AVOLA Symposium 2026

97% Repair vs 3% Prevention: It's Time to Turn the System Around!

Welcome to the AVOLA Symposium 2026, where the theme "One Body, One Health" invites us to rethink health as a connected and integrated whole.
The symposium is founded on the belief that health cannot be understood through isolated systems, disciplines, or professions. Instead, human wellbeing emerges from the dynamic interaction between the body, mind, behavior, environment, and society.
Advances in microbiome research, nutrition, oral health, psychology, and artificial intelligence increasingly demonstrate these powerful interconnections. The next few years are a pivotal window: AI will shift prevention from reactive and generalized to proactive and hyper-personalized – analyzing multimodal data from wearables, microbiome tests and behavior to give people real-time risk prediction and tailored oral hygiene, nutrition and lifestyle advice. For organizations like AVOLA, embracing this means our education, communication and behavior-change efforts can reach far more people, more effectively.

We bring together leading specialists to share with us how these connections – and these emerging tools – can be translated into better prevention and healthier lives. The concept of One Body, One Health recognizes that oral health, systemic health, and overall wellbeing are inseparable – a link now reinforced by the newest cardiovascular research directly connecting periodontitis to coronary plaque burden and heart disease risk[1]. This symposium offers a unique platform for learning, exchanging ideas and networking across disciplines. Together, we shall explore how integrated prevention can add not only years to life but life to years.

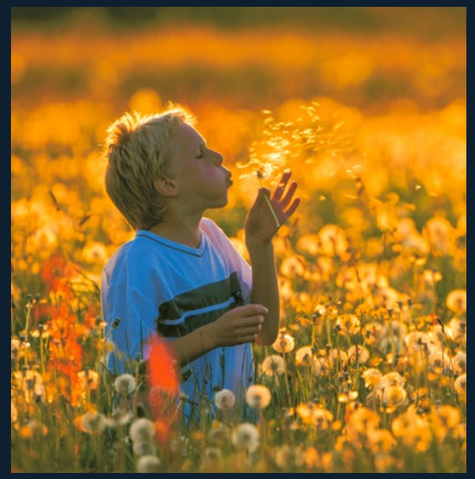
Let us be inspired by a shared vision: one body, one health, one future built on connection, prevention, and lifelong wellbeing.

One Body, One Health

Every healthcare system on the planet is, in essence, built backwards. OECD countries allocate less than 3% of their health spending on average to public health and prevention activities – even though an estimated 80% of health outcomes stem from factors that have nothing to do with the treatment system: lifestyle, nutrition, oral health, sleep, movement, social connection. This is the structural core of how modern medicine finances itself, and it has quietly become unsustainable.
The reason is not a lack of knowledge. We know, with overwhelming evidence, that periodontitis raises the risk of diabetes and cardiovascular disease; that poor nutrition drives metabolic dysfunction; and that sleep and social isolation shape brain health as much as any pharmaceutical intervention. The problem is that this knowledge lives in disconnected silos – dentistry, endocrinology, cardiology, nutrition science, neurology, and public health – each with its own conferences, journals, and funding streams. The body does not recognize these boundaries. Only our institutions do.

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This is the basic idea behind the 2nd AVOLA Symposium, "One Body, One Health": to dismantle these silos for one day and put everyone who works on health promotion, disease prevention, and healthy longevity at the same table – clinicians, dentists, general practitioners, nutritionists, researchers, insurers, hospital leadership, educators, and policymakers. Not as adjacent tracks running in parallel, but as a genuinely shared conversation about one system: the human body and the one health it has.



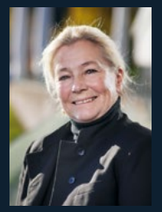
Why does this matter now? Because the current model has run out of road!
Healthcare costs rise every year, faster than wages and GDP, and the citizens and governments who bear them are approaching a breaking point. The "repair economy" of healthcare is more profitable than the "foresight economy" of prevention – treating a heart attack generates more revenue than preventing one. That incentive structure is precisely why we have ended up spending 97% on repair. But a model that depends on rising disease burden cannot be scaled indefinitely against an aging population and a tax base that is not. We do not need incremental adjustment. We need a radical shift in where the money, attention, and professional prestige in healthcare go.
A shift of that scale cannot be delivered by a single ministry or specialty. It requires stakeholders who currently operate in isolation to start designing prevention as a coordinated system rather than a collection of well-meaning individual initiatives. Nutrition, oral health, systemic health, brain health, and healthy longevity must be presented as different entry points into the same conversation.

There is one more dimension the committee should keep central: children. Adults with poor health literacy are not the root cause – they are the outcome of a childhood in which health-maintaining competence was never systematically taught. We teach children to read, calculate, and perhaps code; we rarely teach them with the same rigor how to maintain their health – how to care for their teeth, what to eat, how to move, relax, sleep, and build resilience. This competence gap in early education is the single highest-leverage place to intervene.

Prevention does not begin in the hospital, it starts in the classroom!
In short: the 2nd AVOLA Symposium is a deliberate, one-day experiment in what healthcare could look like if disease prevention, health promotion, and healthy longevity became one coordinated system – starting with a generation of children equipped to maintain their own health, not just repair it once it fails.

[1] Teleka S, Persson P, Vähäsarja N, et al. Periodontitis, epicardial adipose tissue and coronary events: the Swedish Cardiopulmonary Bioimage Study. European Heart Journal 2026;47:ehag569. https://doi.org/10.1093/eurheartj/ehag569

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