

Joint Policy Brief

Lancet Migration and the FDI World Dental Federation

Oral Health for People on the Move

Background

Oral health is an essential aspect of the basic human right to health. The scale of forced global displacement is increasing worldwide, and inequalities in oral health result in vulnerable groups being particularly affected. In the United Nations International Covenant on Economic, Social, and Cultural Rights, all member states agreed that all migrants should receive the highest attainable standard of physical and mental health, including oral health. The current health system responses are largely inadequate, inequitable, and costly, leaving billions of people without access to even basic oral health care.¹

Oral health is considered as the well-being of the mouth, that enables individuals to perform essential functions including breathing, eating, speaking, smiling, and socializing. Experiencing good oral health enables people to achieve their full capacity and participation in society. Oral diseases can lead to pain, discomfort, disfigurement, infection, and a reduced quality of life for vast numbers of people worldwide. They also share common risk factors and social determinants with other major noncommunicable diseases (NCDs). The prevalence of oral disease and unmet oral healthcare needs amongst refugees remains high, often exceeding the levels of the most disadvantaged communities in the host country. Oral diseases are largely preventable and good oral health can be maintained through addressing the risk factors and adopting a multi-sectoral response.

Existing data highlights that displaced communities' oral health remains a neglected health issue. The United Nations 2030 Agenda for Sustainable Development Goal "Leave No One Behind" dictates the health needs of refugees and migrants should be addressed adequately and optimally, including the prioritization of oral health and addressing the barriers to oral health management within these vulnerable populations.² Evidence-informed decisions are challenged by fragmented data that predominantly focus on clinical outcome measures.³

¹[Ending the neglect of global oral health: time for radical action](#); The Lancet July 20, 2019

²[FDI Oral Health Time for Action webinar summary](#)

³[The WHO global strategy for oral health: an opportunity for bold action](#), The Lancet July 14, 2021

Limited research is available on the oral health of refugees who are in transit and live in refugee camps. The real oral health needs of the majority of refugees are still unknown. The COVID-19 pandemic should be viewed as an opportunity to strengthen and include the integration of oral health care into general health care systems as part of universal health coverage efforts.

Call to Action

Strong and coherent action is required to strive to improve health outcomes for people on the move through a comprehensive universal health system approach inclusive of oral health. The WHO [Global Oral Health Strategy](#) recognizes that oral diseases and conditions disproportionately affect the poor and vulnerable members of societies, including refugees and people from minority and/or other socially marginalized groups.

Early and cost-effective interventions are therefore required to allow oral health to be integrated into general health services and ensure the provision of care. Furthermore, oral health must be provided through health systems planning, funding, and ensuring oral health promotion and disease prevention intervention amongst people on the move is addressed.

Digital tools that can assist in improving the oral health of migrants should also be considered. Digital technologies can support the collection and use of health data, and thus improve oral health care interventions and access to educational resources. It is very important to work actively on a broad front, so that as many vulnerable people as possible have access to digital information and support. According to [UN's roadmap for digital cooperation \(2020\)](#) access to digital technologies remains uneven. Digital divides reflect and amplify existing social, cultural and economic inequalities, and migrants and other vulnerable groups are affected.

When developing digital tools, like health apps, it is important to note that few migrants may use apps that are specifically designed for migrants. Instead, effective interventions will rely on joining the professional knowledge of international agencies with bottom-up approaches that focus on the [digital tech already used by migrants](#). The [«SAVe» system in Italy](#) is one example of a health information system for migrants and refugees. It can be used by health workers to manage the health of migrants, including those with an irregular status who are not registered.

We call on policymakers to:

- Identify underserved and vulnerable communities such as refugees through epidemiological and integrated oral health systems/surveillance.
- Invest in health promotion and oral health education.
- Establish a screening and referral system for oral health.
- Improve the collection and availability of oral health data for refugees, including surveillance systems for monitoring epidemiology and outcomes for oral health.

We call on non-governmental organizations and charities to:

- Establish and empower primary and community oral health worker teams for a patient-centered approach to oral health.
- Unite and collaborate with health agencies working on the ground in refugee camps to implement effective oral health promotional programmes, including preventive and therapeutic care.
- Raise awareness about oral health and care access.
- Improve oral-cancer risk related knowledge among refugees.
- Improve attitudes and behaviours (preventive interventions).
- Identify underserved and particularly vulnerable communities (e.g. refugee children, pregnant women, survivors of torture and trauma, people with special health care needs, unregistered migrants) for tailored oral health interventions.
- Develop effective communication and cultural competences among the healthcare team.

We call on academics and research institutions to:

- Expand on research activities devoted to oral health among migrant populations.
- Include oral health indicators and outcomes as part of general health research studies and data reporting.
- Strengthen health systems through improved data collection and integrate oral health into disease and risk factor surveillance systems.
- Investigate the effects of risky behaviors on oral health and ways to address them.
- Include refugees' population in curriculums particularly in collective prevention courses in order to make future dentists aware about their existence among underserved populations and their needs on oral health.

We call on governments and health systems to:

- Ensure fair and equitable access to essential and emergency oral healthcare and medicines for refugees.
 - Establish a screening programme for refugees in urban settings in collaboration with different refugee associations.
 - Ensure communication is linguistically and culturally accessible to all.
 - Strengthen collaboration between stakeholders.
-

Definitions

Oral Health: Oral health has been defined by FDI as being multifaceted including the ability to speak, smile, smell, taste, touch, chew, swallow, and convey a range of emotions through facial expressions with confidence and without pain, discomfort, and disease of the craniofacial complex. The WHO recognizes oral health as a key indicator of general health, well-being, and quality of life; and it relates to a wide range of oral diseases, e.g., tooth decay and loss, periodontal (gum) disease, oral cancer, orofacial clefts, noma, oro-dental trauma, and oral manifestations of HIV infection.

Displaced person: Displaced persons are defined as persons or groups of persons who have been forced to flee, or leave, their homes or places of habitual residence as a result of armed conflict, internal strife, and/or habitual violations of human rights, as well as natural or man-made disasters involving one or more of these elements

References

1. Salim NA, Shaini FJ, Sartawi S, Al-Shboul B. Oral health status and dental treatment needs in Syrian refugee children in Zaatari camp. *Journal of Refugee Studies*. 2021.
2. Zinah E, Al-Ibrahim HM. Oral health problems facing refugees in Europe: a scoping review. *BMC public health*. 2021 Dec;21(1): 1-0.
3. Kateeb E, Sintes M, Taylor S. Refugee Oral Health: A Global Survey of Current Policies and Practices. *Journal of Immigrant and Minority Health*. 2021 Oct 26:1-6.
4. Bhusari S, Ilechukwu C, Elwishahy A, Horstick O, Winkler V, Antia K. Dental Caries among Refugees in Europe: A Systematic Literature Review. *Int J Environ Res Public Health*. 2020;17(24).
5. Dahlan R, Badri P, Saltaji H, Amin M. Impact of acculturation on oral health among immigrants and ethnic minorities: A systematic review. *PLoS One*. 2019;14(2):e0212891.
6. Batra M, Gupta S, Erbas B. Oral Health Beliefs, Attitudes, and Practices of South Asian Migrants: A Systematic Review. *Int J Environ Res Public Health*. 2019;16(11).
7. Pabbla A, Duijster D, Grasveld A, Sekundo C, Agyemang C, van der Heijden G. Oral Health Status, Oral Health Behaviours and Oral Health Care Utilisation Among Migrants Residing in Europe: A Systematic Review. *J Immigr Minor Health*. 2021;23(2): 373_88.
8. Saraswat N, Pillay R, Everett B, George A. Knowledge, attitudes and practices of South Asian immigrants in developed countries regarding oral cancer: an integrative review. *BMC cancer*. 2020 Dec;20(1):1-6.
9. Watt RG, Daly B, Allison P, Macpherson LM, Venturelli R, Listl S, Weyant RJ, Mathur MR, Guarinizo-Herreño CC, Celeste RK, Peres MA. Ending the neglect of global oral health: time for radical action. *The Lancet*. 2019 Jul 20;394(10194):261-72.
10. FDI World Dental Federation. FDI's Definition of Oral Health. Geneva: FDI World Dental Federation. Available from: <https://www.fdiworlddental.org/fdis-definition-oral-health> [Accessed 13 June 2022].
11. World Health Organization. Oral Health. Geneva: World Health Organization. Available from: <https://www.who.int/news-room/fact-sheets/detail/oral-health> [Accessed 13 June 2022].
12. The United Nations Refugee Agency. Guiding Principles on Internal Displacement. Geneva:UNHCR. Available from: <https://www.unhcr.org/protection/idps/43ce1cff2/guiding-principles-internal-displacement.html> [Accessed 13 June 2022].

Further Resources

- [FDI Refugee Oral Health Advocacy Guide](#)
- [Five key messages to help policymakers integrate oral health into health system responses. FDI. \(2021\)](#)
- [Providing Basic Oral Healthcare for Displaced Persons. FDI Policy Statement \(2018\)](#)
- [The Lancet Commission on Oral Health](#)
- [The Lancet Series on Oral Health](#)
- [The WHO global strategy for oral health](#)

About Us

Lancet Migration is a global collaboration between *The Lancet* and researchers, implementers, and others in the field of migration and health that aims to address evidence gaps and drive policy change, building on the recommendations of the *UCL-Lancet Commission on Migration and Health* published in December 2018 (www.thelancet.com/commissions/migration-health). www.migrationhealth.org

The **FDI World Dental Federation** (FDI) serves as the principal representative body for more than one million dentists worldwide and has the vision of leading the world to optimal oral health. Its membership comprises some 200 national dental associations and specialist groups in over 130 countries. FDI leads global advocacy efforts to increase oral health literacy and achieve political commitment and action on oral health in all countries. The organization also fosters best practices in oral health science and education, and shares knowledge in preventive care and treatment to advance the art, science and practice of dentistry. FDI is a non-governmental, not-for-profit organization in official relations with the World Health Organization. It was founded in Paris in 1900 and is headquartered in Geneva, Switzerland. www.fdiworlddental.org