

**Oral Health Workshop for the Region of the Americas  
23-25 April 2009, Mexico City**

*A Call for Action for Caries-Free Communities for Vulnerable Populations  
Secretary of Health of Mexico, Pan American Health Organization, Mexican  
Dental School's Federation and Mexican Dental Association*

2/3/2009

**1. Overview:**

Oral health continues to be a critical aspect of general health conditions in the Latin American and Caribbean (LAC) Region because of its weight in the global burden of disease, its associated treatment costs, and the potential for effective prevention. Dental treatment is expensive, and the costs of treating dental caries mount with the progression of the disease. In countries and areas where fluoridated salt, water, or toothpaste has been made available, the prevalence of dental caries has fallen sharply. In treatment costs alone, the return on investment in salt fluoridation is substantial, even when one does not consider any of the less easily measured benefits such as reduced absence from school or improved health in later life. It is estimated that for each \$1 spent on salt fluoridation in Latin America and the Caribbean, about \$250 will be saved in reducing the need for future dental treatment. The adoption of cost-effective treatment modalities, like the Atraumatic Restorative Treatment (ART), paves the way for widespread increases in access to oral health services in government health programs that serve low-income and geographically isolated communities. It represents one more step toward improved oral health in the Region of the Americas.

Data from over 43 national oral health surveys in the Region indicate a marked 35-85% decline in the prevalence of dental caries since the early 1990s. These improvements may largely be attributed to national preventive programs including water and salt fluoridation, greater awareness of proper oral hygiene and better oral health care practices. While this is an impressive decline in dental caries, the burden of oral disease in the Americas is severe and remains high as compared with other regions in the world. Poor and inequitable health care, the changing pattern of oral disease, increased cost and less investment in dental public health programs are prominent signs of the ongoing health crisis in the Americas. Strong scientific evidence suggests the interrelationship between oral health and general health, particularly the associations between oral infections and adverse pregnancy outcomes. Common risk factors also exist between oral and chronic diseases, such as diabetes, heart disease and stroke.

*In order to overcome the onerous hurdle of dental caries throughout the Americas, it is vital to garner more resources – both technical and financial – for a targeted effort to achieve Caries-Free Communities for the most vulnerable groups in the Region of the Americas.*

Striving to reach disadvantaged populations with oral health care solutions – both preventive and remedial – remains one of most formidable challenges for governments. Building upon the success of its previous efforts working with national governments to reduce caries prevalence among children, **PAHO, jointly with the Secretary of Health of Mexico, Mexican Federation of Dental Schools, and the Mexican Dental Association, now calls on all stakeholders in the oral health community to join together to identify sustainable solutions to achieve Caries-Free Communities in the Americas.** This effort will be launched in Mexico City in April 2009, and will be a broad-based effort to tackle the burden of dental caries throughout the Americas by focusing on participating countries and their most vulnerable communities. By pooling the

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resources of the entire oral health community, this groundbreaking initiative – **Caries-Free Communities (CFC)** – will create space for sustainable solutions to the Region's most prominent oral health problem.

Stakeholders can play a vital role in helping to achieve public sector goals by incorporating the support of public entities, such as Ministries of Health, government agencies, as well as private entities, such as foundations, civil society organizations, industry associations/federations and other private enterprises with a public health focus. Key oral health leaders from each country will be invited to participate in the three-day workshop to discuss and recommend strategic intervention for the CFC initiative. The aim is to achieve the broadest possible support and contributions to the CFC by sharing successful practices, profiling and scaling up existing programs, thus contributing to the creation and implementation of new programs under this initiative.

### **PAHO's Commitment to Oral Health**

An international public health agency with over 100 years of experience in working to improve health and living standards throughout the Region, PAHO has responsibility for spearheading the direction of health policy to its 35 Member States. PAHO guides implementation of best-practice strategies and policies, garners international resources and builds relationships that optimize implementation and outcomes.

The organization's Regional Program on Oral Health brings unique experience in areas such as the development of human and financial resources, clinical studies and technical assistance to countries in developing health policy, and developing and implementing feasible, low-cost health interventions. In addition, the Oral Health Program has a proven track record in the design and implementation of clinical trials and cost-effective alternative treatments to increase access to oral health services. Examples include the enhancement of salt and water fluoridation systems in the Region, as well as a three-country pilot program to determine the cost-effectiveness of ART, a simple technology that can be used by trained auxiliary personnel to reach disadvantaged populations. The area of human resources development was increased in countries through development of facilities, introduction of new programs and by developing educational material.

### **The Science Behind the Commitment**

Throughout the Americas, poor oral health remains a major impediment to improved overall health conditions. PAHO, as part of the World Health Organization (WHO), is working closely with each Member State to actively reduce dental caries, particularly in children, throughout the Americas Region. In 2000, WHO set the oral health target of achieving a DMFT Index (Decayed, Missing, or Filled Teeth) of less than 3 among 12-year-old children (known as DMFT-12). A PAHO-designed classification system measures the progress of countries along an oral health continuum. DMFT-12 score falls into one of three categories: **Emergent** (DMFT-12 > 5; no national salt and water fluoridation program); **Growth** (DMFT-12 between 3 and 5; no

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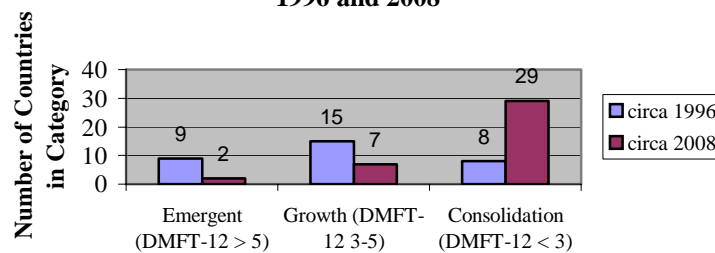
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national salt and water fluoridation program); and **Consolidation** (DMFT-12 < 3; national salt and water fluoridation program available).

This classification system led to several developments, including the implementation of a wide-reaching salt and water fluoridation program in the Region. In addition, PAHO's call for country baseline studies has resulted in over 43 national oral health surveys that assess DMFT and exposure to fluoride, cost-benefit analysis, epidemiological surveillance systems for fluoridation, technology transfer, and evaluation and tracking systems to determine effectiveness of national fluoridation programs. The typology allows PAHO to work with national governments to move countries toward more appropriate and effective policies and improved status indicators (lower scores reflect better oral health). The table below demonstrates the advances made in DMFT-12, in large part due to PAHO's technical assistance.

**Table 1: Decrease in DMFT-12 Scores between  
1996 and 2008**



The results from the DMFT typology provide appropriate data to estimate dental caries in a population, but it is not the only indicator to assess the oral health needs of a country. Those countries with a low DMFT-12 index may have higher readings for specific population subgroups such as adults, children younger than 5 years old, the medically compromised, and those from rural areas or of low socioeconomic status. They may also experience other health problems such as oral cancer or cleft lip. Additional indicators, as well as better observation methods that incorporate all oral health problems, are needed to identify deficiencies and illustrate future progress.

Increased levels of technical cooperation – **including between public and private sectors** – will enhance PAHO's commitment to achieve Caries-Free Communities throughout the Americas.

### **PAHO's 10-Year Regional Plan on Oral Health**

Since the inception of the Oral Health Program, PAHO has pioneered technical assistance and collaborative participation to focus on *areas of need* for its member countries and to reinforce country participation to improve oral health. In 2005, PAHO developed a new 10-year strategy and plan of action to promote oral health throughout the Region. The strategy is based on the driving principles of public health, which are disease prevention, health promotion, and disease surveillance. Each element of the strategy is grounded in best practice training and dissemination

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of best practice models, partnerships, upstream investment, and measurement of progress along time and scale. In accordance with the United Nations' Development Agenda, the strategy also supports the three health-related Millennium Development Goals (MDGs), developed in the year 2000. The strategy also facilitates technical cooperation between and among public and private stakeholders, integrating appropriate technologies and scaling-up proven interventions.

PAHO's Strategy and Plan of Action addresses the persistent and dynamic oral health challenges of the new millennium. **The ultimate goal of the strategy is to reduce the burden of disease from various oral health conditions by the year 2015.** The Plan of Action sets forth three major goals and identifies measurable objectives and indicators that correspond with each of the goals, as follows:

**Goal 1:** Completion of the Unfinished Agenda in Oral Health – “To ensure an essential and basic level of access to oral health care for all by addressing gaps in care for the most vulnerable groups”

**Goal 2:** The Integration of Oral Health Care into Primary Health Care (PHC) Services

**Goal 3:** Scaling Up Proven Cost-Effective Interventions – Multiyear Plan for Fluoridation Programs in the Americas and Expansion of Oral Health Coverage with Simple Technologies

The proposed targets of the plan are to reduce the current DMFT-12 for all countries, improve assessment and treatment of other oral health problems in the Region, and increase access to oral health services for every individual. The strategy is designed to build on best practice models used in the fluoridation programs from the previous decade. Similar cost-effective intervention using simple technologies can be scaled up to improve access to oral health care at a much lower cost. The targets can be accomplished by an integrated health system that combines oral health with general health services. Finally, the strategy recognizes that a **common oral health agenda requires strong partnerships between the private and public dental health communities.**

### 2. Workshop Objectives:

- To facilitate collaboration between oral health leaders from the public and private sectors and to identify sustainable solutions to achieve Caries-Free Communities (CFC) in the Region of the Americas.
- To recommend action steps for improving oral health status for the most vulnerable groups in the Americas.

#### Specific objectives:

- Identify vulnerable communities in each country
- Identify sustainable solutions for improving oral health at governmental, professional and academic levels

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- Design strategic interventions for the identified vulnerable communities
- Launch the CFC Initiative in the Americas by stakeholders

### **3. Our Partners:**

The Mexico Oral Health Workshop will provide approaches and solutions to current oral health challenges and a forum to strengthen partnerships between governmental health programs, including oral health, dental schools and dental federations of each country. Over 100 professionals will participate, including dental chief officers, deans of dental schools, the FOLA, presidents of dental associations and representatives of private sector, the World Dental Federation, American Dental Education Association, International Association of Dental Research, and OFEDO.

### **4. The Nature of the Workshop:**

The Oral Health Workshop will play an important role in engaging oral health leaders in the Americas by asking them to consider launching concrete activities to end caries in our communities. In order to fulfill its objectives, the following is expected:

- To join in a network of networks, linking the efforts of dental schools, dental federations and government oral health programs which have an impact in improving oral health in each country
- To be a catalyst for specific actions on oral health for vulnerable populations, and to improve access to good oral health
- To promote participation in joint efforts
- To create formal and informal contact points between partners
- To be a forum for decision-making mechanism and response to specific actions for CFC
- To develop a base for incorporation of additional resources and support

### **5. Activities Envisaged surrounding the Workshop:**

The following specific activities will take place:

- A. Country-level activities prior to arrival in Mexico (January-April)
  - B. Active engagement during the workshop (April)
  - C. Implementation of plans following the workshop (April 2009-2011)
- A. Representatives of the Ministry of Health, Dental Association, and Academic Institutions will meet in their respective country and prepare a summary document for their country according to the guidelines in the tables below for prior submission and distribution to the participants. They will also prepare similar information which will identify potential site(s) where they propose to implement a “caries-free” project, and a PowerPoint presentation in accordance with guidelines provided by the workshop organizers. An external

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coordinator and a country focal point will be assigned to advise on the preparation of documents. Each country will be assigned to one of four groups.

- B. (1) Each country will make an 8-minute presentation during the first plenary session according to guidelines
  - (2) Country representatives will meet the morning of the second day to finalize strategic intervention for their communities (CFC)
  - (3) Countries will meet in the afternoon of the second day by groups to exchange final strategic intervention and select presentation for final plenary session
  - (4) Recommendation on next steps and upcoming oral health meetings
  - (5) Launch of CFC
- C. Guidelines for summary report and PowerPoint presentations

### 6. Basic Information with Regards to Participants and Invitations:

#### Logistics:

**Chief Dental Officers:** Invitations will be sent by the Secretary of Health of Mexico. PAHO will assist with travel and hotel expenses.

**Deans of Dental Schools:** Invitations will be issued by UNAM and attendance will be at their own expense.

**Dental Associations:** Invitations will be issued by the Mexican Dental Association and attendance should be coordinated directly with MDA.

**Others:** Selected speakers and other participants will be invited by the Secretary of Health of Mexico and PAHO.

Visas for Mexico will be facilitated through the Secretary of Health of Mexico.

### 7. Criteria for Grouping Countries:

In considering the best ways to promote understanding, exchange of information, and experience, the criteria below were used to group countries.

#### 1. Fluoride interventions

- (a) Water fluoridation
- (b) Salt fluoridation
- (c) Milk fluoridation
- (d) Other fluoride approaches
- (e) Other

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### **2. Clinical Preventive Actions**

- (a) Sealants
- (b) Varnish
- (c) PRAT

### **3. Human Resources**

- (a) Dentists
- (b) Hygienists
- (c) Clinical Dental Nurses/Therapists/Assistants
- (d) Clinical Dental Technicians/Operators

The following grouping of countries is proposed:

#### **GROUP 1**

#### **GROUP 2**

#### **GROUP 3**

#### **GROUP 4**

<i>Saskia Estupiñán*</i>	<i>Heriberto Vera H.*</i>	<i>Javier de la Fuente*</i>	<i>Victor Guerrero*</i>
USA	CANADA	MEXICO	JAMAICA
BERMUDA	PERU	BELIZE	PUERTO RICO
BAHAMAS	COSTA RICA	GUATEMALA	BRAZIL
VIRGIN ISLANDS	ECUADOR	EL SALVADOR	DOMINICA
ARGENTINA	BARBADOS	HONDURAS	TRINIDAD & TOBAGO
CHILE	DOMINICAN REP	CUBA	GUYANA
CAYMAN ISLANDS	GRENADA	BOLIVIA	PARAGUAY
ANGUILLA	VENEZUELA	ANTIGUA	NICARAGUA
PANAMA	MONTSERRAT	SURINAME	URUGUAY
ST. VINCENT	ANTIGUA	ST. KITTS	ST. LUCIA
HAITI			COLOMBIA

\*Group Coordinator

The workshop organizers reserve the right to amend the groups depending on final confirmation of attendance.

#### **GROUP COORDINATORS AND FACILITATORS:**

- **Group One:** Saskia Estupiñán-Day, George Weber, Christopher Fox (IADR), Peter Cooney
- **Group Two:** Heriberto Vera Hermosillo, Marisol Tellez, Chris Halliday, Alice Horowitz, Lois Cohen
- **Group Three:** Javier de la Fuente, Rick Valachovic, Ramón Báez, Eugenio Beltrán, Leopoldo Becerra

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- **Group Four:** Victor Manuel Guerrero, Armando Hernández, George Gillespie, Maritza Sosa, Fanny Thompson.

### **Coordinator role:**

- Coordinators will work with assigned countries and country focal point to assure that country summary document and PowerPoint presentations follow guidelines.
- Coordinators will work with assigned group to facilitate exchange and finalize strategic intervention and workshop declaration.
- Facilitate collaboration between the Health Ministries, dental associations and university representatives to reach consensus for the country presentation.
- Work between respective groups must be coordinated during the conference.
- During the second day of the conference the coordinator will work with assigned groups to facilitate information exchange and to identify best practice models for serving vulnerable populations.
- The coordinator will use a strategic approach to delineate objectives, strategies and indicators for the short and medium-term stages of CFC, including a timetable for activities for evaluating impact and sustainability.

### **8. Country guidelines and presentations:**

The coordinator will contact each country invitee and focal point to lead a country group meeting in order to prepare the summary document, which should not be more than 5 pages single-spaced. The PowerPoint presentation should not be more than 8-10 slides (8 minutes).

### **Background information for summary document:**

To facilitate the recognition of the situation and analysis of influencing factors in their country, the representatives should evaluate the following conditions:

1. Data from the last epidemiological oral health survey on the severity of dental caries by specific ages of 5, 12 and 15 years (ex. DMFT Survey).
2. Identification of vulnerable populations that exist in their country, using data from institutions/government or verifiable sources.
  - Availability of health services (number of professionals, type of coverage, age groups, availability of services, transportation, etc.).
  - Access to services (eligibility to service programs, social security, and stratum of poverty socioeconomic factors).
  - Acceptability of services by the population (cultural factors, risk factors, nutritional state).
3. Identification of sustainable and successful interventions.

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4. Identification of future challenges that need to be addressed to insure the interventions are sustainable.

### **For example:**

#### **Ministries of Health**

- Existence of valid data, categorization of treatment urgency and severity of conditions.
- Identified strengths and weaknesses in the implementation of policies and programs.
- Extent of intersectoral collaboration and support from external resources.

#### **Professional organizations**

- Existence of collaboration to improve access to health services to populations living in remote areas, hours, days, voluntary missions.
- The organization supports government policies, program dissemination, community education, and influence on the organization membership, awareness and community stimulus.

#### **Dental faculties to members for their collaboration**

- What is the emphasis given to oral health as integral part of general health?
- How is the student prepared for the social aspects of dentistry?
- The importance given in educational programs to the prevention and promotion of health, importance of risk factors, strategies to modify lifestyles, importance of oral health in quality of life of the individual and groups.
- Opportunities for dental students to participate in community service activities, where dental health care is not available.

The following slides/graphs are proposed to guide summary reports for communities identified by country teams. For the purpose of the PowerPoint presentation, please select only information for one community. **The presentation should not be more than 8 minutes and 8-10 slides.**

**Introduction and process: Slide 1**

**Context/Facts: Slides 2-8**

**Approaches and intervention proposed by and to be carried out by country group: 9-10**

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**Slide 2**

**Demographic data on community**

<b>Age</b>	<b>Female</b>	<b>Male</b>	<b>Year</b>
Children			
Adults			
Total			

**Slide 3**

**Population according to the most recent oral health survey (DMFT)**

<b>Age</b>	<b>Female</b>	<b>Male</b>	<b>Year</b>
Children Ages 6-9			
Children Age 12			
Children Age 15			
Adults			
Total			

**Slide 4**

**Percentage of areas with fluoridation programs and other interventions**

<b>Vehicle</b>	<b>% of population covered</b>	<b>Fluoridated Areas</b>	<b>Areas covered by fluoridation</b>	<b>Best Practices</b>
Salt				
Water				
Milk				
Other vehicles: ART/Sealants, etc.				

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**Slide 5**

**Human Resources**

**Health and oral health resources available in the community**

Institution	Dentists		Auxiliary Personnel				
	Full Time	Part Time	Auxiliary	Assistant	Hygienist	Technician	Nurse
Social Security							
Private							
Other							
Total							

**Slide 6**

**Oral health coverage reported up to 2008**

Year	Coverage (%)						Type of Attention					
	Estimated			Actual			Prevention		Curative		Surgical	
	MOH	SS	Priv	MOH	SS	Priv	MOH	SS	Priv	MOH	SS	Priv
0-5												
6-12												
13-19												
20-35												
36-60												
60+												
Total												

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**Slide 7**

**Infrastructure**

**Number of dental clinics**

<b>Institution</b>	<b>Comprehensive Care</b>	<b>Limited Treatments or Incomplete</b>	<b>Availability of Special Treatments (ex. sedation)</b>
Ministry			
Social Service			
Private			
University			
Mobile Clinics			
School-Based Clinics			
Other (specify)			
Total			

**Slide 8**

**Cost of services\***

<b>Institution</b>	<b>Type of Service</b>		
	<b>Prevention</b>	<b>Curative</b>	<b>Surgical</b>
Ministry			
Social Security			
Private			
University			
Mobile Clinics			
School Clinics			
Other (specify)			

\*Use the most recent conversion to US dollars.

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### **Preliminary Agenda**

#### **April 22**

- Registration and assignment of ballots (all day)
- Coordinator and facilitator meeting 16:00.
- Country groups meet with their coordinator for preliminary meeting 17:00
- Welcome Reception (*evening*) 19:00

#### **April 23**

#### **Plenary Morning Session**

##### **8:30-10:30**

- Welcome and Opening Remarks  
José Ángel Córdova Villalobos, Secretary of Health, Mexico
- Prioritizing Oral Health in the Health Agenda of Countries  
Dr. Mirta Roses, Director, Pan American Health Organization
- Oral Health and Vulnerable Populations  
Dr. Maria Julia Muñoz, Minister of Health, Uruguay

#### **Coffee break**

##### **10: 00-11:00**

- Workshop Program, Objectives and Activities  
Heriberto Vera Hermosillo, Victor Guerrero and Javier de la Fuente
- PAHO's Action Plan for Oral Health and CFC  
Saskia Estupiñán-Day, Team Leader, Health of Vulnerable Populations, Pan American Health Organization

#### **11:00-5:00 p.m. Morning and Afternoon Plenary Sessions**

#### Country Presentations

*There will be two coffee breaks in the afternoon and lunch will be provided.*

#### **Mexican Night**

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**April 24<sup>th</sup>**

Country attendees will meet in the morning of the 24<sup>th</sup> to develop or modify their strategic intervention for their identified community leading to CFC, based on learning from plenary sessions. Discussion should include detail of their interventions (oral health packages), barriers to be overcome, resource implications and cooperative solutions leading to successful actions.

In the afternoon, countries will meet in their groupings to discuss their country approaches and exchange information on strategic interventions to achieve CFC. Each group will select at least two examples for the plenary presentation. In addition, the groups will discuss the working draft of the final workshop declaration.

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- **Group Two:** Heriberto Vera Hermosillo, Marisol Tellez, Chris Halliday, Alice Horowitz, Lois Cohen
- **Group Three:** Javier de la Fuente, Rick Valachovic, Ramón Báez, Eugenio Beltrán, Leopoldo Becerra
- **Group Four:** Victor Manuel Guerrero, Armando Hernandez, George Gillespie, Maritza Sosa, Fannye Thompson.

**April 25<sup>th</sup>**

- Group Presentations of Strategic Interventions to Achieve CFC
- Plenary Session and Approval of Workshop Declaration
- The Next Steps and Progress toward CFC

FDI Consultation Meeting July 15-17, 2009, Rio de Janeiro, Brasil  
World Dental Congress, September 2-5, 2010, Brasil  
World Dental Congress, Mexico, 2011  
Other Meetings

- Launching CFC

**Dinner**

**April 26<sup>th</sup>**

**Departure**