



Policy Brief

*FDI World Dental Federation, Framework Convention on Global Health Alliance,
Sustainable Health Equity Movement and World Federation of Public Health
Association*

Call to Action: Promoting Oral Health for Refugees

The scale of global forced displacement is increasing worldwide as a result of persecution, armed conflict, generalized violence, natural disasters, famine, and economic changes.¹ As of mid-2022, 103 million people around the world have been forced to flee their homes, including more than 32 million refugees, more than two in five of whom are under the age of 18.² Refugees are one of the most vulnerable and marginalized populations globally, facing significant challenges in accessing health care, including oral health care. The delivery of health interventions in conflict settings is hampered by barriers such as a lack of safety, population displacement, limited resources and services, and a limited skilled health workforce.³

Addressing the significant burden of oral diseases among refugees

Like all people, refugees are entitled to access health care, including oral health care, as guaranteed by the International Covenant on Economic, Social and Cultural Rights. This right is further reinforced by the 1951 Refugee Convention and its 1967 Protocol, which require countries to ensure that such care is provided without discrimination and on the same basis as nationals.



Oral health is an integral part of overall health and well-being. However, oral health and access to oral health care for refugee populations remain areas of concern.⁴⁻¹¹ Previous studies have shown that refugees face higher prevalence rates of oral diseases and encounter a more limited access to oral health care services, particularly when compared to the most underprivileged populations within the host country.⁴⁻⁹ Dental caries, periodontal diseases, oral soft tissue lesions, and traumatic dental injuries are the most prevalent issues. Additionally, refugees are less likely to access oral health care and often only seek it for pain relief. Refugees are also more likely to face multiple barriers to accessing timely and affordable essential oral health care, including language barriers, limited mobility and financial constraints. The burden of oral diseases among refugees is significant and must be addressed urgently to promote global health equity and social justice.

Improving refugee maternal oral health literacy

Oral health prevention and promotion are particularly important for mothers and children. A mother's oral health status, oral health knowledge, oral health literacy, attitudes, behaviour, and socioeconomic status influence children's health as important determinants of childhood caries and other oral diseases.¹²⁻²⁴ Refugee maternal oral health literacy has been seen to be significantly associated with oral health outcomes in their children, and often pregnant women may misunderstand the importance of oral health care during pregnancy.²⁵⁻²⁶ It is essential to create a system of care in which children grow with a proactive attitude towards oral health with optimal oral hygiene practices and healthy diets through caregivers and mothers from the early stage of life.²⁷ Women also serve a critical role in providing health care for medically compromised and elderly family members. Therefore, it is important to empower women in promoting oral health for families and communities.

Ensuring the right to timely and quality oral health care for refugees

Refugees are entitled to receive primary health care services, including oral health care,¹ to help them maintain their health and well-being. The World Health Organization (WHO) recently published the Global Oral Health Action Plan with a clear indication of what constitutes essential oral health care.²⁸ Essential oral health care covers a defined set of safe, cost-effective interventions that promote oral health and prevent and treat oral diseases,



including appropriate rehabilitative services and referrals. Essential oral health interventions include but are not limited to 1) urgent and emergency care that addresses acute orofacial infections, severe pain, and dental and orofacial trauma through non-surgical extractions and drainage of abscesses,²⁹ and 2) routine preventive and curative oral health care, including oral health examination, cleanings, radiographs, WHO's Essential Dental Medicine, and oral cancer screening in a primary health care context. Essential rehabilitation, such as permanent restorations, periodontal treatment, and endodontic treatment should also be considered and included in the essential oral health package in addition to urgent and preventive oral health care.

FDI World Dental Federation, Framework Convention on Global Health Alliance, Sustainable Health Equity Movement and World Federation of Public Health Association believe that access to oral health care is a fundamental human right and recognized that oral health is an integral part of overall health and well-being. Therefore, promotion of the oral health for refugees is not only a matter of health equity and human rights but also a key step towards achieving the core principle of the United Nations Sustainable Development Goals, "*leave no one behind.*"

We urge policymakers, healthcare providers, and international and national organizations to:

1. Include oral health as a part of current and future refugee health strategies and priorities, including for pregnant women, mothers, and young children,
2. Promote the importance of oral health and rights of refugees among both healthcare and non-healthcare staff who encounter refugees to raise awareness of refugees' right to health, including oral health, and
3. Ensure equitable access to essential oral health services for refugees as an integral component of primary and antenatal care and as a matter of their rights, in partnerships with national and local dental and health organizations.



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