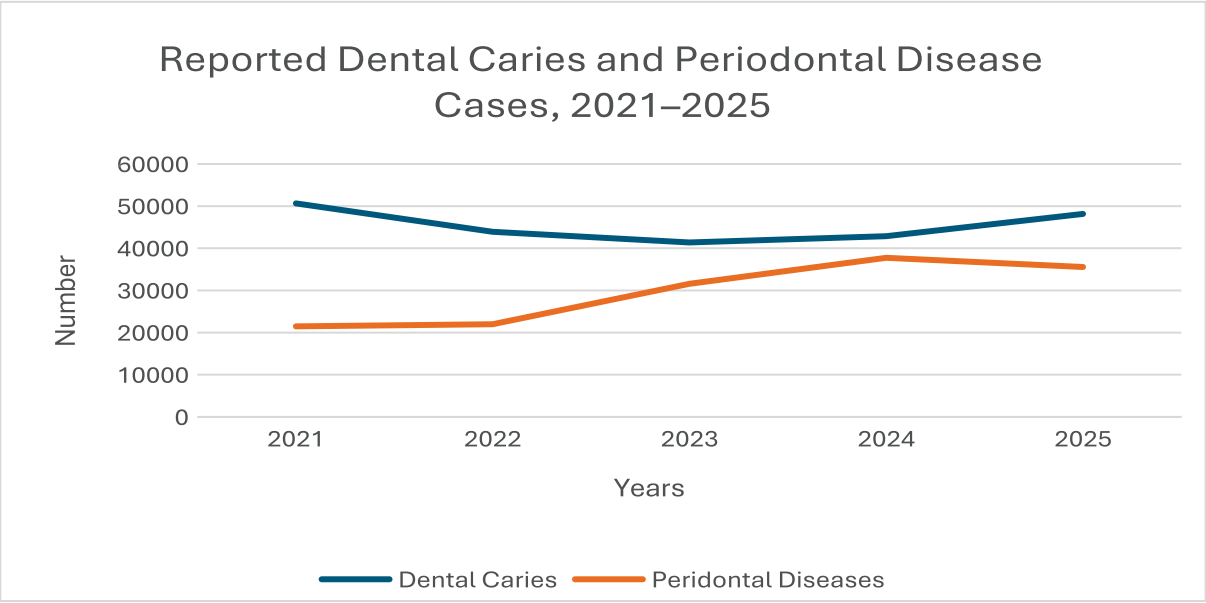


Figure 1 Reported Dental Caries and Periodontal Disease Cases, 2021–2025 (Source: DHIMS II)

Figure 2 below describes the oral health services provided to address dental caries among children and adults, shows that extractions were the predominant intervention for children between 5-17 years, with fewer restorative procedures and preventive services provided by dental services across the country. This situation underscores the need to strengthen oral health promotion and prevention interventions.

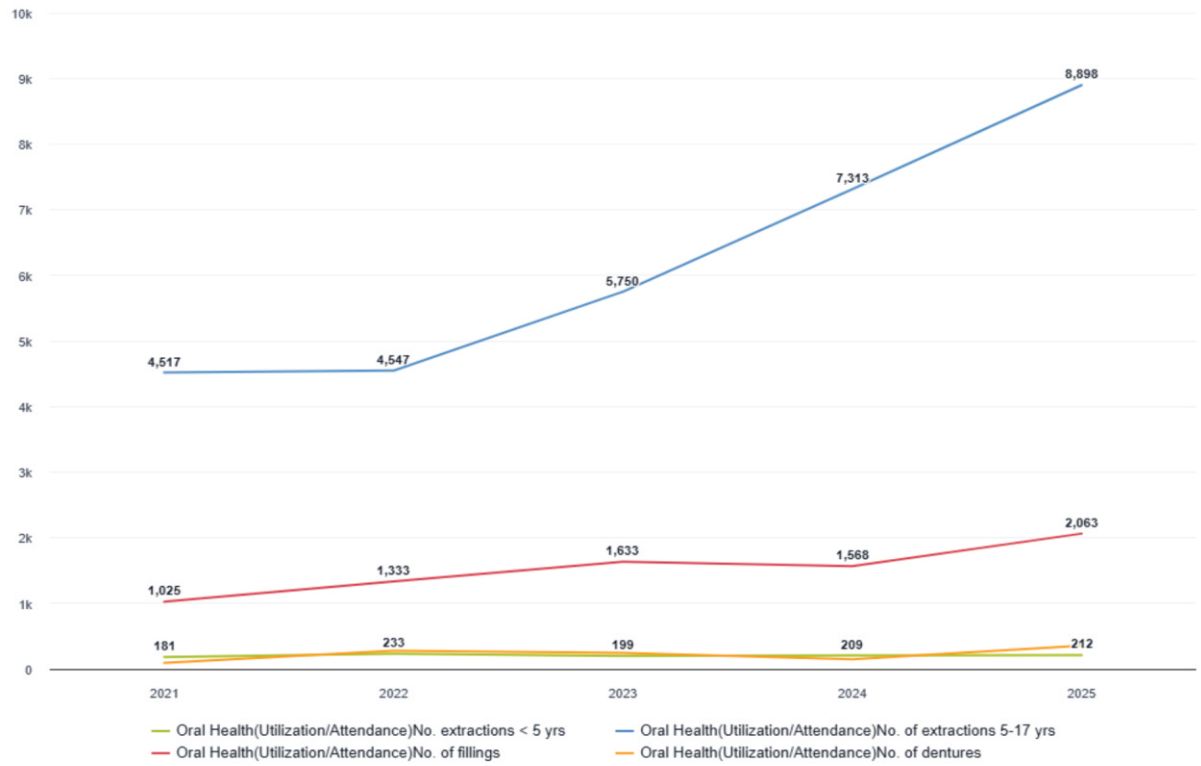


Figure 2 Reported Dental Extractions, Fillings and Dentures, 2021–2025 (Source: DHIMS II)

1.5.2.2 Oral Cancers

There is a global rise in oral cancers. Oral cancer refers to cancer of the lip, oral mucosa and oropharynx[16] According to GLOBOCAN 2024 estimates, Ghana recorded approximately 220 new cases of cancer of the lip and oral cavity, corresponding to a crude incidence rate of 0.80 per 100,000 population, with an estimated 139 deaths. Oropharyngeal cancer accounted for approximately 85 new cases, corresponding to a crude incidence rate of 0.31 per 100,000 population, with an estimated 44 deaths[17,18] . Available evidence from the Kumasi Cancer Registry also indicates that oral cancers affect more males than females[21]. Another study in Kumasi reported the prevalence of oral cancer as 29.4% of head and neck cancers with the commonest histopathological type being squamous cell carcinoma (49.6%)[22]. Majority (47.6%) of patients presented at stage IV[22]. Oral cancers like other cancers are associated with tobacco use and alcohol consumption[23,24] in addition to other unique risk factors such as HPV (especially with oropharyngeal cancer) and EBV[25] infection. Oral cancers are also a public health concern due to late detection, high mortality and morbidity rates and their significant impact on the quality of life. Unfortunately, data on oral cancers in Ghana at the national level remains limited, as most cases are documented at tertiary and teaching hospitals among patients who present or are referred for specialist care. Determining reliable national prevalence estimates for oral cancer continues to be a significant challenge.

1.5.2.3 Other diseases

Other oral diseases and related conditions of public health importance in Ghana include noma, oro-dental trauma, tooth loss and congenital conditions such as cleft lip and palate. Noma is a severe, rapidly progressive gangrenous disease of the mouth and face that predominantly affects young children living in conditions of poverty and is associated with malnutrition, poor oral hygiene and weakened immunity[6]. In December 2023, noma was formally recognised by the World Health Organization as a neglected tropical disease (NTD), highlighting the need to strengthen its prevention, early detection, referral and management within existing health programmes. Although these conditions contribute to morbidity, disability and reduced quality of life, data gaps remain for several of these conditions, particularly Noma[6].

1.5.3 Health System Response to Address Oral Diseases in Ghana

1.5.3.1 Oral Health Governance

Oral health leadership and governance in Ghana is coordinated at the national level through the Office of the Chief Dental Officer within the Ghana Health Service, which provides technical leadership for oral health service delivery. At the sub-national level, regional dental officers provide leadership, coordination and oversight of oral health services.

Despite these existing structures, oral health governance challenges remain, particularly the integration of oral health into broader health policies and programmes. Ghana's National Policy on NCDs highlights that most oral health conditions and other NCDs share

common risk factors and the importance of oral health within the broader NCD agenda. However, the absence of a comprehensive national strategic document for oral health has contributed to gaps in strategic planning, coordination and prioritisation within the health system. The development of Ghana's first National Oral Health Strategic Plan therefore provides an opportunity to strengthen leadership, coordination and accountability for oral health at national and sub-national levels.

Oral health governance challenges include limited coordination across institutions and inadequate integration of oral health into broader health policies. Ghana's National Policy on NCDs acknowledges that most oral health conditions and other NCDs share similar risk factors and recognises the importance of oral health as part of the broad spectrum of NCDs. However, the absence of a National Oral Health Strategy contributes to the lack of proper strategic planning and coordination, and to the lack of prioritisation of oral health within the health system.

1.5.3.2 Dental Materials, Medicines and Logistics

Dental materials are specially formulated substances used in dentistry to restore or replace damaged or missing teeth and surrounding tissues, manage and repair infected or injured dental pulp with root canal procedures, adjust tooth alignment, and improve overall oral health. Dental materials also include implants, bone grafts, and membranes that help repair and regenerate bone and soft tissue[26].

Ghana's public health supply chain operates across national, regional and facility levels, with procurement undertaken at different levels of the health system[27]. Ghana has also implemented the Ghana Integrated Logistics Management Information System (GhiLMIS), an electronic platform designed to improve visibility, forecasting and coordination of health commodities across the public health supply chain[28]. However, many dental materials and medicines are not routinely procured through central public-sector supply arrangements and are therefore purchased from private suppliers. Import duties and taxes may further increase acquisition costs, while fragmented procurement can affect price, availability and quality assurance. Expanding national procurement arrangements to include essential dental materials and medicines could improve economies of scale, standardization, quality assurance and availability. Targeted tax incentives for approved dental materials and medicines, as well as for local manufacturers, could further reduce costs.

There are also gaps in the inclusion of essential oral health medicines and dental materials within national medicines and treatment frameworks. Strengthening the inclusion of essential preventive and minimally invasive oral health products, such as fluoride varnish, silver diamine fluoride, glass ionomer cement and appropriately fluoridated toothpaste, in the national essential medicines list and Standard Treatment Guidelines would support their availability and use across the health system, particularly at the primary care level.

The absence of guidelines on the rational use of fluoride-containing oral health products remains a challenge. According to the 2023 Ghana STEPS survey, 94.1% of adults aged 18–69 years reported using toothpaste to clean their teeth, and among those who used toothpaste, 92.8% reported using fluoride-containing toothpaste. However, there is no unified national standard for minimum effective concentration, labelling, or quality

assurance in line with WHO[29,30]and ISO11609[31]. Similarly, there is no independent guideline addressing the rational use of antibiotics in oral health service delivery or incorporating noma into NTD programmes in Ghana. Noma was officially added to the WHO list of NTDs in December 2023, recognizing its shared risk factors with other NTDs such as Buruli Ulcer, Leprosy other bacterial infections. Without these guidelines, sub-optimal fluoride concentrations, irrational antibiotic use, and siloed implementation of noma interventions may reduce effectiveness. Furthermore, dental amalgam has been a widely used filling material in dental restorative care for over 175 years. It consists of a mixture of metals: approximately 50% elemental mercury combined with a powdered alloy of silver, tin, and copper. Ghana ratified the Minamata Convention on Mercury in 2017 and has adopted measures to phase down the use of dental amalgam. According to Ghana's 2025 National Report to the Minamata Convention, the Government of Ghana, through the Ministry of Health, Ghana Health Service and Ghana Dental Association, has adopted a strategy that includes promoting good oral hygiene to prevent dental caries and reduce the need for restorations, minimising dental amalgam waste, and promoting the sound management of amalgam waste and promoting its sound management. Ghana's National Guidelines for Health Care Waste Management further provide for the phase-down of mercury-containing dental amalgam and identify measures such as the use of pre-dosed encapsulated amalgam, amalgam separators and composite restorative materials to minimise amalgam waste, together with the safe collection, handling and environmentally sound disposal of mercury-containing healthcare waste. Ghana has not legislated its exclusion from dental service delivery, and amalgam continues to be used in dental schools for training purposes.

Provisions related to dental amalgam—amended during the fourth, fifth, and sixth meetings of the Conference of the Parties (COP)—are outlined in Annex A, Part I and II of the Convention. These provisions include restrictions on the use of dental amalgam, except for when its use is considered necessary by the dental practitioner based on the needs of the patient, with a phase-out date set for 2034, as agreed at COP-6 in 2025[32].

1.5.3.3 Oral Health Financing

Financing for oral health services remains inadequate, with limited or no budgetary allocations at national and sub-national levels. Oral health services are not sufficiently prioritised within existing health financing mechanisms. Ghana's budget allocation for oral health services is currently insufficient to meet the population's needs. In 2019, the total expenditure on dental healthcare was approximately $0.8 million, equating to a per capita expenditure of just $0.03. This low investment is reflected in the limited availability of essential oral health services and the affordability of preventive measures. Also, revenue from health taxes is unavailable. This constrains service expansion, weakens prevention and health promotion efforts, and limits investment in infrastructure, equipment, supplies, and outreach activities, ultimately affecting the quality, coverage, and sustainability of oral health services. Nonetheless the country has made provision for oral health under UHC and has a minimum package of essential oral health services covered under the National Health Insurance Scheme[33,34]. The NHIS benefits package includes dental caries, pain relief, including incision and drainage of abscesses, extraction, restorations including glass ionomer and composite restorations, and temporary dressings[34].

1.5.3.4. Oral Health Service Utilisation, Service delivery and Workforce

Despite the number of dentists trained doubling between 2018 and 2022 (Table 1), the number of dentists in the country (Ghana Health Labour Market analysis 2024) remains low, with the current dentist-to-population ratio standing at 0.1 per 10, 000 population.

The country currently has 5 universities (4 public and 1 private) that train dentists. Three of these (2 public, 1 private) have yet to graduate students. Two colleges (1 public, 1 private) train dental therapists, dental hygienists, and registered dental surgery assistants. Postgraduate training of dentists is provided by the Ghana College of Physicians and Surgeons (GCPS) and the West African College of Physicians and Surgeons (WACPS). The number of registered specialists based on figures from relevant regulatory bodies and the various training institutions within Ghana is outlined in Table 2.

This trained workforce is distributed unevenly across the over 10,000 public, private and quasi-government health facilities from primary care level to specialised tertiary level.[35] Unfortunately, some regions do not have a dental facility (Fig. 3) as dental facilities remain concentrated in urban areas notably Accra and Kumasi[14]. Nonetheless, a minimum package of essential oral healthcare is available at all levels at most district health facilities, which have an operational dental unit. It is important to note that a third of districts do not have a public hospital and therefore have limited access to public dental facilities. As such access to and utilisation of dental services in Ghana still needs to improve across all levels. Services provided are usually curative as most patients present with pain and discomfort. This is due to a lack of awareness about the importance of preventive dental care and the perceived high cost of dental services.

All these public facilities are riddled with logistical challenges including supply chain issues which further hamper service delivery and make the full integration of oral health services at the primary care level difficult. Thus, the need to scale up integration of oral health services at the primary care level is a national priority. It is worth noting that in Ghana, non-oral health professionals such as medical doctors, nurse practitioners and community health workers do provide some form of oral health services in the form of education, screening and referral to qualified oral health professionals.

All dental facilities are regulated by the Health Facilities Regulatory Agency (HeFRA).

Profession	2020	2021	2022	2023	2024	2025
Dentist	52	43	58	69	75	70
Registered Dental Surgery Assistant	66	76	53	56	54	59
Physician Assistant-Dental/Oral Health/ COHO	0	0	0	9	10	14
Dental Therapist	7	16	31	20	23	15
Dental Laboratory Technologists	10	0	0	0	0	0

Table 2 Number of specialists trained between 2007 and 2026

Oral health specialities	Fellows	Members
Maxillofacial	15	36
Restorative	9	27
Periodontics	2	5
Oral Pathology	2	6
Orthodontics	6	29
Paediatrics	0	7
Oral Medicine	0	2
Community Dentistry/Public Health	0	25
Total	**34**	**137**

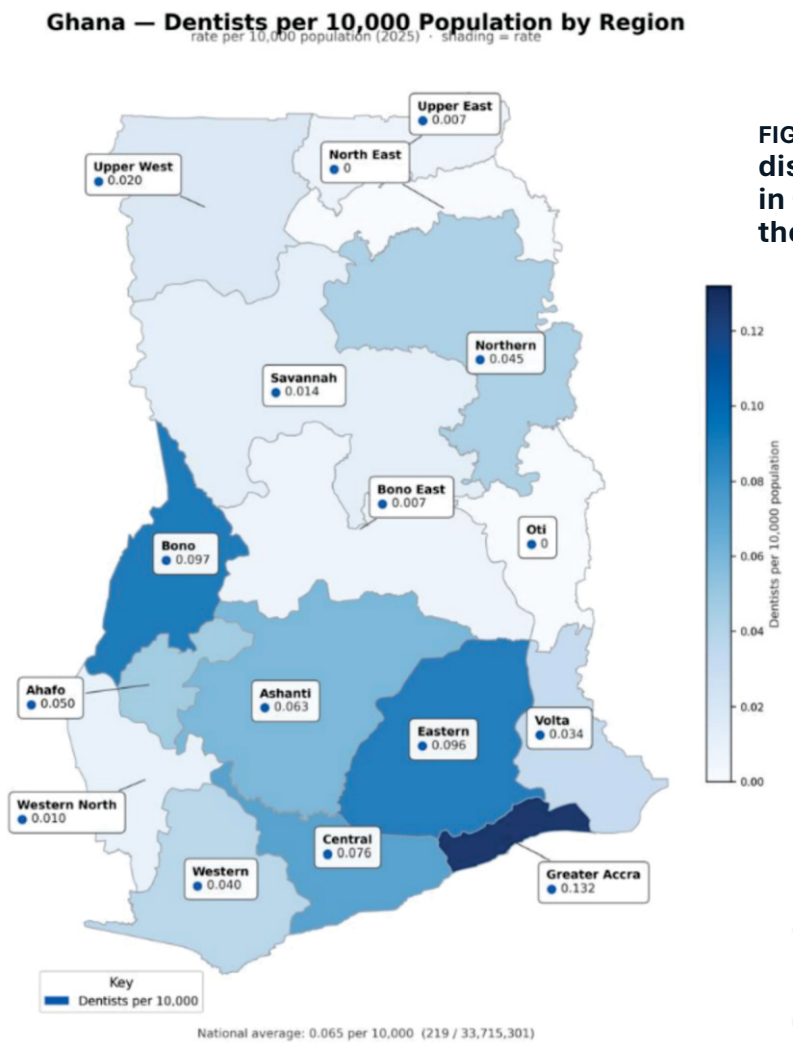


FIGURE 3. Map showing distribution of Dental Surgeons in GHS-CHAG facilities across the 16 regions-2025

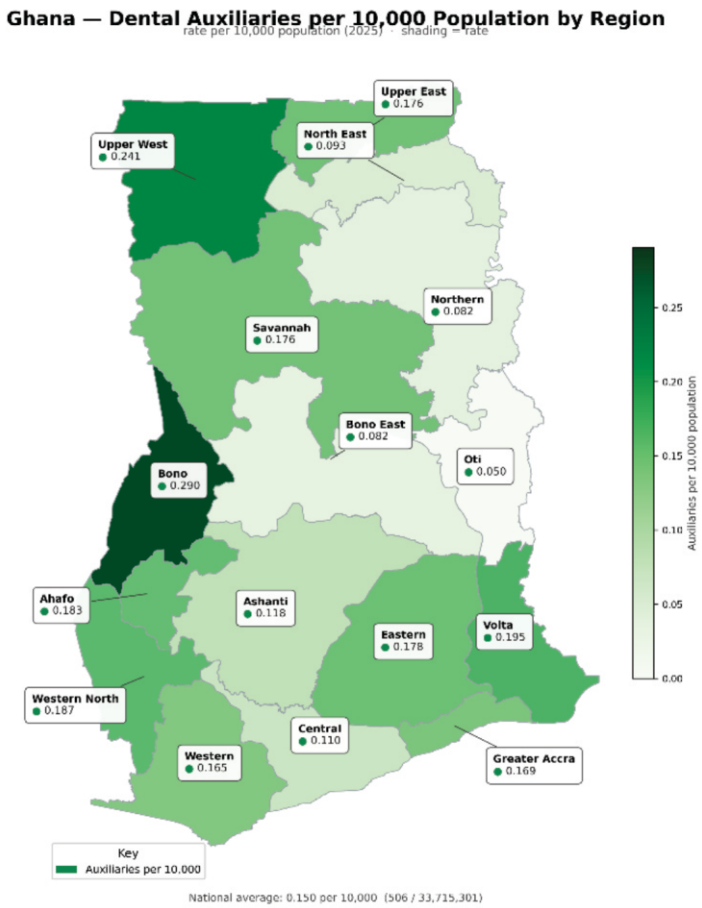


FIGURE 4 Map showing distribution of mid-level oral health personnel in GHS-CHAG facilities across the 16 regions 2025

1.5.3.5 Oral Health Promotion and Oral Disease Prevention

Significant disparities exist in access to oral health services based on geography, socioeconomic status, and population groups. Many individuals seek care only when experiencing pain or an emergency. This reflects low awareness, financial barriers and minimal emphasis on prevention and health promotion.

Oral health promotion and preventive interventions are limited in scale and coverage. Inadequate Social and Behaviour Change Communication (SBCC) materials, weak integration into community health programmes, low outreach activities and low public awareness contribute to an increase in the number of preventable oral diseases, with service delivery largely curative *(Fig. 2)*. Oral health is included in the school health promotion and screening initiatives within the country, but this applies mainly to public schools within each district.

Ghana has imposed a tax on sugar-sweetened beverages, tobacco products and alcohol imported into the country and the revenue has been earmarked towards managing NCDs, which include oral diseases. However specific allocations are yet to be made for each disease category.

1.5.3.6 Oral Health Information System and Oral Disease Surveillance

Oral health facilities submit routine, aggregated monthly oral health service data to the District Health Information Management System (DHIMS2) using a standard reporting form. This form covers some oral health conditions such as dental caries and periodontal disease in addition to the type of treatment rendered. Data for these are readily available but not exhaustive as the current form has limited data fields. This means several oral

conditions and services rendered are not captured, leading to underreporting and underestimation of the true oral disease burden. The form is under review to expand the range of conditions recorded and update the indicators captured.

1.6 SWOT Analysis

The country's stakeholder analysis was conducted in coordination with the Ministry of Health, the Ghana Health Service (GHS) and other partner organisations as part of the national consultation process to analyse the oral health care system in Ghana.

TABLE 3 SWOT analysis of Ghana's Oral Health system using WHO health system building blocks

WHO Health System Building Block	Strengths	Weaknesses	Opportunities	Threats
1. Leadership & Governance	• National Health Policy recognises oral health.	• No comprehensive national oral health policy and strategy.	• Develop and implement Ghana's first national oral health strategy and policy.	• Limited prioritisation of oral health in national health planning.
	• Oral Health Unit within the Ghana Health Service and Medical and Dental Unit at the Ministry of Health provide leadership and coordination.	• No organogram.	• Strengthen governance through effective dissemination and implementation of the Strategy.	• Oral health not fully established at the MOH to provide leadership and governance
	• National Health Workforce Policy includes oral health personnel.	• No comprehensive policy for the phase-down or phase-out of dental amalgam.	• Develop a national oral health research agenda aligned with national and global priorities.	• Weak policy environment may delay implementation of global oral health commitments.
		• No national oral health research agenda. No emergency preparedness plan for dental	• Develop a national policy on environmentally sustainable oral healthcare, including dental amalgam phase-down.	• Oral health not fully integrated into national environmental policies.

2. Health Financing	• Essential oral health services are included in the National Health Insurance Scheme (NHIS) benefit package.	• Insufficient national financial investment in oral healthcare.	• Mobilise increased government funding for oral health.	• Continued underfunding may widen inequalities in oral health services and increase out-of-pocket expenditure.
		• Preventive oral healthcare remains unaffordable for many people.	• Leverage strategic partnerships with industry and development partners.	
		• Revenue from health taxes is not available to support oral health programmes.	• Advocate for allocation of health tax revenues to oral health promotion and prevention.	
3. Health Workforce	• National Health Workforce Policy includes oral health personnel.	• Inadequate oral health workforce and inequitable distribution.	• Expand the oral health workforce.	• Workforce shortages and maldistribution may continue to limit access to essential oral health services.
	• Human Resource Information Management System captures oral health workforce data.	• Limited access to essential oral health services, particularly in underserved communities.	• Train and utilize non-oral health cadres to deliver basic preventive and promotive services.	
			• Strengthen workforce deployment to underserved and rural communities.	

WHO Health System Building Block	Strengths	Weaknesses	Opportunities	Threats
4. Service Delivery	• Oral health is integrated into NCD prevention and health promotion programmes.	• Less than 20% of the population has access to essential oral health services.	• Scale up integration of oral health into PHC.	• Persistent geographical and socioeconomic inequalities may continue to drive poor oral health outcomes and encourage informal or unregulated care.
	• Essential oral health services are available under NHIS.	• Significant disparities in access and service delivery.	• Improve service delivery through functional referral pathways.	
		• Oral health services are not fully integrated into primary care level.	• Expand preventive and promotive services.	
		• Limited availability and affordability of preventive oral healthcare.	• Improve physical access to services, especially in hard-to-reach and vulnerable communities.	
		• Referral pathways for oral healthcare are inadequate.		
5. Health Information Systems & Research	• District Health Information Management System (DHIMS2) includes oral health indicators.	• Under-reporting of oral health data.	• Update data collection tools to capture WHO global oral health indicators.	• Weak surveillance and limited research evidence may impair evidence-based planning, monitoring, and resource allocation.
		• Existing monitoring tools are not aligned with global oral health indicators.	• Strengthen surveillance and routine reporting. • Embed oral health research within the national NCD	

WHO Health System Building Block	Strengths	Weaknesses	Opportunities	Threats
			and health research agenda to generate evidence for policy and planning.	
		• No comprehensive national oral health research agenda.		
6. Access to Essential Medicines & Technologies	• Essential oral health services are covered under NHIS.	• Essential dental medicines and preparations are not included in the National Essential Medicines List. • Ghana Standard Treatment Guidelines do not provide comprehensive protocols for dental conditions.	• Update the National Essential Medicines List to include essential dental medicines • Revise the Standard Treatment Guidelines to include comprehensive oral health protocols. • Standardise treatment and improve quality of care nationwide.	• Limited availability of essential medicines and standardised clinical guidance may compromise quality, safety, and continuity of oral healthcare.

The SWOT analysis demonstrates that Ghana has critical gaps and the development and implementation of the National Oral Health Strategy presents a unique opportunity to strengthen all six WHO Health System Building Blocks.

Chapter Two:

Strategic Contexts and Framework

2.1 Global and National Policy and Legal Contexts

2.1.2 Global and Regional Contexts

This strategy is informed by global compacts, agreements, and resolutions that collectively create an enabling environment for strengthening oral health service delivery worldwide. Key frameworks that guide this Strategy are listed below in Table 4 and 5 below.

Table 4 Global legislative and policy frameworks guiding oral health service provision in Ghana

Frameworks	Oral Health issue Addressed
WHO Global Oral Health Strategy and Action Plan 2023-2030[36]	Promotes the development of oral health policy/strategy/action plans. Advocates for the integration of oral health into general health, reduction of oral disease burdens by 10% and encourages member nations to improve access to oral health services by 80%.
Minamata Convention on Mercury[37]	Addresses global mercury pollution and promotes the phasing out of amalgam in dental practice to more mercury free dental restorative materials.
UN Sustainable Development Goals[38]	3.4: Reduce premature mortalities from NCDs. 3.8: Achieving UHC. 3.9: Reduce illnesses from pollution and harmful chemicals. 3A: Strengthens the implementation of Tobacco control. 3C: Aims to increase health financing and the recruitment, development, training and retention of health workers.
WHO Resolution on Oral Health[39]	WHO 74.5, Integration of Oral health into UHC and NCD framework.
Africa Agenda 2063[40]	Strengthening Health System to achieve Universal Health Coverage.
Regional Framework on Global Oral Health Action Plan Africa Health Strategy 2025-2030[41]	Integration of Oral Health into NCDs management, shifting to prevention, reducing common risk factors (Tobacco, Alcohol, Sugar), and improving access to oral health services at PHC towards UHC.

Frameworks	Oral Health issue Addressed
WAHO Vision 2030[42]	Accelerating access to affordable, quality health care, ensuring strong public health emergency preparedness.
Abuja declaration 2001[43]	Pledging to allocate 15% of the national budget to health.
Alma-Ata Declaration 1978 and Astana declaration 2018.[44]	Primary health care.

2.1.3 National Context

The development of the national oral health strategy for guiding oral health services in Ghana leverages existing legislative and policy frameworks as outlined below:

TABLE 5 Legislative and policy framework guiding oral health service provision in Ghana

Legislations	Oral Health issue Addressed
The 1992 Constitution of Ghana[45]	Establishes fundamental rights that underpin health service provision. Notably, Article 13 protects the right to life, Article 17 guarantees equality and freedom from discrimination (ensuring health services for all without bias), and Articles 27-30 provide special protections for women, children, persons with disabilities, and even the sick (e.g., Article 30 ensures no one is denied medical care due to inability to consent).
The Public Health Act,2012[46] (Act 851)	Establishes the legal framework for protecting and promoting public health in Ghana. It mandates disease prevention and health education efforts, under which oral disease prevention and oral health promotion are included as integral components of comprehensive health services.
Health Professions Regulatory Bodies Act, 2013 (Act 857)[47]	Establishes the professional regulatory councils (Medical and Dental Council, Allied Health Professions Council, Pharmacy Council, etc.) that oversee the training, licensure, and practice standards of health professionals. Ensures compliance with professional standards of oral health practitioners, thereby safeguarding quality, ethics, competence and patient safety in oral health service provision in Ghana.

Health Institutions and Facilities Act 2011 (Act 829)[48]	Establishes the minimum standard for the accreditation of all health facilities.
National Health Insurance Act, 2012 (Act, 852)[49]	Defines the benefit packages which includes essential oral health services like pain relieving services and dental restorations.
Policies	**Oral health Issue Addressed**
National Policy on Non-Communicable Diseases (NCD) March, 2022[50]	Acknowledges that most oral health conditions and other NCDs share similar risk factors. Recognises the importance of oral health as part of the broad spectrum of NCDs. Institutes measure to improve oral health in Ghana. Focus will be placed on increasing access to oral health care in Ghana and promoting & increasing awareness on oral health care. Attract investments into oral health.
National Health Policy: Ensuring healthy lives for all (Revised) January 2020[51]	This provides the overarching policy direction for equitable, people-centred, and quality general and oral health care across the life course of all individuals in Ghana.
Ghana National Medicines Policy 2017-2021[52]	This policy supports the effective management of oral diseases through appropriate regulation and use of essential dental medicines, materials, and technologies, thereby strengthening oral health service delivery within the national health system.
Legislations	**Oral Health issue Addressed**
National Healthcare Quality Strategy 2024 – 2030[53]	Seeks to ensure quality health service delivery in Ghana, including oral health.
Essential Medicine List 2017 and Standard Treatment Guidelines 2017[54]	Define the minimum care and medicines to be used.
Free Primary Healthcare (FPHC) Policy/Programme, 2026	Provides a framework for improving access to essential health services at the primary care level, with emphasis on prevention, early detection and community-based service delivery. It provides an opportunity to strengthen the integration of oral health promotion, prevention, screening and referral within primary care services.

Health Infrastructure Strategic Plan (2025-2029) and Ghana Health Infrastructure Classification and Standard (2024)	Set the minimum standards for the construction and equipping of health facilities to improve access.
Ghana's Roadmap for Attaining Universal Health Coverage (2020 – 2030)[33]	It sets a roadmap for achieving UHC in Ghana which includes Oral Health care.

2.3 Vision, Mission, Goal and Guiding Principles

2.3.1 Vision

A healthy population for national development.

2.3.2 Mission

To prevent and control the morbidity and mortality associated with oral diseases by strengthening health systems, oral health promotion, partnerships, empowerment of communities and provision of adequate resources.

2.3.3 Goal

To reduce the burden of oral diseases by 10 percent across all population groups by 2030.

2.3.4 Guiding Principles

- Integration- the coordinated incorporation of oral health promotion, prevention, and care into Ghana's broader health system and primary healthcare services to ensure continuity, efficiency, and comprehensive care.
- Innovation-the adoption and scale-up of evidence-based technologies, approaches, and service delivery models to improve oral health outcomes, efficiency, and equitable access to care in Ghana.
- People-centeredness: the design and delivery of oral health services that prioritize the needs, preferences, protection from dental quackery, cultural context, and active participation of individuals, families, and communities in Ghana.
- Equity- the commitment to reducing oral health disparities by ensuring fair and inclusive access to essential oral health services for all populations in Ghana, particularly vulnerable and underserved groups.
- Efficiency- the optimal use of resources, time, and workforce to deliver high-quality oral health services and maximize health outcomes in Ghana.
- Cultural Sensitivity: the recognition and respect of Ghana's diverse cultural beliefs and practices in the planning and delivery of oral health services to ensure acceptance and effectiveness.

Chapter Three:

Strategic Objectives & Interventions

3.1 Objectives and Strategies

The following objectives and strategies shall be pursued to enhance oral health service delivery in Ghana to:

1. Strengthen leadership and governance for oral health at all levels
2. Strengthen oral health promotion and disease prevention
3. Improve oral health workforce training, regulation, scope of practice and distribution
4. Secure sustainable financing for oral health activities
5. Strengthen integration of Oral Health Care into Primary Health Care (PHC)
6. Strengthen evidence-based decision-making for Oral Health

3.1.1 Strategic Objective 1: Oral Health Governance and Leadership:

Strengthen Leadership and Governance for Oral Health at all levels

Interventions:

1. Re-establish an Oral Health Programme Office at the MOH to ensure national leadership for oral health activities
2. To set up a National Oral Health Steering Committee
3. Establish focal persons at all levels to coordinate oral health activities.
4. Implement the adopted Minamata Convention in phases at all levels.
5. Develop national guidelines to standardise oral health services.

3.1.2 Strategic Objective 2: Health Promotion and Oral Disease Prevention

Strengthen Oral Health Promotion and Disease Prevention

Interventions:

1. Strengthen activities of School Health Education Program (SHEP) coordinators and health workers to increase oral health education, screening and referral in collaboration with nearest health facilities.
2. Develop social behaviour change communication materials for oral health promotion and prevention by addressing modifiable risk factors shared with other NCDs
3. Strengthen the integration of oral health education into existing health campaigns (outreach services, school health, maternal-child health, adolescent health and NCD prevention)
4. Coordinate the implementation of the adopted WHO fluoride guidelines at a national level for fluoride containing substances

3.1.3 Strategic Objective 3: Oral Health Workforce

Improve oral health workforce training. regulation, scope of practice and distribution

Interventions:

1. Review the scope of training and practice guidelines, curriculum and job description for all oral health and non-oral health personnel at all levels of the service
2. Conduct periodic capacity building for oral health personnel on oral disease prevention and promotion
3. Integrate basic oral health training into all health disciplines
4. Streamline the regulation of oral health professionals

3.1.4 Strategic Objective 4: Oral Health Financing

Secure sustainable financing for oral health

Interventions:

1. Allocate and disburse adequate funds for oral health services
2. Advocate for the allocation of at least 10% of health tax revenue
3. Conduct periodic review of the NHIS tariffs for oral health.

3.1.5 Strategic Objective 5: Oral Health Care

Strengthen the integration of Oral Health Care into Primary Health Care, PHC

Interventions:

1. Advocate for the inclusion of dental materials, such as fluoride varnish (5% sodium fluoride), silver diamine fluoride (38%), Glass ionomer cement (GIC) and fluoride toothpaste (1000-1500 ppm), in national lists of essential medicines and standard treatment guidelines, aligned with the WHO model lists of Essential Medicines[29,30].
2. Integrate rationale use of antibiotics in oral health in National guidelines.
3. Update the National essential Health service /benefit packages to provide less invasive service at primary care level
4. Integrate oral health routine screening and prophylaxis into antenatal and wellness clinics as well as WHO-PEN implementation
5. Integrate detailed oral health screening questionnaires into routine medical screening tools: Examples: work, school and travel.
6. Strengthen community outreach services by ensuring zonal assignment to oral health personnel/facility using the PHCN system and task sharing.
7. Establishment of dental clinics in all district hospitals.
8. Improve access to oral health services for vulnerable groups and persons living with disabilities (PWD).

3.1.6 Strategic Objective 6: Oral Health Information Systems and Research

Strengthen evidence -based decision -making for Oral Health

Interventions:

1. Review oral health datasets and indicators for comprehensive reporting of oral health conditions and interventions in the District Health Information Management System.
2. Integrate oral health into the HSMTDP.
3. Include oral health indicators in national holistic assessment indicators
4. Include oral health indicators in peer review assessment checklist for monitoring and quality improvement measures.
5. Promote collaborative oral health research aligning with national priorities.
6. Strengthen surveillance activities for early detection, prompt treatment, and reporting on oral health conditions, including Noma.

Chapter Four:

Strategy Implementation Arrangement and Plan

4.1 Implementation Arrangements

The implementation arrangements of this Strategy are designed to ensure coordination, collaboration, and harmonisation among stakeholders for a unified and sustainable oral health support system. See the implementation matrix in the appendices.

Ministry of Health

The MoH will provide overall policy direction, leadership and oversight for the full implementation. The MoH will leverage the existing structures, including the health sector Common Management Arrangement (CMA), to ensure alignment with national health sector priorities. The MoH will coordinate, mobilise resources, collaborate with the GHS, CHAG, Teaching hospitals and other agencies (public and private), and civil society and partners to scale up and sustain optimal oral health practices. Specifically, among other functions, the MoH shall do the following:

- Formulate policies and legislation, monitoring and evaluation activities, and coordinate the implementation of the strategy.
- Provide technical assistance and guidance to all institutional structures and systems available for implementation.
- Mobilise and promote training and retention of the oral health workforce.
- Support and promote the conduct of oral health research across the country especially on topics related to the national priority areas.
- Monitor and evaluate the implementation of the strategy

Ministry of Education

The Ministry of Education (MoE) often collaborates with educational institutions and relevant international organisations to enhance the quality of oral health education within the country. The Ministry may seek to integrate oral health into national education and school health policies and plans. In addition, the MoE will coordinate with the MoH and partners on school-based oral health interventions, supports the inclusion of oral health education in the school curriculum, facilitate resource mobilization and provide oversight for implementation and reporting of relevant oral health-related activities.

Other Relevant Ministries, Departments and Agencies

The Ministry of Health will implement the strategy with the help of other ministries, departments and agencies that have a role to play within the oral health space. At the MoH, the Oral Health Program Office under the Technical Coordination Directorate will serve as the secretariat for policy formulation, coordination and monitoring.

The Policy, Planning, Monitoring and Evaluation (PPME) Directorate will facilitate the integration of key oral health indicators into the sector-wide M&E framework. In addition, PPME will support with data and information reporting on activities. All activities in the strategic plan will be coordinated at the national and sub-national levels. The matrix will provide a detailed description of the roles and responsibilities of some of these institutions.

Private sector

The MoH will partner with private facilities, corporate bodies and all interested parties committed to supporting the achievement of the strategies outlined in this document. This will be done in a manner that ensures fairness, transparency and equity.

4.2 Roles and Responsibility Matrix

TABLE 6 Roles and responsibility matrix

Strategic Objective 1: Oral Health Governance and Leadership **Strengthen Leadership and Governance for Oral Health at all levels**		
Actions	**Responsibility**	
	Lead	**Collaborator(s)**
Establish an Oral Health Program Office at the MOH	Lead: MOH Co-lead: MOH Agencies	
Integrate an oral health sub-committee within the overall NCDs Steering Committee mechanism	Lead: MOH Co-lead: MOH Agencies	--Development Partners --CSO
Implementation of the adopted Minamata convention at the national level.	Lead: MOH and Agencies Co-Lead: Ministry of Environment	
Develop national guidelines to standardise oral health services	Lead: MOH Co-Lead: Agencies	--Professional bodies --Regulatory bodies
Strategic Objectives: Oral Health Promotion and disease Prevention **Strengthen Oral Health Promotion and Disease Prevention**		
Collaborate with SHEP coordinators and health workers on oral health promotion and prevention interventions at subnational levels	Lead: MOH Agencies Co-lead: GES	--Development Partners --CSO --NGO
Develop social behaviour change communication materials for oral health promotion and prevention	Lead: GHS Co-Lead: GES	--Development Partners --CSO --NGO

Strengthen the integration of oral health education into existing health campaigns	Lead: GHS Co-Lead: GES	
Coordinate the implementation of the adopted WHO fluoride guidelines at national level for fluoride-containing substances	Lead: MOH Co-Lead: Agencies	--Development Partners --CSO --Manufacturing Companies
Strategic objective 3: Oral Health Workforce **Improve oral health workforce training, regulation, scope of practice and distribution**		
Review scope of training and practice guidelines, curriculum and job description for all oral health and non-oral health personnel at all levels of the service	Lead: MOH Co-Lead: Regulators	
Implement periodic capacity building for oral health personnel on oral disease prevention and promotion	Lead: GHS Co-Lead: other Agencies	
Implement periodic capacity building for oral and non-oral health personnel on oral disease prevention and promotion	Lead: GHS Co-Lead: other Agencies	
Advocate for the integration of basic oral health training into all health disciplines	Lead: MOH Co-Lead: Co-Lead: Health Training Institutions	Development partners CSO NGO
Streamline the regulation of oral health professionals	Lead: Health Service Regulators Co-Lead: Training Institutions	--Professional bodies
Strategic Objective 4: Oral Health Financing **To secure sustainable financing for oral health**		
Allocate and disburse adequate funds for oral health services	Lead: MOH	--Development partners --CSO
Advocate for least 10% of health tax is used for oral health promotion and prevention activities	Lead: MOH Co-Lead: Professional bodies	--CSO --NGO

Implement periodic review of the NHIS tariffs for oral health	Lead: MOH Co-Lead: Agencies	--Professional bodies --CSO -- NGO
Strategic Objective 5: Oral Health Care Strengthen the integration of oral health care into Primary health care, PHC		
Advocate for the inclusion of dental materials, such as fluoride varnish (5% sodium fluoride), silver diamine fluoride (38%), Glass ionomer cement (GIC) and fluoride toothpaste (1000-1500 ppm), in national lists of essential medicines and standard treatment guidelines, aligned with the WHO model lists of Essential Medicines	Lead: MOH Co-Lead: Agencies	-Professional bodies --CSO -- NGO
Advocate for the inclusion and rational use of antibiotics in oral health in National guidelines	Lead: MOH Co-Lead: Agencies	--Professional bodies --Teaching Hospitals --Training institutions
Update the National essential Health service /benefit packages to provide less invasive service at primary care level		
Integrate oral health routine screening and prophylaxis into antenatal visits and wellness clinics as part of the overall implementation of the PEN framework at primary care level	Lead: GHS Co-Lead: Other Agencies	
Integrate detailed oral health screening questionnaires into routine medical screening tools (e.g., work, school, and travel).	Lead: GHS Co-Lead: other Agencies	--Professional bodies
Strengthen community outreach services, ensuring zonal assignment to oral health personnel/facility using the PHCN system	Lead: GHS Co-Lead: Other Agencies	--Professional bodies --CSO -- NGO --Traditional authorities

Advocate for the establishment of dental clinics in all District hospitals.	Lead: MOH Co-Lead: Agencies	--Local Government --CSO --NGO --Traditional
Improve access to oral health services for vulnerable groups and persons living with disabilities (PLWDs).	Lead: GHS Co-Lead: other agencies	--National Council on PLWDs --Federation for PLWDs --CSO --NGO --Local Government
Strategic Objective 6: Oral Health Information Systems and Research To strengthen evidence-based decision making for Oral Health		
Review oral health datasets and indicators for comprehensive reporting of oral health conditions and interventions in the District Health Information Management System.	Lead: GHS Co-Lead: other Agencies	--Professional bodies --Training institutions
Integrate oral health into the HSMTDP	Lead: MOH Co-Lead: Agencies	--Professional bodies
	Lead: MOH Co-Lead: Agencies	--Professional bodies
Include oral health indicators into peer review assessment checklist for monitoring and quality improvement measures.	Lead: GHS	--Professional bodies
Promote collaborative oral health research aligning with national priorities.	Lead: MOH Co-Lead: Agencies	-- Training institutions --CSO --NGO
Strengthen surveillance activities for early detection, prompt treatment, and reporting on oral health conditions, including Noma.	Lead: GHS Co-Lead: other agencies	--Local Government Authority

4.3 Resource Mobilization

Mobilization of requisite resources is key to the effective implementation of this strategy. These resources include financial, logistics and human. It will be the responsibility of the MoH to work closely with stakeholders to mobilise resources from both local and international organisations to implement this strategy.

Financing options will include:

1. GoG Budgetary Support
2. Internally Generated Funds
3. National Health Insurance Fund
4. Ghana Medical Trust fund
5. Development Partners
6. Corporate Bodies
7. Civil Society Organisations and Non-Governmental Organisations
8. Public-Private Partnerships Arrangements and
9. Others (Philanthropist, Individuals)

Chapter Five:

Monitoring, Evaluation, Learning and Research

Monitoring, Evaluation and Learning (MEL) of the Oral Health Strategy will be the direct responsibility of the Ministry of Health. This will be done in close collaboration with all relevant stakeholders. An effective M&E system will be integrated into the strategic framework to: Track implementation progress, Measure performance against clearly defined indicators and generate evidence to guide decision-making and continuous improvement.

All implementing institutions shall be required to establish internal monitoring and evaluation (M&E) mechanisms consistent with the framework in the strategy.

All implementing institutions, agencies, and regional health directorates will be required to submit periodic progress reports (Monthly, quarterly, and annually) through the appropriate reporting channels, in addition to the national-level data capture system. These reports will form the basis for evidence-based decision-making, resource allocation, and periodic strategy reviews.

In addition, an annual independent evaluation of the strategy will be conducted to assess its effectiveness, identify implementation challenges and recommend corrective measures. Findings from monitoring and evaluation processes will be disseminated to stakeholders at regular intervals and, where appropriate, shared publicly to promote transparency and accountability.

5.1 Research

A coordinated National Oral Health Research Agenda shall be developed and periodically reviewed to prioritise research on oral disease burden and determinants, equity in access and service utilisation, integration into Primary Health Care and NCD programmes, financing, workforce needs, quality and safety of care, essential medicines and technologies, priority oral conditions, environmental sustainability, and antimicrobial stewardship. Attention shall be given to underserved and vulnerable populations. The MoH and its agencies shall foster multisectoral collaboration to undertake relevant research and ensure that findings are translated into policy, clinical guidance, programme improvement, and resource-allocation decisions. Routine health information systems and national surveys shall monitor national priorities and align with relevant global oral health targets.

5.2 Review of the Strategy

The Oral Health Strategy shall undergo periodic review, informed by:

- The implementation and timeline
- Emerging scientific evidence and global standards
- Stakeholder feedback, and
- Evolving public health and oral health priorities

This review process will ensure that the strategy remains relevant, effective, and aligned with Ghana's national health development priorities, as well as global commitments such as the Sustainable Development Goals.

The M&E system is guided by the following principles:

- Integration with existing national and other international information and surveillance systems (E.g. DHIMS/DHIS II)
- Alignment with the Health Sector Medium-Term Development Plan (HSMTDP)
- Use of data for performance improvement.

Chapter Six:

Costing Framework

The costing framework for this five-year Oral Health Strategic Plan provides a comprehensive financial estimate to support the implementation of all outlined objectives and interventions.

The total estimated cost for implementing this five-year Oral Health Strategic Plan is GHC 129,257,720.00. This figure represents the comprehensive financial requirement to execute all strategic objectives, priorities, and interventions outlined in the plan over the implementation period, 2026-2030.

The total amount reflects the full investment needed to strengthen oral health systems, expand preventive and promotive services, improve governance and workforce capacity, enhance surveillance and research, and integrate oral health into primary health care nationwide.

This consolidated budget serves as the overall resource envelope for the strategy and provides a clear basis for financial planning, resource mobilisation, and phased implementation over the five-year period.

TABLE 7 Cost of Implementation: Summary Budget**

Strategic Objectives, Priority & Interventions	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	TOTAL (GHS) Year 1-Year 5 (2026-2030)
Objective 1: Oral Health Governance and Leadership						
Intervention 1.1: To Strengthen Leadership and Governance for Oral Health at all levels	**7,832,000.00**	**1,844,000.00**	**1,236,000.00**	**1,236,000.00**	**1,844,000.00**	**13,992,000.00**
Objective 2: Oral Health Promotion and Oral Disease Prevention						
Intervention 2.1: Strengthen Oral Health Promotion and Disease Prevention		**22,884,000.00**	**1,262,000.00**	**1,262,000.00**	**17,282,000.00**	**42,690,000.00**

Strategic Objectives, Priority & Interventions	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	TOTAL (GHS) Year 1-Year 5 (2026-2030)
Objective 3: Oral Health Workforce						
Intervention 3.1: Improve Oral Health Workforce training, scope of practice and distribution	**1,248,000.00**	**3,068,000.00**	**2,392,000.00**	**2,392,000.00**	**3,068,000.00**	**12,168,000.00**
Objective 4: Oral Health Financing						
Intervention 4.1: To secure sustainable financing for oral health	**2,400,000.00**	**2,400,000.00**	**2,400,000.00**	**2,400,000.00**	**2,400,000.00**	**12,000,000.00**
Objective 5: Oral Health Care						
Intervention 5.1: Strengthen the integration of Oral Health Care into Primary Health Care, PHC	**2,648,000.00**	**8,854,000.00**	**5,606,000.00**	**5,606,000.00**	**7,814,000.00**	**30,528,000.00**
Objective 6: Oral Health Information Systems and Research						
Intervention 6.1: Strengthen Oral Health Surveillance	**243,000.00**	**9,711,180.00**	**1,663,180.00**	**1,663,180.00**	**9,711,180.00**	**22,991,720.00**
GRAND TOTAL						**129,257,720.00**

****Budget Note:** *All figures expressed in Ghana Cedis (GHS). Estimates will be refined annually through work planning processes.*
****Costing Assumptions:** *Progressive scale-up of interventions (not static budgeting)*

Chapter Seven:

Strategy Dissemination Plan

This strategy will be disseminated across all levels of oral health service delivery: National, Regional, District and Sub-District levels. Detailed dissemination plan in Appendix.

7.1 National level

At the national level, key activities will include a formal launch event to introduce the strategy, the development and dissemination of social and behaviour change (SBC) materials, and high-level advocacy to engage stakeholders and secure their support. These efforts will be complemented by broad media engagement and campaigns to raise public awareness, capacity-building initiatives to strengthen skills and systems, and active use of social and digital media platforms to expand reach and foster participation across diverse audiences.

7.2 Regional Level

At the regional level, activities will focus on engaging stakeholders to strengthen collaboration and support for oral health initiatives, complemented by targeted media campaigns to raise awareness and promote positive behaviours.

Social and digital media platforms will be actively utilized to expand outreach and foster community participation, while capacity-building efforts will enhance the skills and effectiveness of regional actors in implementing and sustaining oral health programs.

7.3 District and Sub-District Levels

At the district and sub-district levels, activities will emphasise stakeholder engagement and community participation through forums, interpersonal communication, and outreach initiatives. Media engagements, including mass media and social/digital platforms, will be used to raise awareness and promote oral health messages.

Capacity will be strengthened through the training of community health workers (CHWs), while targeted community activities will foster behaviour change and support. Additionally, efforts will focus on building and strengthening networks of persons living with disabilities (PLWDs) to ensure inclusivity and equitable access to oral health services.

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Appendices

Appendix 1 Technical Working Group

Table 8 Technical Working Group

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Dr Benjamin Neutey	World Health Organisation
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Appendix 2 List of Contributors/Stakeholders

TABLE 9 Contributors/Stakeholders

Name	Organisation
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Deborah Djanie	MoH- Technical Coordination Directorate
Dr Mavis Sakyi	MoH- Technical Coordination Directorate
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Appendix 3 Editorial Team

Table 10 Editorial Team

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Dr Jeffrey Kojo Arhin	District Director, Ghana Health Service
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Felicity Gyansah	MOH-Technical Coordinating Directorate
Dr Joana Ansong	WHO
Dr Pascal Kingsley Mwin	WHO

Appendix 4: Development Partners

TABLE 11 Supporting Partners

World Health Organisation
Borrow Foundation

Appendix 5: Organogram for National Oral Health Implementation

TABLE 12 Organogram for National Oral Health Implementation

Level	**Institutional role in Oral Health Leadership and Governance**
Cabinet/national policy level	Sets national development, fiscal, UHC and health-sector priorities; approves major policy and financing commitments.
Ministry of Health	Provides policy leadership, convenes multisectoral action, approves the national operation plans, leads resource mobilization and aligns the NOHS with national policies.

National Oral Health Steering Committee	Overseas Oral Health strategy implementation, financing, partner coordination, data, quality and scale-up.
GHS Institutional Care Division / Oral Health Unit	Acts as technical secretariat and develop guidelines, training, M&E, supervision tool, service-delivery standards and coordinates all oral health activities.
National Oral Health TWG	Provides clinical and operational technical guidance on protocols, training, mentorship, commodities, data tools and quality improvement.
Regional Health Directorates	Coordinate oral health education scale up, regional mentorship, referral networks, supervision, and data collection.
District Health Management Teams	Plan and supervise district oral health prevention, promotion, services linking district hospitals, health centres, CHPS, schools and community systems.
Oral Health at District facilities	Provide integrated outpatient Oral Health care, emergency stabilization, medicines/diagnostics continuity, education and referral/back-referral.
Health Centres, CHPS and communities	Provide oral health prevention, promotion and support early recognition, referral, adherence, home follow-up, stigma reduction and patient/community services.

APPENDIX 6: ORAL HEALTH STRATEGIC PLAN IMPLEMENTATION MATRIX

TABLE 13 Oral Health Strategic Plan Implementation Matrix

Concrete Actions	Responsible	Time frame	Budget mobilization including innovative/ cross-sectoral financing	Milestones/ Outputs	Indicators
Strategic objective 1 Priority: To Strengthen Leadership and Governance for Oral Health at all levels					
1.1 Re-establish Oral Health Program Officer at MOH to ensure national leadership and coordination including the implementation of the National Oral Health Strategy	MOH	2025/2026	MOH MOF	Recruitment done: Established Officer at the MOH	An established Oral Health programme officer at the MOH
1. 2 Establish positions for oral health focal persons at all levels to coordinate oral oral health activities.	MOH	2025/2026	GoG MOH MOF DP Professional bodies Private sector/cooperate bodies	Oral health focal persons appointed at national, regional and district levels of all agencies.	An established oral health programme officer in management at regional and district by 2027 Involved in RHMT and DHMT by 2027
1.3 Collaborate with training institutions, Environmental Protection Agency, Food and Drugs Authority to phase out dental amalgam	MOH and AGENCIES	2026-2030	MOH/DP	Implement measures for the phase-down and progressive phase-out of dental amalgam in training institutions and service delivery in accordance with the Minamata Convention	% of facilities utilizing mercury free material in dental restorations by 2027

Concrete Actions	Responsible	Time frame	Budget mobilization including innovative/ cross-sectoral financing	Milestones/ Outputs	Indicators
1.4 Develop national guidelines to standardise oral health services	GHS and Other Agencies	2026-2030	MOH DP	National oral health service guidelines	A national standardised oral health services document
Strategic Objective 2 Strengthen Oral Health Promotion and Disease Prevention					
2.1 Strengthen collaboration with SHEP to increase oral health education and screening in schools	MOH & AGENCIES GES	2026-2028	WHO MOH GES	Increased school oral health outreach activities	Number of monthly reports on school outreaches and screening by 2027
2.2 Develop Social Behaviour Change, SBC materials for oral health promotion and prevention	MOH & AGENCIES GES	2026/2027	WHO MOH	SBC materials developed and disseminated	Types of oral health SBCC materials for oral health promotion and prevention by 2028
2.3 Coordinate the implementation of the adopted WHO fluoride guidelines at national level for fluoride containing substances (Toothpastes, varnishes, rinses)	MOH & AGENCIES	2026-2030	WHO DP	National Fluoride guidelines developed	A document to all agencies ensuring the implementation of WHO guidelines by 2028 Provision of affordable toothpaste via insertion into the national essential medicines lists by 2028

Concrete Actions	Responsible	Time frame	Budget mobilization including innovative/ cross-sectoral financing	Milestones/ Outputs	Indicators
Strategic Objective 3: Improve Oral Health Workforce Training, regulation, Scope of Practice and Distribution					
3.1 Review scope of training and practice guidelines, curriculum and job description for all oral health personnel and non-oral health personnel at all levels of the service	MOH	2026-2030	WHO/DP	Scope of Practice and Training Standards Document developed	Documented scope of training practice for each cadre of oral health professionals by 2028
3.2 Ensure periodic capacity building for oral and non-oral health personnel on oral disease prevention and promotion	GHS in collaboration with other Agencies	2026-2030	WHO/DP	Number of persons trained	No. of training institutions supported to offer oral health training No. of oral health professionals trained by 2030
3.3 Ensure the integration of basic oral health training into all health disciplines	MOH	2030	MOH	Oral health components in training curriculum for all disciplines	Number of training institutions with oral health components in curriculum
3.4 Streamline the regulation of oral health professionals	Regulators and Training Institutions	2030	MOH	All oral health professionals in appropriate regulatory bodies	

Concrete Actions	Responsible	Time frame	Budget mobilization including innovative/ cross-sectoral financing	Milestones/ Outputs	Indicators
Strategic Objective 4 : Advocate for dedicated Oral Health Financing					
4.1 Allocate and disburse adequate funds for oral health services	MOH	2026-2030	MOH MOF	Dedicated budget line for oral health services Operational oral health financial account	Oral health budget line introduced in national budget frameworks by 2027
4.2 Advocate for the allocation of at least 10% of health tax revenue to oral health promotion and prevention activities	MOH MOF	2026-2030	MOH MOF	Oral health allocation incorporated into health tax framework	Oral health budget line in the allocation of health taxes for oral health promotion and prevention activities by 2028
4.4 Advocate for periodic review of the NHIS tariffs for oral health	MOH & AGENCIES	2026-2030	MOH	Documented yearly review tariffs	Reviewed NHIS tariffs for oral health yearly
Strategic Objective 5: Integrating Oral Health Care into Primary Health Care, PHC					
5.1 Advocate for the inclusion of dental materials, such as fluoride varnish (5% sodium fluoride), silver diamine fluoride (38%), Glass ionomer cement (GIC) and fluoride toothpaste (1000-1500 ppm), in national lists of essential medicines and standard treatment guidelines, aligned with the WHO model lists of Essential Medicines	MOH & AGENCIES	2026-2028	WHO DP	A guideline document of Oral health medicines in the national essential medicines list document medicines	Documented inclusion of oral health medicines into National Standard treatment guidelines by 2028

Concrete Actions	Responsible	Time frame	Budget mobilization including innovative/ cross-sectoral financing	Milestones/ Outputs	Indicators
5.2 integration of rationale use of antibiotics in oral health in National guidelines	MOH & AGENCIES	2026-2028	WHO DP	A guideline document on rationale use of antibiotics in STG	Documented integration of antibiotics in oral health in National guidelines by 2026
5.3 Update the National essential Health service /benefit packages to provide less invasive service at primary care level	MOH & AGENCIES	2026-2028	WHO DP	Oral Health topics in health promotion reports	Number of community outreaches done by facilities by 2027 Proportion of the general public reached with oral health awareness campaigns by 2027
5.4 integrate oral health routine screening and Oral prophylaxis during antenatal visits and the wellness clinics and WHO-PEN intervention?	MOH &AGENCIES	2026-2030	--WHO --DP --UNICEF	Oral Health screening included in ANC records	%of facilities with oral health screening integrated into antenatal visits by 2027 Proportion ANC clients who were screened by 2027

Concrete Actions	Responsible	Time frame	Budget mobilization including innovative/ cross-sectoral financing	Milestones/ Outputs	Indicators
5.5 Integrate detailed oral health screening questionnaires into routine medical screening tools: Examples: work, school and travel.	MOH&AGENCIES	2026-2028	WHO DP	A standardised oral health screening tool Prevention care uptake Policy development	Documented inclusion of oral health screening tool into general screening tools across the nation by 2027
5.6 Strengthen community outreach services ensuring zonal assignment to oral health personnel/facility using the PHCN system and task sharing	MOH	2026-2028	WHO DP	Expanded coverage of oral health services Improved data monitoring	No. of oral conditions detected No. of communities visited
5.7 Establishment of dental health clinics in all public District health facilities.	A count of number of dental units established in district health facilities	Annual		5.9.1 Proportion of dental units established in public health facilities by 2030	A count of number of dental units established in district health facilities
5.8 Improve access to oral health services for vulnerable groups and persons living with disabilities (PLWDs).	MOH & AGENCIES	2026-2028	--WHO --DP	Report of a list of priority communities and vulnerable groups provided with service or linked to care	Proportion vulnerable groups &PLWDSSs who received oral health care by 2027
Strategic Objective 6: To strengthen evidence-based making for Oral Health					
7.1 Review oral health datasets and indicators for comprehensive reporting of oral health conditions and interventions in the District Health Information Management System.	GHS	2026-2030	--WHO --DP --Professional bodies	Revised Oral Health forms and indicators Improved reporting rates across facilities	Documented revision of DHIMSII to ensure proper inclusion of oral health indicators by 2027

Concrete Actions	Responsible	Time frame	Budget mobilization including innovative/ cross-sectoral financing	Milestones/ Outputs	Indicators
7.2 Integrate oral health into the HSMTDP	MOH & AGENCIES	2026-2030	--WHO --DP	Oral health included in revised documents	Oral health indicators in HSMTDP document
Include oral health indicators into national holistic assessment tools	MOH & AGENCIES	2025-2027	MOH DP MOH MOF	Oral health indicators included in peer review checklist and national holistic assessment tools	%age completeness of oral health indicators
Include oral health indicators into peer review assessment checklist for monitoring and quality improvement measures.	GHS	2027	GHS	Oral health indicators in revised peer review checklist	Documented revision of peer review checklist with oral health indicators
Promote collaborative oral health research aligning with national priorities.	MOH &AGENCIES	2026-2030	MOH &AGENCIES	Document listing collaborated research on oral health	Number of collaborated research on oral health
Strengthen surveillance activities for early detection, prompt treatment, and reporting on oral health conditions, including Noma.	GHS	2026-2030	MOH	Reports on oral health surveillance activities	Number of yearly reports on oral health surveillance

Appendix 7 Communication plan

TABLE 14 Communication plan

Strategy	Objective	Activities	Timeline	Modalities	Indicators
Social and Behaviour change communication	To promote sustained adoption of positive oral health behaviours across the life course	--Develop SBCC framework and oral health message matrix --Produce culturally appropriate, disability-inclusive IEC materials --Conduct routine oral health talks at health facilities and communities --Promote fluoride use, reduced sugar intake, and early care-seeking	Short -medium term	-- Formative research and message pretesting --Community and facility-based interpersonal communication --Integration into routine health promotion and CHPS outreach	--SBCC framework developed --Number of IEC materials produced and distributed --Number of oral health education sessions conducted --Percentage of target population demonstrating correct oral health knowledge
Community Engagement	To strengthen community ownership and participation in oral health promotion	--Engage traditional, religious and opinion leaders as oral health champions --Organize community durbars and dialogues on oral health	Short term-medium	--Participatory community dialogues --Capacity-building workshops --Use of existing community structures	--Number of community leaders engaged --Number of community engagement activities conducted --Number of volunteers trained

Strategy	Objective	Activities	Timeline	Modalities	Indicators
		--Train community volunteers and peer educators --Integrate oral health into existing community platforms			--Level of community participation in oral health activities
Advocacy	To mobilise political, institutional and financial support for oral health	--Develop oral health advocacy briefs and policy talking points --Conduct high-level advocacy meetings with decision makers --Engage development partners and private sector stakeholders --Advocate for integration of oral health into UHC and NCD frameworks	Short-medium term	--Policy dialogues and stakeholder forums --Evidence-based presentations --Strategic partnerships	--Number of advocacy briefs developed --Number of advocacy meetings held --Amount of resources mobilised for oral health --Oral health reflected in policies, plans and budgets

Strategy	Objective	Activities	Timeline	Modalities	Indicators
Risk Communication	To provide timely, accurate and credible information on oral health risks and emergencies.	--Develop oral health risk communication messages and SOPs --Train health workers on oral health risk communication --Activate rapid communication during oral health emergencies (e.g. Noma outbreaks) --Coordinate oral health risk communication with EPR structures	Short term	Use of RCCE guidelines --Rapid information dissemination through trusted channels --Intersectoral coordination	--Risk communication messages developed --Number of health workers trained --Timeliness of communication during oral health emergencies --Public awareness of oral health risks
School Health Education	To establish positive oral health behaviours among children and adolescents	--Integrate oral health into the School Health Education Programme (SHEP) --Train teachers and SHEP coordinators on oral health promotion	Medium term	--Collaboration with Ghana Education Service, National school Inspectorate Authority --Practical demonstrations and peer education --School-based campaigns	--Oral health content integrated into SHEP --Number of teachers trained --Number of schools reached --Improvement in pupils' oral health knowledge and practices

Strategy	Objective	Activities	Timeline	Modalities	Indicators
		--Conduct school-based oral health talks and demonstrations --Integrate oral health in school health clubs			
Policy Communication	To improve understanding and uptake of oral health policies and guidelines	--Simplify oral health policies into user-friendly formats --Disseminate oral health policies to regions and districts --Orient health managers and implementers on policy provisions --Establish feedback mechanisms for policy implementation	Short-medium	--Policy briefs, infographics and presentations --Review and orientation meetings --Learning and feedback platforms	--Number of policy communication materials produced --Percentage of regions/districts oriented --Level of policy compliance and implementation --Feedback received from implementers
Digital and media communication	To increase reach and engagement on oral health through digital and mass media platforms	--Develop oral health digital content (videos, infographics, posts) --Produce radio and television programmers	Continuous	--Partnerships with media houses --Creative industry --Social media and online engagement	--Number of digital contents produced --Media reach and engagement metrics

Strategy	Objective	Activities	Timeline	Modalities	Indicators
		in local-languages --Implement social media campaigns on oral health --Engage influencers and trusted voices			--Number of media programmes aired --Public engagement levels
Misinformation and rumour management	To detect, address and reduce misinformation and harmful oral health practices.	--Establish rumour tracking and feedback mechanisms --Develop and disseminate myth-busting messages --Engage trusted community voices to counter misinformation --Collaborate with media for fact-checking and accurate reporting	Continuous	--Community feedback systems --Rapid response communication --Media partnerships	--Number of rumours identified and addressed --Myth-busting materials disseminated --Reduction in harmful oral health practices --Public trust in oral health information
Monitoring, learning and adaptive communication	To improve effectiveness of oral health communication through continuous learning and adaptation.	--Develop M&E framework for oral health communication	Short-long term	--Routine data collection and analysis --Learning platforms and review meetings	--M&E framework developed --Timely monitoring reports submitted

Strategy	Objective	Activities	Timeline	Modalities	Indicators
		--Conduct routine monitoring and reporting --Carry out KAP surveys and community feedback assessments --Hold learning and review meetings to adapt strategies		Documentation and knowledge sharing	--Evidence of adaptive changes --Improved communication outcomes

Appendix 8 Dissemination plan

TABLE 15 DISSEMINATION PLAN: NATIONAL, REGIONAL, DISTRICT AND SUB-DISTRICT LEVELS

Activity	Description
Launch event	Official launch with media coverage and stakeholder presence
Development and Dissemination of SBC materials	posters, flipcharts, leaflets, flyers, banners, billboards, jingles and video voiceovers
High-level Advocacy Stakeholders Engagement	To disseminate the National Strategy for Oral Health and mobilise resources for implementation ● Parliamentary Select Committees on Health, Ministry of Health and its Agencies, Other Ministries, Departments, and Agencies, Metropolitan, Municipal, and District Assemblies, Food and Drugs Authority, Civil Society Organisations and Non-State Actors in Health, Development Partners, Local Government and Social Services, Religious, Traditional, GES and Community Opinion Leaders and the Media
Media Engagement / Media campaign	Engage relevant media houses ● Public sensitisation via TV/ Radio, interviews and discussions, Series of radio, TV, and print advertisements in local-languages, advocacy videos, positive deviance testimonies,
Capacity Building	National TOT for GHS, NCCE and quasi-health promotion institutions
Social and Digital Media Engagement	Post on GHS/MOH social media handlers (WhatsApp, Facebook) SMS blasts using telecom database Infographics, advocacy and testimonial videos Weekly updates, graphics, and user stories
Regional Level	
Stakeholders Engagement	Development Partners, NCCE MDAs, Corporate institutions, FBOs, CSOs
Media Engagement / Media campaign	Engage media houses available in the region Public via Media Discussions, TV/ Radio, interviews and discussions
Social and Digital Media Engagement	WhatsApp, Facebook, campaigns
Capacity Building	DHPO, other District health workers, NCCE, GES, CSOs/NGOs, and other institutions involved in quasi-health promotion activities at the lower levels.

District / Sub-District Levels	
Stakeholders' Engagement	District assembly departments and Agencies, Traditional/Religious Leaders, and private institutions involved in health promotion activities at the lower levels. SHEP coordinators, NGOs, NCCE
Media Engagements	Public sensitisation via radio, interviews, and discussions
Social and Digital Media Engagement	WhatsApp, Facebook, campaigns
CHW training	Equip CHWs (CHPS staff CHMCs, CHVs) with materials and key messages
Community Engagements	Group meetings, community durbars, public forums and health outreach events School health activities and religious institution engagements Community/social groups engagements
Mass Media	Jingle / Local language broadcasts using CICs, mobile vans announcement Market storming with megaphones/street theatre and roadshows
Interpersonal communication activities	would also be championed by health workers and CHMCs and other health volunteers in each CHPS zone during home visits, OPD sessions etc..
Community forums	Monthly forums for Community Feedback on oral health services
Strengthening Networks of PLWDs	Sub-district Teams will liaise with sub-districts to engage various PLWDs associations to ensure active participation by all members.

Appendix 9 Monitoring and Evaluation Matrix Framework

TABLE 16 MONITORING AND EVALUATION MATRIX

Indicator	Indicator definition	Type	Base -line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
Objective 1: *Strengthen Leadership and Governance for Oral Health at all levels*												
Oral Health office re-established and operational	Oral Health Office re-established and is functioning with designated personnel, operational resources, and coordinating national oral health activities	Output	N/A**	1. Office established 2. Focal person appointed 3. National Steering Committee constituted	Workplan prepared and approved	Workplan prepared and approved	Workplan prepared and approved	Workplan prepared and approved	National	Annual	MoH, TWG	Annual Report, Workplan
Number of Oral Health Steering Committee Meetings Organised	Number of meetings held divided by number of planned meetings	Output	N/A**	0	4	4	4	4	National	Quarter	MOH, NSC	Minutes of Meeting
Percentage of regions and districts	Number of districts and regions appointing Oral Health Focal	Output	N/A**	81.3% (13/16 Regions, N/A	40	45	50	55	1.National 2.Regional 3. District	Annual, Biannual	MOH, Service Delivery Agencies,	Monitoring reports, Regional and District

Indicator	Indicator definition	Type	Base -line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
with designated Oral Health Focal Persons	Persons divided by the total of Districts and Regions multiply by 100			Districts)								Annual Reports, Surveys
Percent of Oral Health Clinics using dental materials free of dental amalgam	Number of oral health Clinics using dental materials free of amalgams divided by total number of identified oral health clinics multiply by 100	Output	N/A**	15	25	50	75	100	1.National 2. Regional 3. District 4. Facility	Annual	MOH, Service Delivery Agencies,	Monitoring reports, Survey reports
National oral health guidelines/ protocols developed and implemented	National Oral Health guidelines/protocols (procedures for detecting, managing and treating oral health disease) developed and implementation commenced	Output	N/A**	TWG Constituted	Guidelines/ Protocols developed and implementation commenced	20% of recommended actions in the guidelines implemented	50% of recommended actions in the guidelines implemented	100% of recommended actions in the guidelines implemented	National	Annual	MOH, Service Delivery Agencies	TWG Meeting Minutes, National Oral Health Guidelines, Monitoring reports

Indicator	Indicator definition	Type	Base -line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
Percent of facilities implementing the Oral Health Guidelines	Number of facilities implementing oral health guidelines divided by total number of identified oral health facilities multiply by 100	Output	N/A**	0	25	50	75	100	1. National 2. Regional 3. District 4. Facility	Annual, Biannual	MOH, All Service Delivery Agencies	Institutional Reports, National Oral Health Guidelines
Objective 2: *Strengthen Oral Health Promotion and Disease Prevention*												
Percent of public and private schools reached to provide oral health education screening services	Number of schools receiving oral health education and screening services divided by total number of targeted schools multiply 100	Output	N/A**	5	15	25	50	75	1. National 2. Regional 3. District (Kindergarten, Primary, JHS,SHS)	Quarter Biannual Annual	MOH, Service Delivery Agencies, MOE	Registers, Outreach reports
Percentage of persons screened	Number of persons screened for oral health conditions	Output	N/A**	3	6	9	12	15	1.National 2. Regional 3. District	Quarter Biannual Annual	MOH, Service Delivery Agencies	Institutional Reports, Screening Reports,

Indicator	Indicator definition	Type	Base -line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
for oral health conditions	divided by total number of population multiply by 100								4. Age 5. Sex 6. Type of disease			Surveys Report
Detection rate of cause of oral disease	Number of persons diagnosed with a specific cause of oral health disease/Total number of persons screened * 100	Output	13% (2022) using dental caries as a proxy*	13	16.25	19.5	22.75	26	1.National 2. Regional 3. District 4. Age 5. Sex 6. Type of disease	Monthly Quarter Annual	MoH, Service Delivery Agencies	DHIMS2, GHIMS
Percent of oral health cases referred for fury treatment	Number of oral cases referred to higher level divided by total number of cases diagnosed	Output	N/A	5	10	15	20	25	1.National 2. Regional 3. District 4. Age 5. Sex 6. Type of Condition 7. Facility	Quarter Annual	MoH, Service Delivery Agencies	DHIMS2, GHIMS, Referral notes

Indicator	Indicator definition	Type	Base -line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
Proportion of OPD visits attributable to oral health conditions	Number of OPD visits for oral health conditions/Total number of OPD visits for all conditions per 100,000	Outcome	22.8	24.19	25.56	26.93	28.3	24.19	1.National 2. Regional 3. District 4. Facility Type 5. Sex 6. Age	Quarter Annual	MoH, Service Delivery Agencies	DHIMS2, GHIMS
Prevalence of oral health conditions i.e Periodontal, dental caries, cancer	Number of cases of oral health diseases within a specific period/ total population multiplied by 100	Outcome	49.7% (common oral health disease as proxy)	47.7	45.7	43.7	41.7	39.7	1. National 2. Regional 3. District 4. Sex 5. Age 6. Disease Type	Annual	MoH, Service Delivery Agencies	DHIMS2, GHIMS
Proportion of the population with adequate knowledge, attitude and practice in oral health hygiene practices	Number of individuals having adequate KAP in oral health hygiene divided by total of number of target population	Outcome	70% (2022 Assess-ment report)*	72	74	78	82	86	1. National 2. Regional 3. District 4. Study type (KAP)	Midterm, End-term	MOH, Service Delivery Agencies	Survey

Indicator	Indicator definition	Type	Base -line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
Objective 3: ***Improve Oral Health workforce training, regulation, scope of practice and distribution***												
Review and implement the revised training curriculum and practice guidelines	Availability of updated curriculum	Output	Curri-cula	Constitute TWG	TWG meeting 5 working sessions to produce updated curriculum	Comm-ence Implem entation of curricu-lum	Comm-ence Implem entation curricu-lum	Comm-ence Implem entation on curricu-lum	National	Annual	MoH, Health Training Institutions, TWG, NSC	Updated Curriculum
Oral health Workforce Density	Number of oral health workers by cadre divided by Total population multiply by 10,0000	Process	0.2 (WHO)	0.1	0.1	0.2	0.2	0.3	1. National 2. Regional 3. District 4. Facility 5. Sex 6. Age 7. Cadre	Annual	MOH, Service Delivery	Payroll Data, Nominal roll

Indicator	Indicator definition	Type	Base -line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
Oral health workforce geographic index	Number of oral health workers (dentists, dental therapists, dental hygienists, etc.) in each geographic region/Number of populations in the geographic region	Outcome	N/A**	0.2	0.2	0.2	0.2	0.5	1. National 2. Regional 3. District 4. Facility 5. Sex 6. Age 7. Cadre	Annual	MOH, Service Delivery	Payroll Data, Nominal roll
Proportion of oral health personnel trained in oral disease promotion and prevention	Percentage of oral health personnel receiving refresher training on oral health promotion and disease prevention	Process	N/A**	17.8	22.8	27.8	32.8	37.8	1. National 2. Regional 3. District 4. Facility 5. Sex 6. Age 7. Cadre	Annual	MOH, Service Delivery	Training reports
Proportion of non-oral health personnel trained in oral disease	Percentage of non-oral health personnel receiving training on oral health promotion and disease	Process	N/A**	6.09	11.09	16.09	21.09	26.09	1. National 2. Regional 3. District 4. Facility 5. Sex	Annual	MOH, Service Delivery	Training reports

Indicator	Indicator definition	Type	Base -line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
promotion and prevention	prevention								6. Age 7. Cadre			
Objective 4: S*ecure sustainable financing for Oral Health*												
Proportion of national health budget allocated for oral health	Measures the share of the health budget dedicated to oral health services	Outcome	N/A**	0.5	0.5	0.5	1	1	National	Annual	MOH, Service Delivery Agencies	MOH Statements, NSC Financial Reported
Proportion of population accessing oral health and paying out of pocket	Number of individuals accessing oral healthcare who p aid out-of-pocket divided by number of individuals assessing oral health care services	Outcome	34	35	35	40	40	15	1. National 2. Regional 3.District 4. Type of Insurance Insured/Not insured	Annual	MOH, Service Delivery Agencies	National Health Accounts, Survey
Revenue mobilised from	Proportion of revenue mobilised from	Revenue from private-	Input	N/A**	3	6	9	12	1. National 2. Source of funding	Annual	MOH, NSC	Annual Financial Reports

Indicator	Indicator definition	Type	Base -line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
Private Sector	private sector partnerships for oral health service	sector partners for oral health divided by total revenue mobili-sed from all sources										
Percentage of NHIS allocations to MOH released for Oral Healthcare Services	Funds released f or oral healthcare service divided by total funds released to MOH	Input	N/A**	0.5	1	1	2	2	National	Annual	MOH, NSC	Financial Report
Objective 5: *Strengthen the integration of Oral Health Care into Primary Health Care*												
Oral Health Tracer Medicines availability	Number of oral health essential medicines available for use/ total medicines available* multiply by 100	Outcome	74.3	75.8	77.3	78.7	80.2	82.3	1.National 2. Regional 3. District 4. Facility Type	Annual	MoH, Service Delivery Agencies	Monitoring Reports, DHMIS2

Indicator	Indicator definition	Type	Base -line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
Proportion of district health facilities with functional dental clinics	Number of health facilities with functional dental clinics divided by total number of health facilities providing dental clinics	Output	N/A**	5	15	30	45	60	1.National 2. Regional 3. District	Annual	MoH, Service Delivery Agencies	Monitoring Reports
Proportion of dental clinics having disability-friendly equipment i.e. dental chairs	Tracks equity and accessibility for vulnerable populations	Outcome	N/A**	5	10	20	30	40	1.National 2. Regional 3.District	Annual	MOH, Service Delivery Agencies	Monitoring Reports
Objective 6: *Strengthen evidence-based decision making for Oral Health*												
Proportion of districts reporting complete oral health data in DHIS	Measures completeness of oral health data reporting	Process	95% (DHIMS2)	95	95	96	96	96	1.National 2. Regional 3. District	Monthly, Quarter, Annual	MoH, Service Delivery Agencies	DHIMS2, GHIMS

Indicator	Indicator definition	Type	Base-line (2025)	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Disaggregation	Frequency	Responsibility	Data source
National oral health forum	Number of National Oral Health Forum conducted	Outcome	N/A**	N/A**	1	1	1	1	National	Annual	MOH, NSC	Meeting reports

* Hewlett SA, Blankson PK, Aheto JMK, et al. Assessment of oral health status in a Ghanaian population: rationale, methods, and population characteristics. BMC Oral Health. 2022;22(1):1-13. doi:10.1186/s12903-022-02090-9

** N/A-Not available

