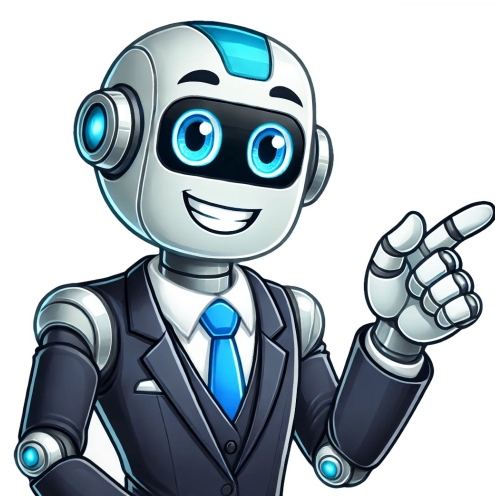


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World Oral Health Day, marked annually on 20 March 2025, draws attention to oral health being a key indicator of overall health, well-being and quality of life. Oral diseases are among the most common noncommunicable diseases worldwide, affecting an estimated 3.5 billion people.The World Health Organization is calling on the countries of the South-East (SE) Asia Region and partners for accelerated action, reiterating the commitments of the Bangkok Declaration "No Health Without Oral Health", adopted at the WHO Global Oral Health Meeting in November 2024.Oral diseases and conditions cause physical symptoms, functional limitations, and a detrimental impact on emotional, mental and social well-being. Among the six WHO regions, South-East Asia reports the highest number approximately 900 million cases of oral diseases and conditions reflecting the regions large population. Our region also has the highest burden of oral cancer among all WHO regions. This is the leading cancer among males in the region, accounting for 11.2% of all cases.South-East Asia is also home to countries which are major consumers of proven carcinogens causing oral cancer, such as smokeless tobacco or areca nut. A recent analysis revealed that one in two cases of oral cancer in our region is attributable to smokeless tobacco or areca nut consumption. This essentially indicates the number of cases that could be prevented if smokeless tobacco or areca nut consumption were eliminated from the population, emphasizing the potential impact of primary prevention.Against this backdrop of high burden of oral diseases and conditions, I reaffirm our commitment to provide actionable guidance and technical support to all countries to implement the WHO SE Asia Regional Action Plan for Oral Health 2023-2030, and to steer the region towards universal health coverage for oral health by 2030.The first ever Global Oral Health Meeting, held in Bangkok in November 2024, was a valuable platform for Members States to share knowledge and to learn from experiences of other countries. The National Oral Health Roadmaps formulated at the meeting are strategic planning tools to guide countries in translating their identified priorities into actionable steps in the coming years.Responding the request of the Member States to WHO for technical support to address the high burden of oral cancer attributable to smokeless tobacco and areca nut consumption, WHO is in the process of formulating a WHO SE Asia regional roadmap to address the burden of oral cancer. The aim of this tool is to guide Member States in regionally relevant strategies to address the burden of oral cancer and other health outcomes.While pledging the continued technical support of WHO, I urge all oral health stakeholders to leverage the guidance in accelerating progress towards universal oral health by 2030 in the region.As we are reminded on World Oral Health Day 2025, A Happy Mouth is a Happy Mind. Skip to main content A new document, Global strategy and action plan on oral health 20232030, has been released by the World Health Organization (WHO) containing the complete set of policies that define WHO's global oral health agenda towards 2030. Together, these policy documents lay out the path to tackle the challenges faced by communities worldwide and make the case for strengthening integration of oral health into noncommunicable disease and universal health coverage benefit packages. The Action Plan is a practical tool to support Member States in the adaptation and implementation of global oral health policies to national contexts. It outlines a set of priority actions for Member States, the WHO Secretariat, international partners, civil society organizations and the private sector in moving towards our shared commitment to equitable access to oral health for all.Member States have demonstrated their commitment to improving oral health in recent years by adopting the landmarkResolution on oral healthin 2021 and theGlobal strategy on oral healthin 2022. This was followed in 2023 by the development of theGlobal oral health action plan 20232030, which translates the vision, goal, and strategic objectives of the global strategy into a series of 100 actions for stronger and more coordinated action on oral health. The action plan also includes a set of 11 global targets to track progress on oral health for all individuals and communities by 2030.Dr Tedros Adhanom Ghebreyesus, WHO Director-General, highlighted in the documents foreword that Member States have demonstrated their commitment to improving oral health in recent years by adopting the landmark Resolution on oral health in 2021 and the Global strategy on oral health in 2022. This was followed in 2023 by the development of the Global oral health action plan 20232030, which translates the vision, goal, and strategic objectives of the global strategy into a series of 100 actions for stronger and more coordinated action on oral health. The action plan also includes a set of 11 global targets to track progress on oral health for all individuals and communities by 2030.Oral diseases are among the most common noncommunicable diseases worldwide, affecting an estimated 3.5 billion people. The burden is increasing, particularly in low- and middle-income countries. Good oral health is essential for eating, breathing, and speaking, and contributes to overall health. The pain and discomfort associated with oral diseases make concentrating difficult, can cause people to miss school or work, and can lead to social isolation. Left untreated, the health-related impact of oral diseases can be severe. However, many oral diseases are largely preventable and can be treated using simple and non-invasive procedures at the primary health care levelDr Tedros added, WHO supports Member States in the implementation of these policies, within their own national context. Together, we can reverse the pattern of neglect in oral health, improve coverage and access around the world, and make sure that everybody gets the care they need for preventable and treatable oral diseases. There is no health without oral health. Skip to main content WHO'sGlobal Strategy and Action Plan on Oral Health 20232030 has been awarded the Aubrey Sheiham Award for Distinguished Research in Dental Public Health Sciences by the International Association for Dental, Oral, and Craniofacial Research (IADR)a non-governmental organization in official relations with WHO.This marks a historic milestoneit is the first time a normative global health policy, rather than a scientific paper, has received this prestigious recognition. The award underscores the transformative power of evidence-informed, system-level reforms and affirms the collective efforts of WHO technical teams, Member States, partners, and the broader oral health community in shaping the global oral health agenda.The Aubrey Sheiham Award is named in honour of the late Professor Aubrey Sheiham from the Department of Epidemiology and Public Health at University College London, United Kingdom of Great Britain and Northern Irelanda pioneering advocate for public health-oriented, evidence-based approaches in oral health. His legacy continues to inspire the global integration of oral health with noncommunicable diseases, universal health coverage and development agendas.The recognition of the Global strategy and action plan on oral health with this award is a powerful validation of our shared commitment to advancing oral health as a key pillar of global health, said Dr Benoit Varenne, Dental Officer in WHO's oral health programme. It reflects the consensus that oral diseases are a major public health issue that needs a response embedded into a broader primary health care systems reform.WHO will be donating the prize money to the One World campaigna gesture that aligns with the spirit of the award and supports broader public health engagement and resource mobilization.The award will be formally presented at the IADR Conference in Barcelona on Thursday, 26 June from 17:30 to 18:30 (CEST). Skip to main content Skip to main content Polio is a highly infectious disease, mostly affecting young children, that attacks the nervous system and can lead to spinal and respiratory paralysis, and in some cases death.Polio has existed since prehistoric times ancient Egyptian images show children walking with canes, with withered limbs characteristic of the disease.While it affected children around the world for millennia, the first known clinical description of polio, by British doctor Michael Underwood, was not until 1789, and it was formally recognized as a condition in 1840 by German physician Jakob Heine. In the late 19th and early 20th centuries, frequent epidemics saw polio become the most feared disease in the world. A major outbreak in New York City in 1916 killed over 2000 people, and the worst recorded US outbreak in 1952 killed over 3000.Many who survived the disease faced lifelong consequences. Deformed limbs meant they needed leg braces, crutches or wheelchairs, and some needed to use breathing devices like the iron lung, an artificial respirator invented for treatment of polio patients.By the mid-20th century, the poliovirus could be found all over the world and killed or paralysed over half a million people every year. With no cure, and epidemics on the rise, there was an urgent need for a vaccine. A breakthrough occurred in 1949, when poliovirus was successfully cultivated in human tissue by John Enders, Thomas Weller and Frederick Robbins at Boston Childrens Hospital. Their pioneering work was recognized with the 1954 Nobel Prize.Not long afterwards, in the early 1950s, the first successful vaccine was created by US physician Jonas Salk. Salk tested his experimental killed-virus vaccine on himself and his family in 1953, and a year later on 1.6 million children in Canada, Finland and the USA.The results were announced on 12 April 1955, and Salks inactivated polio vaccine (IPV) was licensed on the same day. By 1957, annual cases dropped from 58 000 to 5600, and by 1961, only 161 cases remained.Salk was committed to equitable access to his vaccine, and understood that elimination efforts would not work without universal low- or no-cost vaccination.Six pharmaceutical companies were licensed to produce IPV, and Salk did not profit from sharing the formulation or production processes.In a 1955 interview, when asked who owned the patent for IPV, he replied: Well, the people, I would say. There is no patent. Could you patent the sun? A second type of polio vaccine, the oral polio vaccine (OPV) was developed by physician and microbiologist Albert Sabin.Sabins vaccine was live-attenuated (using the virus in weakened form) and could be given orally, as drops or on a sugar cube.With the Salk vaccine in wide use by the late 1950s, United States interest in testing this new kind of vaccine was low.Hilary Koprowski had carried out the first test of a live-attenuated vaccine on humans in 1950, and further trials took place in what was then the Belgian Congo (a territory now largely covered by the Democratic Republic of the Congo).Like Salk, Sabin tested his experimental vaccine on himself and his family; but he had to go further afield for larger-scale trials.After a team of Russian virologists visited his lab in 1956, Sabin travelled to Leningrad and Moscow to work with them later that year.He struck up a longstanding collaboration with Mikhail P Chumakov, who was also responsible for tests of the Salk vaccine in the Soviet Union, and Chumakov carried out initial tests of the live-attenuated vaccine using a seed virus that Sabin had provided.Trials carried out in the Soviet Union, on 20 000 children in 1958 and 10 million children in 1959, and in Czechoslovakia, on over 110 000 children from 1958 to 1959, proved the vaccine was safe and effective.Independent review of the trials for the World Health Organization by United States specialist Dorothy Horstmann alongside the success of the OPV comes a disadvantage: continued use of the vaccine poses a risk to wiping out the disease.While OPV is safe and effective, in areas where vaccination coverage is low, the weakened vaccine virus originally contained in OPV can begin to circulate in undervaccinated communities.When this happens, if it is allowed to circulate for sufficiently long enough time, it may genetically revert to a strong virus, able to cause paralysis, resulting in what is known as circulating vaccine-derived polioviruses (cVDPVs).If a population is adequately immunized, it will be protected against both wild and vaccine-derived polioviruses.Watch this short video and learn how different strains of the polio viruses emerge and how to stop them. By Saima Wazed, WHO Regional Director for South-East AsiaWorld Oral Health Day, marked annually on 20 March, draws attention to oral health being a key indicator of overall health, well-being and quality of life. Oral diseases are among the most common noncommunicable diseases worldwide, affecting an estimated 3.5 billion people.The World Health Organization is calling on the countries of the South-East Asia Region and partners for accelerated action, reiterating the commitments of the Bangkok Declaration "No Health Without Oral Health", adopted at the WHO Global Oral Health Meeting in November 2024.Oral diseases and conditions cause physical symptoms, functional limitations, and a detrimental impact on emotional, mental and social well-being. Among the six WHO regions, South-East Asia reports the highest number approximately 900 million cases of oral diseases and conditions reflecting the regions large population. 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Acute diarrhoeal diseases are among the leading causes of mortality in infants and young children in many developing countries. In most cases, death is caused by dehydration. Dehydration from diarrhoea can be prevented by giving extra fluids at home, or it can be treated simply, effectively, and cheaply in all age-groups and in all but the most severe cases by giving patients by mouth an adequate glucose-electrolyte solution called Oral Rehydration Salts (ORS) solution.Since 2003, WHO and UNICEF are recommending the use of a new ORS formulation of improved effectiveness when compared to the old formulation. A revised monograph for ORS, describing this new formula, was adopted by the WHO Expert Committee on Specifications for Pharmaceutical Preparations at its meeting in October 2005 for inclusion in the fourth edition of The International Pharmacopoeia.The document entitled "Oral Rehydration Salts - Production of the new ORS", based on the above-mentioned revised monograph, updates an earlier document (WHO/CDD/SER/85.8), and provides information on the manufacture of the new ORS. It has been prepared to assist national authorities in establishing the local manufacture of a product of pharmaceutical quality, in order that they may become self-reliant in meeting the needs of their national diarrhoeal diseases control activities.It is emphasized that the methods recommended in the document are meant to serve as guidelines, and that they need to be adapted to meet local requirements and conditions, provided they follow the principles of Good Manufacturing Practices for pharmaceutical products (WHO Technical Report Series, No 908, 2003).Delegations from over 110 countries are coming together to produce national roadmaps and negotiate a joint declaration on oral health at the first-ever global oral health meeting organized by the World Health Organization (WHO). The declaration is expected to outline collective commitments from Member States to accelerate the implementation of the Global strategy and action plan on oral health 20232030.Oral diseases are the most common noncommunicable diseases (NCDs) worldwide, affecting an estimated 3.5 billion people. Oral health is often misunderstood as just dental health, overlooking its broader importance. Oral diseases include dental caries or cavities, gum disease, tooth loss, oral cancer, noma and birth defects, affecting the mouth, teeth and facial structures that are essential for eating, breathing and speaking."Oral health is an important part of well-being, yet millions of people lack access to the services they need to protect and promote their oral health, said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. WHO calls on all countries to prioritize prevention and expand access to affordable oral health services as part of their journey towards universal health coverage.This groundbreaking event, hosted by the Government of the Kingdom of Thailand, is part of the preparatory process for the fourth UN High-Level Meeting on NCDs (4th UN HLM on NCDs) in 2025. It aims to accelerate progress towards UHC, reaffirm political commitments made by Member States, and promote the implementation of the Global strategy and action plan on oral health 20232030.Oral health is a crucial aspect of overall health, and Thailand is proud to host this landmark global meeting, said H.E. Mr Somsak Thepsutin, Minister of Public Health in Thailand. Our commitment to universal health coverage includes ensuring that all citizens have access to quality oral health services and promoting prevention through our communities, reinforcing our dedication to improving health outcomes for everyone."Key outcomes of the meeting–the Bangkok declaration on oral health–will inform the WHO Director-Generals report for the 4th UN HLM on NCDs in 2025, ensuring better recognition and integration of oral diseases in the future global NCD agenda.The Declaration seeks to guarantee oral health as a fundamental human right. It recognizes that improving access to affordable oral health care cannot be achieved without integrating it into primary health care and UHC packages. During the meeting, it is expected a new global coalition on oral health will be announced, aiming to foster partnerships to enhance the reach and effectiveness of oral health initiatives worldwide.The WHO first global oral health meeting is being attended by delegations from Member States, UN agencies, international organizations, philanthropic foundations, civil society organizations and other stakeholders dedicated to advancing oral health, NCDs and UHC programmes. Editors note: The Global Oral Health Action Plan 20232030 provides a framework to address challenges in preventing and controlling oral diseases, promoting oral health within the NCD agenda and ensuring that essential services are accessible without financial strain as part of UHC initiative. It outlines six strategic objectives, 100 actions and 11 global targets aimed at reducing the burden of oral diseases, which contribute significantly to the global NCD crisis. For more information, please visit WHO global oral health meeting event webpage and watch the meeting here.

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