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Guest Editorial

Oral Health as a Refugee Health Right

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 conflict, and natural disasters.[1] Amongst these displaced populations, refugees represent a particularly vulnerable and marginalised group, often facing significant barriers in accessing health care, including oral health services. The delivery of health interventions in conflict settings is often hindered by numerous challenges, including limited resources, population displacement, and a shortage of skilled health care professionals.[2] Here, we highlight the urgent need to prioritise and promote oral health for refugees, especially refugee women and children, and call upon policymakers, health care providers, and related organisations to integrate oral health into existing and future primary health care systems for refugees.

Refugees' fundamental right to health and health care, including oral health, is affirmed by international conventions and treaties.[3] Oral health is a crucial component of overall health and well-being, yet oral health is often neglected in the primary health packet for refugee populations. Refugees are entitled to access health care, including oral health, by the International Covenant on Economic, Social and Cultural Rights and the 1951 Refugee Convention and its 1967 Protocol. However, studies have consistently shown that refugees experience higher rates of oral diseases and encounter difficulties in accessing oral health services compared to the most underprivileged populations in host countries.[4–8] Dental caries, periodontal diseases, oral soft tissue lesions, and traumatic dental injuries are prevalent issues amongst refugees, but refugees may seek oral health care 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.[4–6]

Amongst all refugee populations, promoting oral health amongst refugee mothers and children is of paramount importance. It is known that over one-half of the refugee population are younger than 18 years, while there is mounting evidence that maternal oral health status, knowledge, attitudes, behaviour, and socioeconomic status significantly influence the oral health of children, particularly in terms of childhood caries.[1,9,10] Refugee mothers' oral health literacy has been shown to be associated with oral health outcomes in their children, and misconceptions regarding the importance of oral health care during pregnancy are common.[10,11] Another study also demonstrated a relationship between poor oral health literacy of the refugee mother and the oral health outcomes identified in their children.[11] Perceptions of the importance of dental care during pregnancy were examined in a qualitative Australian study with Afghan and Sri Lankan refugees.[11] This study found incorrect perceptions of dental care during pregnancy amongst refugee women and men and a link between maternal oral health and infant oral health amongst refugees as well as midwives. It is also important to highlight that refugee women reported difficulty in navigating dental services.

Arguably, it is incorrect to lay all the responsibilities on mothers to secure the oral health of children. Establishing a system of care that emphasises proactive oral health attitudes, optimal oral hygiene practices, and healthy diets from an early stage of life is essential for children's oral health.[10] Governments, international organisations, and health care providers who serve refugee mothers and women of childbearing age should consider integrating oral health into existing and future primary care systems so that such systems can empower women to secure and promote oral health for their families and communities. Recently, the World Federation of Public Health Association launched its Global Maternal and Child Oral Health Initiative along with 37 international and national organisations to highlight the need to empower women in promoting oral health for their families and communities by integrating oral health into primary and antenatal care systems.[10]

The World Health Organization's Global Oral Health Action Plan and Global Oral Health Status Report clearly outlines the needs of essential oral health interventions as an integral component of primary health care and universal health coverage.[12,13]

The FDI World Dental Federation has been at the forefront of promoting oral health amongst refugees, acknowledging the unique challenges they face in accessing dental care. Through its Refugee Oral Health Project,[14] the FDI has developed advocacy guides, collaborated with national dental associations and international coalitions, and engaged dental students, reinforcing their pioneering role in refugee oral health promotion. By providing comprehensive advocacy tools to its member states, the FDI empowers them to advocate for improved oral health services for refugees. The Refugee Oral Health advocacy guide,[3] based on a meticulous need assessment conducted across 89 countries, addresses the gaps in policies and activities related to refugees' oral health within FDI member countries.[15] Additionally, the FDI has extensively collaborated with charities and dental associations, amplifying their impact on the ground, and has forged partnerships with international organisations, including the Lancet Coalition for Migration, to raise awareness and garner attention for the critical issue of refugee oral health.[16] By targeting senior dental students worldwide with raising awareness activities, the FDI aimed to cultivate a future generation of oral health care professionals who are aware of the unique needs of refugees, ensuring the long-term sustainability of their efforts.

In a recent policy brief[17] released by the FDI, World Federation of Public Health Associations, the Sustainable Health

Equity Movement, and the Framework Convention on Global Health Alliance, the 4 organisations 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.

This policy brief urged policymakers, health care providers, and international and national organisations to take serious steps to (1) include oral health as a part of current and future refugee health strategies and priorities, including pregnant women, mothers, and young children; (2) promote the importance of oral health and rights of refugee amongst both health care and non–health care 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 organisations.

Oral health is an integral part of overall health and well-being, and promoting oral health for refugees is a critical endeavour that requires concerted efforts from various stakeholders. Promoting oral health for refugees is not only a matter of health equity and human rights but also a crucial step toward achieving the core principle of the Sustainable Development Goals: "leave no one behind."

Declaration of Competing Interests

None disclosed.

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