

Oral Health for Refugees and Displaced Persons

Introduction:

The global forced displacement crisis has reached unprecedented levels, with millions of individuals being uprooted from their homes due to various factors such as persecution, armed conflicts, and natural disasters (1).

Definition: Refugees are people who have fled war, violence, conflict, or persecution and have crossed an international border to find safety in another country and are unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.

Among these displaced populations, refugees represent a particularly vulnerable and marginalized group, often facing significant barriers in accessing healthcare, including oral health services. (2) The delivery of health interventions in conflict settings is often hindered by numerous challenges, including limited resources, population displacement, and a shortage of skilled healthcare professionals (2).

Refugees may seek oral healthcare only when they experience pain as they face multiple barriers to access timely and affordable oral health care, including language and cultural barriers, financial constraints, trust issues, and provider availability, as well as lack of safety, population displacement, limited resources and services, and skilled health workforce. (3)

Oral health is a fundamental aspect of overall well-being, yet it often receives insufficient attention within the primary healthcare provisions for refugee

communities. Research consistently reveals that refugees face elevated rates of oral diseases and encounter barriers in accessing dental services compared to other disadvantaged groups in host nations. Oral health is an integral part of overall health and well-being, and promoting oral health for refugees is a critical endeavor that requires concerted efforts from various stakeholders.

Key Facts:

1. As of the end of 2023, 110 million people around the world have been forced to flee their homes, including more than 36.4 million refugees (4).
2. 75% of refugees are hosted in low- and middle-income countries. (4)
3. An estimated 43.3 million (40 per cent) of displaced persons are children under 18 years of age (4).
4. While most refugees worldwide are in developing countries, refugee oral health studies (86%) tend to be performed in developed countries (5). Refugees experience higher rates of oral diseases and encounter difficulties in accessing oral health services compared to the most underprivileged populations in host countries (6):
 - a. In Massachusetts: 49% of refugee children had untreated caries, a prevalence over twice that of children from the United States (7).
 - b. In Australia: mean decayed teeth was between 2.0 to 5.2 for refugees, compared with 0.6 to 1.4 for the host population (8).
 - c. In Canada: 85% of the adult refugee population presented with one or more decayed teeth, compared to 20% of the Canadian population studied (9).
 - d. In Brussels: in one refugee camp dental caries was the second most common primary diagnosis (10).

- e. In Syria: a survey of Syrian refugees in Jordan revealed that 40% of the respondents reported a need for dental services (11).
5. Refugees' fundamental right to health and health care, including oral health, is affirmed by international conventions and treaties (12). Refugees are entitled to access to healthcare, including oral health, by the International Covenant on Economic, Social and Cultural Rights and the 1951 Refugee Convention and its 1967 Protocol.
 6. Oral health is a crucial component of overall health and well-being. Oral diseases are the most prevalent noncommunicable disease (NCD) worldwide, affecting 3.5 billion people. They also share common risk factors and social determinants with other major NCDs.
 7. The World Health Organization's [Global Oral Health Action Plan \(2023 – 2030\)](#) and [Global Oral Health Status Report](#) clearly outlines the needs for essential oral health interventions as an integral part of primary health care and universal health coverage (13,14).
 8. [FDI World Dental Federation](#) (FDI) serves as the principal representative body for more than one million dentists worldwide and has a bold vision to *lead the world to optimal oral health*. FDI, through its [Refugee Oral Health Project](#) (15) and its partnership with global Health and Human Rights organizations (16,17) demonstrated a firm belief that access to oral health care is a basic refugee health right and that oral health should be integrated into overall health and well-being for all, including refugees.
 9. A survey (18) conducted by the FDI in 2019 to its members revealed the following (n=74):
 - a. The United Nations High Commissioner for Refugees (UNHCR) was clearly the main agency responsible for the healthcare of refugees.

- b. In this sample, costs of oral health care services were paid by host governments in 21% of cases and by international non-governmental organizations in 11% of cases.
- c. Among respondent countries, only five countries (4.6%) confirmed that there was an obligatory oral health screening for refugees when they first arrive.
- d. Among those five countries, two countries, New Zealand, and Iran, refer people with oral disease or conditions identified through screening for further treatment.
- e. For those which provide dental care, emergency oral health care was the main type of care offered by 34 countries, followed by therapeutic care offered by 10 countries and preventive care offered by seven countries. In 24.6% of respondent countries, no oral health care was provided at all.
- f. Also, in this sample, only 12.2% of these policies related to refugees were related to oral health.

10. The [International Association for Dental, Oral, and Craniofacial Research](#) (IADR) represents over 10,000 researchers and has a mission to drive dental, oral, and craniofacial research for health and well-being worldwide. IADR, through its scientific groups and networks, have endeavored to address global oral health inequalities through research and supports the integration of oral health into overall health and well-being including for refugees.

Recommendations:

In the case of refugees and displaced persons, strong and coherent action is required to strive to improve health outcomes for people on the move through a comprehensive universal health coverage approach inclusive of oral health. FDI and IADR call on governments to:

1. Prioritize and promote oral health for refugees. Oral health must be provided through health systems planning, funding, and ensuring oral health promotion and disease prevention interventions amongst people on the move is important.
2. Integrate oral health into existing and future primary health care systems for refugees. Policymakers, healthcare providers, and all relevant national and international organizations working in humanitarian settings have a key role to play.
3. Guarantee adequate, optimal and affordable access for refugees to essential oral health and ensure cost-effective interventions are integrated into general health services. These interventions include:
 - a) Urgent and emergency care that addresses acute orofacial infections, severe pain, and dental and orofacial trauma through non-surgical extractions and drainage of abscesses.
 - b) Routine preventive and curative oral health care, including oral health examination, cleanings, radiographs, dental caries stabilization, WHO's Essential Dental Medicine List, and oral cancer screening in a primary health care context.
 - c) Where possible, essential rehabilitation, such as permanent restorations, periodontal treatment, and endodontic treatment should be considered and included in the essential oral health package in addition to urgent and preventive oral health care.

4. Screening and referral system for oral health to improve the collection and availability of oral health data for refugees, including surveillance systems for monitoring epidemiology and outcomes for oral health.
5. Prioritize the funding for and incorporation of research into refugee oral health status, effective interventions, and policy development within national oral health action plans.

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