

Addressing oral health needs in refugees policy and collaboration strategies

Background /

According to the United Nations High Commissioner for Refugees (UNHCR)¹, the global refugee population reached 36.4 million as of mid-2023, marking a doubling in just seven years. Along with displacement comes a myriad of challenges, among which access to healthcare, including oral health services, remains a significant concern. In addition to barriers known among disadvantaged populations, limited resources, displacement, cultural and language barriers, trust and a shortage of skilled healthcare professionals frequently contribute to the absence or inadequacy of such services for refugees².

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INTRODUCTION

Refugee populations bear a significant oral health burden^{3,4}, evidenced by prevalent issues such as untreated dental caries, periodontal diseases, oral infections, and trauma⁵. However, it is important to acknowledge the scarcity and incompleteness of data regarding refugee oral health. This lack of comprehensive data poses challenges in understanding the prevalence of oral diseases, accessing oral healthcare services, and evaluating oral health outcomes among refugee communities. Addressing the oral health needs of refugee populations requires concerted policy actions, collaboration, and investment. FDI, together with UNHCR, recognized the urgent need to address these challenges through coordinated policy actions at national and international levels, and hence

Ensuring oral health is a crucial component of overall well-being, especially for refugees. Addressing their oral health needs requires collaboration among multiple stakeholders.

THE PROBLEM

Oral health issues extend beyond physical discomfort and pain, profoundly affecting individuals' overall well-being and quality of life⁶. Untreated oral diseases are associated with other health conditions such as cardiovascular diseases, diabetes, and respiratory infections^{7,8}. Additionally, poor oral health undermines an individual's ability to eat, speak, and socialize, posing obstacles to their integration into new communities and hindering their resettlement and rehabilitation processes. These challenges not only affect refugees personally but can also pose significant economic risks for host countries. Untreated oral health issues can lead to increased demand for emergency dental interventions and higher healthcare costs, placing additional strains on already burdened healthcare systems. Therefore, addressing refugee oral health is not only a humanitarian imperative but also a prudent investment in the long-term health and economic stability of host communities.

KEY FACTS

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- As of 2023, 110 million people around the world have been forced to flee their homes, including more than 36.4 million refugees.
- 75 per cent of refugees are hosted in low- and middle-income countries.
- An estimated 43.3 million (40 per cent) of displaced persons are children aged under 18 years.
- Reliable data is indispensable for planning and monitoring effective solutions to alleviate the harsh conditions experienced by forcibly displaced populations. Additionally, such data enables the promotion of economic resilience among refugees and facilitates the upliftment of nearby host communities⁹.
- Refugee populations experience a notable burden of oral health issues, including untreated dental caries, periodontal diseases, oral infections, and trauma.
- Refugees face elevated rates of oral diseases and encounter challenges in accessing oral health services when compared to the most marginalized populations within host countries¹⁰.



Some important policy developments underscore the progress and commitment at the international level to address the health needs of refugees, including their oral health. By aligning with these efforts and leveraging existing frameworks and initiatives, policymakers can enhance oral health outcomes for refugee populations globally.

1. International conventions: Policymakers have a critical responsibility to ensure refugees have access to essential healthcare services, including oral healthcare, as mandated by several international agreements. The 1951 Refugee Convention and its 1967 Protocol, along with the International Covenant on Economic, Social, and Cultural Rights (ICESCR), affirm the universal right to the highest attainable standard of health, emphasizing that refugees must not be neglected in healthcare provision. Additionally, the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD) underscore the importance of guaranteeing healthcare services, including oral healthcare, for vulnerable groups such as refugee children and persons with disabilities.

2. UNHCR's work on noncommunicable diseases in humanitarian settings: UNHCR has actively engaged in addressing noncommunicable diseases (NCDs), including oral health issues, in humanitarian settings. Their efforts highlight the recognition of oral health as an integral component of overall health among refugee populations. UNHCR recommends and supports the integration of refugee NCD programmes into national systems to improve the quality, accessibility and affordability of preventive and treatment services. It also hosts an informal working group on NCDs in Humanitarian Settings with members representing World Health Organization (WHO) and other UN agencies, nongovernmental organizations (NGOs) and academia.

3. WHO-led efforts on NCDs in humanitarian settings¹¹: WHO leads efforts to address NCDs, including oral health, in humanitarian settings. Its emergency NCD kit, developed and deployed in 2017, contributed to addressing part of the unmet needs for essential NCD medicines and supplies during the acute phase of an emergency, covering the first three months. WHO Member States also adopted a set of recommendations on how to strengthen policies to prevent, control and treat NCDs, such as cancers, diabetes, heart, and lung diseases, for people living in humanitarian emergencies. These efforts demonstrate a global commitment to improving the health outcomes of displaced populations, including refugees.

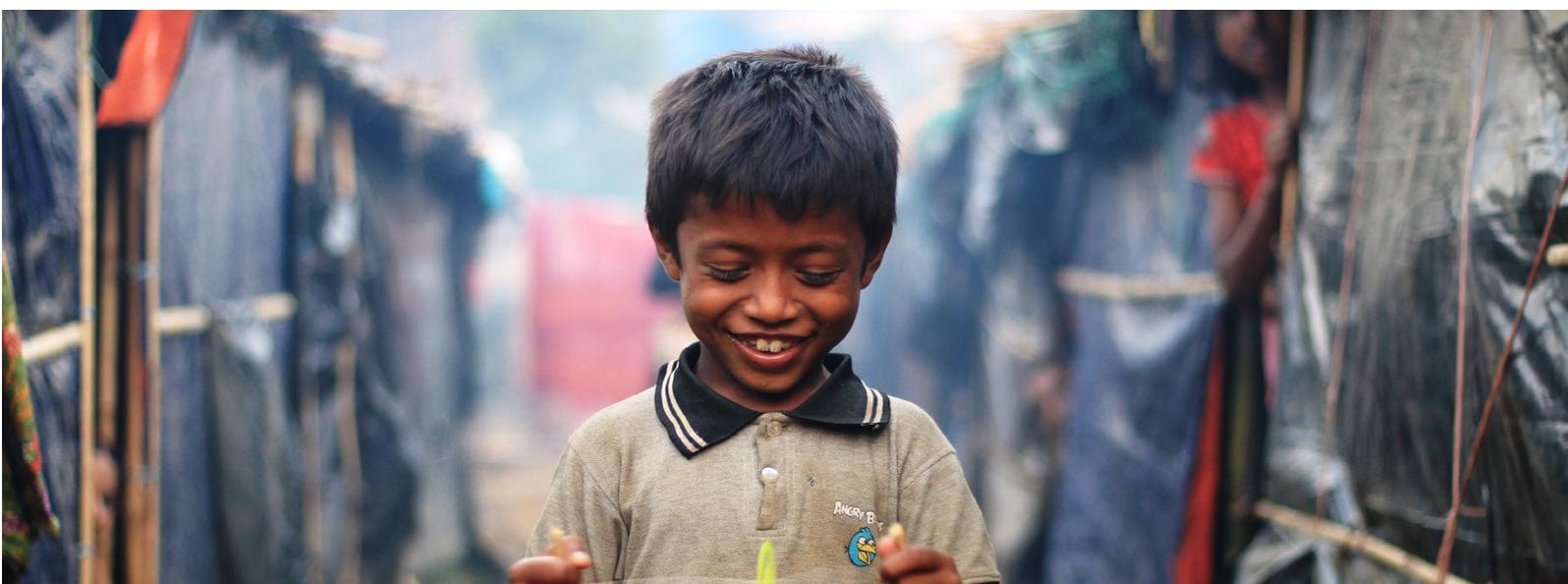
4. WHO Global Oral Health Action Plan (2023–2030): the action plan recognizes the significant challenges faced by refugees in accessing oral healthcare. It emphasizes the need for integrating oral health services into primary healthcare and universal health coverage (UHC) frameworks to ensure that refugee populations receive adequate oral healthcare. It also highlights the importance of developing culturally appropriate oral health programmes tailored to the unique needs of refugees, improving data collection and monitoring to better understand and address their oral health needs, and ensuring that oral health is included in emergency health response strategies.

5. FDI's Vision 2030 and the Refugees Oral Health Project: *FDI's Vision 2030 - Delivering Optimal Oral Health for All* and Refugees Oral Health Project demonstrate its commitment to improving oral health outcomes, particularly among vulnerable populations such as refugees. These initiatives also highlight the role of health professionals and organizations representing them in advocating for policies and programmes that address the oral health needs of refugees.

By adhering to these international instruments, governments and stakeholders demonstrate their commitment to safeguarding refugees' rights to health and well-being, including their oral health needs. However, there remains a significant gap in meeting these international obligations, particularly in providing adequate health and oral health services to refugees.

In addition, all 193 Member States of the UN committed to achieving UHC by 2030 by adopting the *Sustainable Development Goals* (SDGs) in 2015. UHC represents the aspiration that everyone, including refugees, should receive good quality health services, when and where needed, without incurring financial hardship. Therefore, achieving UHC contributes to social inclusion, equality, ending poverty, economic growth, and human dignity.

Recognizing the significance of addressing refugee oral health within the framework of these conventions and the sustainable development agenda not only fulfils moral obligations but also contributes to the promotion of inclusive societies and the advancement of global health equity. Therefore, investing in refugee oral health initiatives aligns with broader international commitments and serves as a tangible demonstration of political will in prioritizing the health and dignity of refugees worldwide^{12,13}.



ADDRESSING THE GAPS: URGENT ACTION IS NEEDED

- **Oral health is a fundamental human right¹⁴**, yet refugees often face barriers to accessing essential oral healthcare. Addressing the oral health needs of refugees is crucial for promoting equity and protecting the most vulnerable populations, ensuring that they receive the necessary care regardless of their socioeconomic status or migratory status¹⁵.
- **Integrating oral health into universal health coverage frameworks** is essential for achieving comprehensive healthcare for all, including refugees. By including oral health services in UHC schemes, governments and international organizations can ensure that refugees have access to essential dental care without financial hardship, thus contributing to their overall health and well-being^{15,16}.
- **Improving oral health aligns with several Sustainable Development Goals**, including Goal 3 (Good Health and Well-being), Goal 5 (Gender equality) and Goal 10 (Reduced Inequalities). By prioritizing refugee oral health, countries can make significant progress towards achieving these global development objectives, reducing health inequalities and empowering marginalized populations, fostering inclusive and sustainable societies^{17,18}.

▶ **SDG 10: Reduced Inequalities**

Refugee populations often face significant disparities in accessing healthcare services, including oral healthcare, due to factors such as socio-economic status, legal status, and discrimination. By prioritizing refugee oral health, countries contribute to reducing health inequalities among marginalized populations. Providing equitable access to oral health services for refugees helps bridge this gap, advancing progress towards SDG 10.

▶ **SDG 5: Gender Equality**

Refugee women and girls are disproportionately affected by barriers to accessing healthcare, including oral health services, due to factors such as cultural norms, limited decision-making power, and lack of resources. Addressing refugee oral health with a gender-sensitive approach ensures that women and girls have equal access to essential oral healthcare services, empowering them to lead healthy and productive lives. By promoting gender equality in oral health care provision for refugees, countries contribute to achieving SDG 5 and breaking the cycle of inequality and discrimination based on gender.

KEY CHALLENGES

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INTEGRATING ORAL HEALTH SERVICES FOR REFUGEES

- 1. Lack of integration of oral health services into national UHC benefit packages and oral health service coverage for the refugee population:** oral health services are often not included in national UHC and refugee programmes. This means people often pay out-of-pocket while accessing oral healthcare.
- 2. Workforce availability and training:** ensuring an adequate workforce with the necessary training in refugee oral healthcare is crucial. Training programmes should be tailored to address the unique oral health needs and cultural sensitivities of refugee populations.
- 3. Disaggregated data and research needs:** comprehensive data collection efforts and research studies are essential to understand the prevalence of oral diseases among refugee populations. There is an urgent need for disaggregated data on refugee oral health status, screening, and monitoring to inform evidence-based interventions.



By highlighting key policy implications and providing targeted recommendations, we aim to guide policymakers in integrating oral health services into primary healthcare systems for refugees. This integration will not only address acute and preventive oral health needs but also enhance the overall health and economic stability of host communities.

POLICY IMPLICATIONS

- 1. Emphasize policy changes:** FDI and UNHCR underscore the importance of policy changes at national and international levels to integrate oral health into existing and future primary healthcare systems for refugees. This integration ensures comprehensive healthcare provision, effectively addressing both acute and preventive oral health needs.
- 2. Recognition of oral health as a component of overall health and well-being:** there is a critical need for policy development to address the importance of oral health for refugees' overall health and well-being. This includes ensuring workforce availability, training, and resource allocation tailored to meet the oral health and other health needs of refugee populations.
- 3. Develop systems for comprehensive research:** efforts to address the oral health needs of populations should be based on an understanding of the most critical oral health needs and supported by research systems to track the impact of such interventions. Research efforts should aim to capture the perspectives of refugee populations where possible, to ensure the appropriateness of interventions.



1 Mitigation & preparedness

1. Integrate oral health in primary healthcare systems:

Integrate oral health within primary healthcare systems for refugees to include dental services in healthcare packages.

Rationale: this proactive measure ensures oral health is a priority, improving overall health outcomes and reducing long-term healthcare costs.

2. Increase support and funding:

Advocate for increased support and funding from governments, international organizations, and NGOs to strengthen oral health strategies and research.

Rationale: ensures resources are available for comprehensive oral health services, especially in low- and middle-income countries (LMICs), preparing the system for influxes of refugees.

3. Develop culturally appropriate programmes:

Collaborate with international organizations to develop culturally appropriate oral healthcare programmes tailored to refugee needs.

Rationale: prepares healthcare systems to effectively address the unique oral health needs of diverse refugee populations.

2 Emergency response

1. Ensure essential oral health is included in the initial phase of the emergency response.

2. Prioritize disease management and prevention through disease stabilization, oral health education and accessible fluoride toothpaste:

Focus on oral health education and literacy programmes, especially targeting mothers and children, and address the accessibility and affordability of fluoride toothpaste. In addition, relief of pain and disease stabilization should be a priority at this stage.

Rationale: immediate preventive measures can reduce the incidence of oral diseases during the crisis phase and disease stabilization can relieve pain and minimize refugees' sufferings.

3. Integrate oral healthcare into established programmes for infectious disease control and treatment, maternal, newborn and child healthcare, and sexual and reproductive health

Ensure established refugee public health programmes proactively offer oral health screening and prevention services.

Rationale: provides immediate integration of oral health services into ongoing emergency health responses, ensuring comprehensive care.

3 Post-emergency

- 1. Establish mechanisms for data collection:** Establish mechanisms for collecting disaggregated data on refugee oral health status, screening, and monitoring.
Rationale: informs evidence-based interventions and policy adjustments based on collected data post-crisis.
- 2. Empower refugee communities:** advocate for the empowerment of refugee communities by involving them in decision-making processes, health education initiatives, and advocacy efforts.
Rationale: supports long-term sustainability and community resilience in the post-emergency phase by engaging refugees in their healthcare planning and implementation.

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REFERENCES

1. UNHCR United Nations High Commissioner for Refugees. Mid-Year Trends 2023. 2023. Available from: <https://www.unhcr.org/mid-year-trends-report-2023>
2. Shah S, Munyuzangabo M, Gaffey MF, Kamali M, Jain RP, Als D, et al. Delivering non-communicable disease interventions to women and children in conflict settings: a systematic review. *BMJ Glob Health*. 2020 Apr 1;5(Suppl 1):e002047. Available from: https://gh.bmj.com/content/5/Suppl_1/e002047
3. Rad SAB, Oliveira ME, Maklennan A, Castiglia P, Campus G. Higher prevalence of dental caries and periodontal problems among refugees: A scoping review. *J Glob Health*. 2023;13:4111. Available from: </pmc/articles/PMC10503462/>
4. FDI World Dental Federation, FCGH Framework Convention on Global Health Alliance, SHEM Sustainable Health Equity Movement, WFPHA World Federation of Public Health Association. Call to Action: Promoting Oral Health for Refugees. Geneva: FDI World Dental Federation; 2023.
5. Kateeb E, Lee H. Oral Health as a Refugee Health Right. *Int Dent J*. 2023 Oct 1;73(5):593–4.
6. Glick M, Williams DM, Kleinman D V., Vujcic M, Watt RG, Weyant RJ. A new definition for oral health developed by the FDI World Dental Federation opens the door to a universal definition of oral health. *J Am Dent Assoc*. 2016 Dec 1 ;147(12):915–7. Available from: <https://pubmed.ncbi.nlm.nih.gov/27886668/>
7. Tonetti MS, Jepsen S, Jin L, Otomo-Corgel J. Impact of the global burden of periodontal diseases on health, nutrition and wellbeing of mankind: A call for global action. *J Clin Periodonto*. 2017 May 1;44(5):456–62. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/jcpe.12732>
8. Herrera D, Sanz M, Shapira L, Brotons C, Chapple I, Frese T, et al. Association between periodontal diseases and cardiovascular diseases, diabetes and respiratory diseases: Consensus report of the Joint Workshop by the European Federation of Periodontology (EFP) and the European arm of the World Organization of Family Doctors (WONCA Europe). *J Clin Periodontol* . 2023 Jun 1; 50(6):819–41. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/jcpe.13807>
9. UNHCR. Using Socioeconomic Evidence in Forcibly Displaced Contexts Vol 1 June 2021. Geneva; 2021. Available from: <https://www.unhcr.org/media/using-socioeconomic-evidence-forcibly-displaced-contexts-vol-1-june-2021>
10. FDI World Dental Federation, IADR International Association of Dental O and CR. Oral Health for Refugees and Displaced Persons. Geneva; 2024. Available from: <https://www.fdiworlddental.org/fdi-iadr-advocacy-briefing-oral-health-humanitarian-settings>
11. WHO World Health Organization. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. 2022.
12. Kateeb E, Zaheer K, Fisher J, El Ghani AA, Williams D, Darteville S. Promoting Oral Health for Refugees: An Advocacy Guide. Geneva; 2020. Available from: <https://www.fdiworlddental.org/promoting-oral-health-refugees-advocacy-guide>
13. Keboa MT, Hiles N, Macdonald ME. The oral health of refugees and asylum seekers: A scoping review. *Global Health*. 2016 Oct 7; 12(1):1–11. Available from: <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-016-0200-x>



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