



---

# Refugee Oral Health: Time to Action

Elham Kateeb,

FDI Public Health Committee Member

Associate Professor of Dental Public Health

Dean of Scientific Research

Al-Quds University

Research Associate at PPC, University of Iowa

# Lecture Outline:



1. Discuss the background of the problem: Refuge and Oral Health
2. Present the results of the FDI survey about current policies related to refugee Oral Health
3. Present main steps to plan an advocacy for refugees OH using FDI Guide
4. Discuss opportunities to help and support

# Refugee Oral Health

The Double Dilemma:  
Neglected Health Issue in a Vulnerable  
Population



*“ TO IMPROVE ORAL HEALTH FOR REFUGEES, SPECIAL ATTENTION SHOULD BE DIRECTED TO EDUCATION, RAISING AWARENESS, DEVELOPING BEST PRACTICES, AND ADVOCATING FOR POLICY CHANGE. ”*

Prof. Elham Kateeb  
Lead author of FDI's  
Oral Health for Refugees  
Advocacy Guide



# Figures at a Glance

## 89.3 million people worldwide were forcibly displaced

at the end of 2021 as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order.



16 June 2022

Source: [UNHCR Global Trends 2021](#)

Refugees (under UNHCR's mandate)

21.3M

Palestine refugees (under UNRWA's mandate)

5.8M

Internally displaced people\*

53.2M

Asylum seekers

4.6M

Venezuelans displaced abroad\*\*

4.4M

16 June 2022

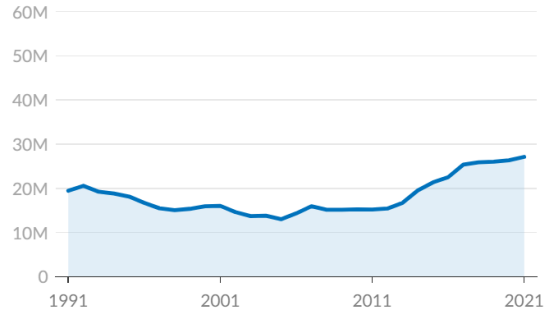
\* Source: [Internal Displacement Monitoring Centre](#)

\*\* This number excludes Venezuelan asylum seekers and refugees.



## 27.1 million refugees

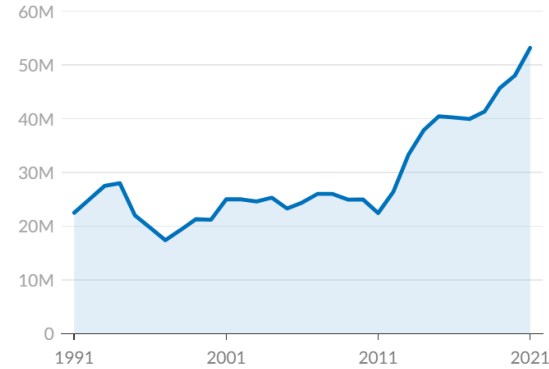
21.3 million refugees under UNHCR's mandate  
5.8 million Palestine refugees under UNRWA's mandate



16 June 2022

Source: UNHCR Global Trends 2021

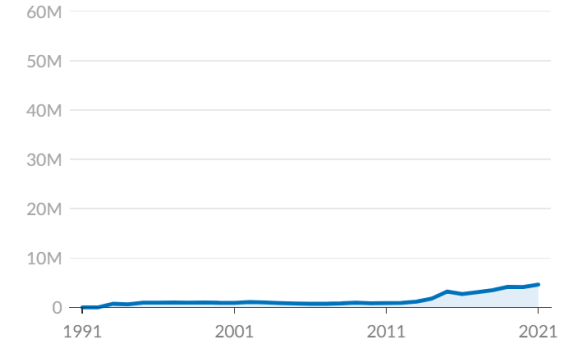
## 53.2 million internally displaced people



16 June 2022

Source: UNHCR Global Trends 2021

## 4.6 million asylum seekers

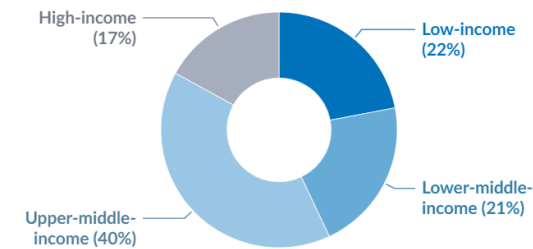


16 June 2022

Source: UNHCR Global Trends 2021

## 83% hosted in low- and middle-income countries

Low- and middle-income countries hosted 83 per cent of the world's refugees and Venezuelans displaced abroad.\*



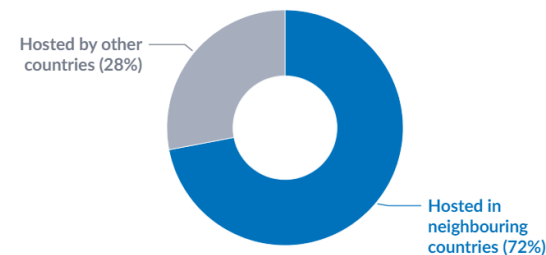
16 June 2022

\* Excludes Palestine refugees under UNRWA's mandate.

Source: UNHCR Global Trends 2021

## 72% hosted in neighbouring countries

72 per cent of refugees and Venezuelans displaced abroad lived in countries neighbouring their countries of origin.\*



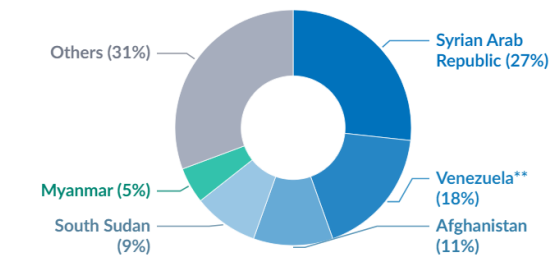
16 June 2022

\* Excludes Palestine refugees under UNRWA's mandate.

Source: UNHCR Global Trends 2021

## 69% originated from just five countries

More than two thirds (69 per cent) of all refugees and Venezuelans displaced abroad came from just five countries.\*



16 June 2022

Disclaimer: figures do not add up to 100 per cent due to rounding

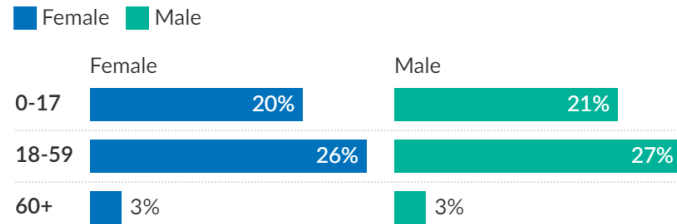
\* Excludes Palestine refugees under UNRWA's mandate.

\*\* This is the number of Venezuelan refugees and Venezuelans displaced abroad.

Source: UNHCR Global Trends 2021

## Demographics of people who have been forcibly displaced

Children account for 30 per cent of the world's population, but 41 per cent of all forcibly displaced people \*



16 June 2022

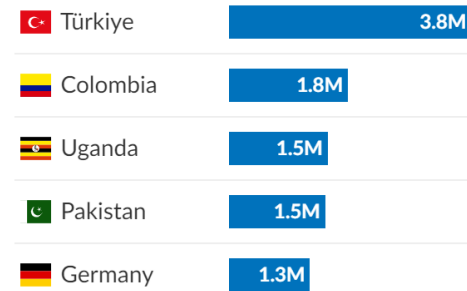
Disclaimer: figures do not add up to 100 per cent due to rounding

\* Sources: Estimation of IDP demographics (IDMC); Palestine refugees under UNRWA's mandate (UNRWA); Refugees, people in a refugee-like situation, asylum seekers and Venezuelans displaced abroad are based on the available data (UNHCR) and World Population estimates (UN Department of Economic and Social Affairs).

Source: [UNHCR Global Trends 2021](#)

## Major hosting countries

Türkiye hosted nearly 3.8 million refugees, the largest population worldwide. Colombia was second with more than 1.8 million, including Venezuelans displaced abroad.

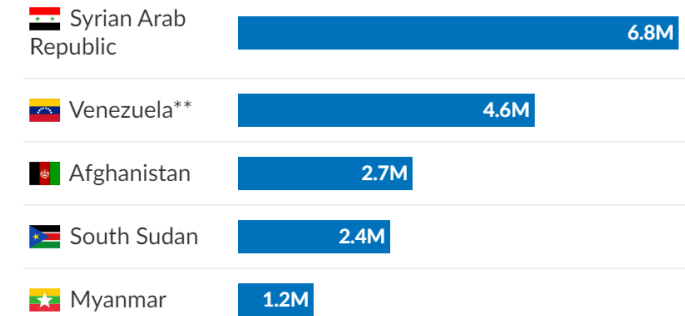


16 June 2022

Source: [UNHCR Global Trends 2021](#)

## Major source countries

More than two thirds (68 per cent) of all refugees and Venezuelans displaced abroad came from just five countries \*



16 June 2022

\* Excludes Palestine refugees under UNRWA's mandate.

\*\* This is the number of Venezuelan refugees and Venezuelans displaced abroad.

Source: [UNHCR Global Trends 2021](#)

# 35 million are children

An estimated 35 million (42%) of the 82.4 million forcibly displaced people are children below 18 years of age (end 2020)

# 1 million children were born as refugees

Between 2018 and 2020, an average of between 290,000 and 340,000 children were born into a refugee life per year

# What is the problem?

---

- Although refugees are defined and protected in international law [1], they are still a highly vulnerable population.
- Many have experienced physical and psychological trauma because of war, traumatic injuries, sexual violence, and gender-based violence [2].
- The health and well-being of refugees takes place in complex and constantly evolving environments.



# What is the problem?

---

Even for refugees who get legal status in their host countries and undergo the process of acculturation:

- they are likely to be under high stress
- often suffer from racism, discrimination, and experience language and cultural barriers [2].





- Oral health poses a big threat to the health and wellbeing of refugees [3,4,5].
- Studies have indicated a high prevalence of oral disease and unmet oral healthcare needs in refugee populations,
- Often exceeding the levels experienced by the disadvantaged communities of the host country [4,5,6,7,8].
- Most commonly, refugees experience high levels of:
  - ✓ dental caries,
  - ✓ periodontal disease,
  - ✓ oral lesions
  - ✓ traumatic dental injuries [4,5,8].







# Data available about refugee oral health!

- Most of the literature assessed the oral health challenges faced by refugees hosted in developed countries.
- Very limited research is available on oral health of refugees who are in transit and live-in refugee camps.
- Thus, the real oral health needs of most refugees is still unknown.
- The oral health status within the refugee population varies according to hosting settings and resulting legal status.

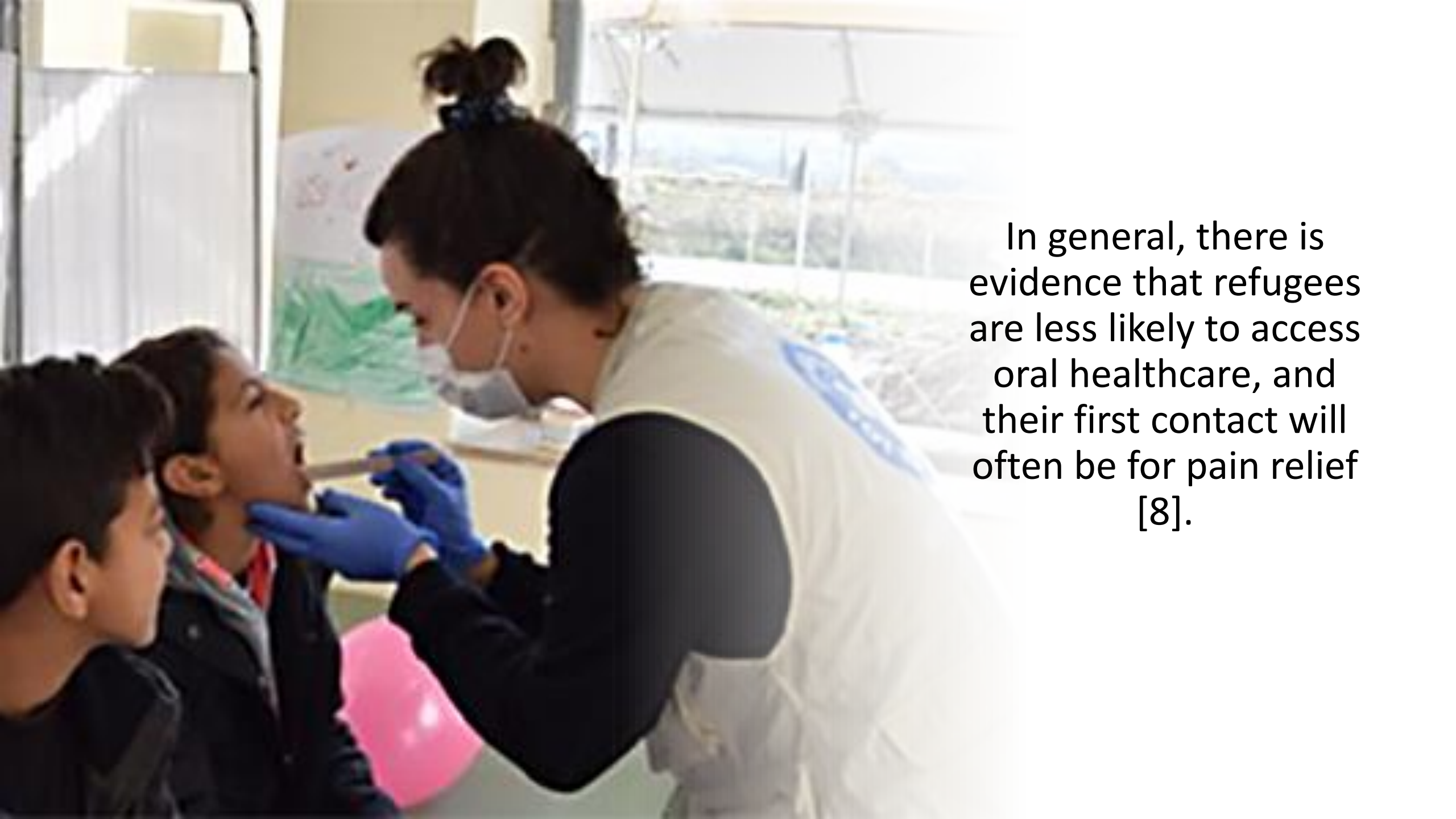


# Types of Refugee Camps:

- Refugees under UNHCR supervision: transit camps
- Refugees under UNRWA supervision
- Settled or semi-settled refugees



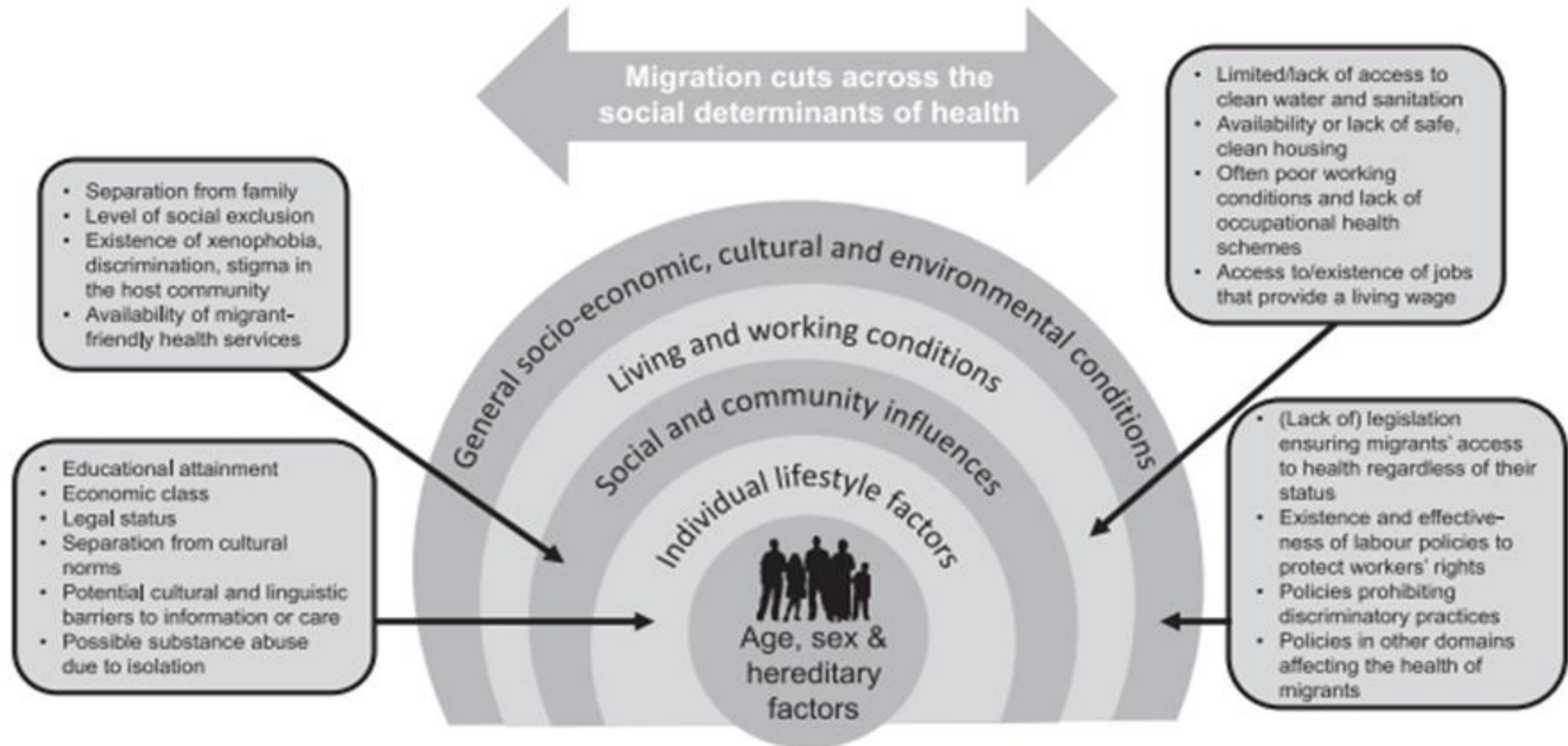




In general, there is evidence that refugees are less likely to access oral healthcare, and their first contact will often be for pain relief [8].



# SOCIAL DETERMINANTS OF HEALTH IN MIGRANTS (2)



**Figure 3** Social determinants of health in migrants. Source: International Organization for Migration.<sup>65,66</sup>

# Barriers to Accessing Oral Health Care Among Refugees

Types of barriers	Consequences
<b>Language</b>	Limited understanding of: <ul style="list-style-type: none"><li>➤ Services available</li><li>➤ Overall benefit of oral health</li><li>➤ Social benefits available</li></ul>
<b>Prior beliefs about oral health (low priority)</b>	➤ underutilization of oral health services
<b>Trauma</b>	➤ Fear and distrust of oral health practitioners
<b>Lack of oral health professionals</b>	➤ Difficulties in reaching oral health practitioners ➤ High transportation costs
<b>Oral health care is not covered by government</b>	➤ Cannot afford oral health care ➤ Low rate of utilization

# FDI Refugee Ora I Health Promotion and Care Project

Based on FDI Vision 2030 first Pillar:

By 2030, essential oral health services are integrated into healthcare in every country and appropriate quality oral healthcare becomes available, accessible, and affordable for all





REFUGEE  
**Oral Health**  
Promotion & Care



**Project's  
Main  
Goal**

The FDI Refugees Oral Health project aims to support national, regional and international efforts to push refugee's oral health to the front and provide the tools needed to achieve this goal.

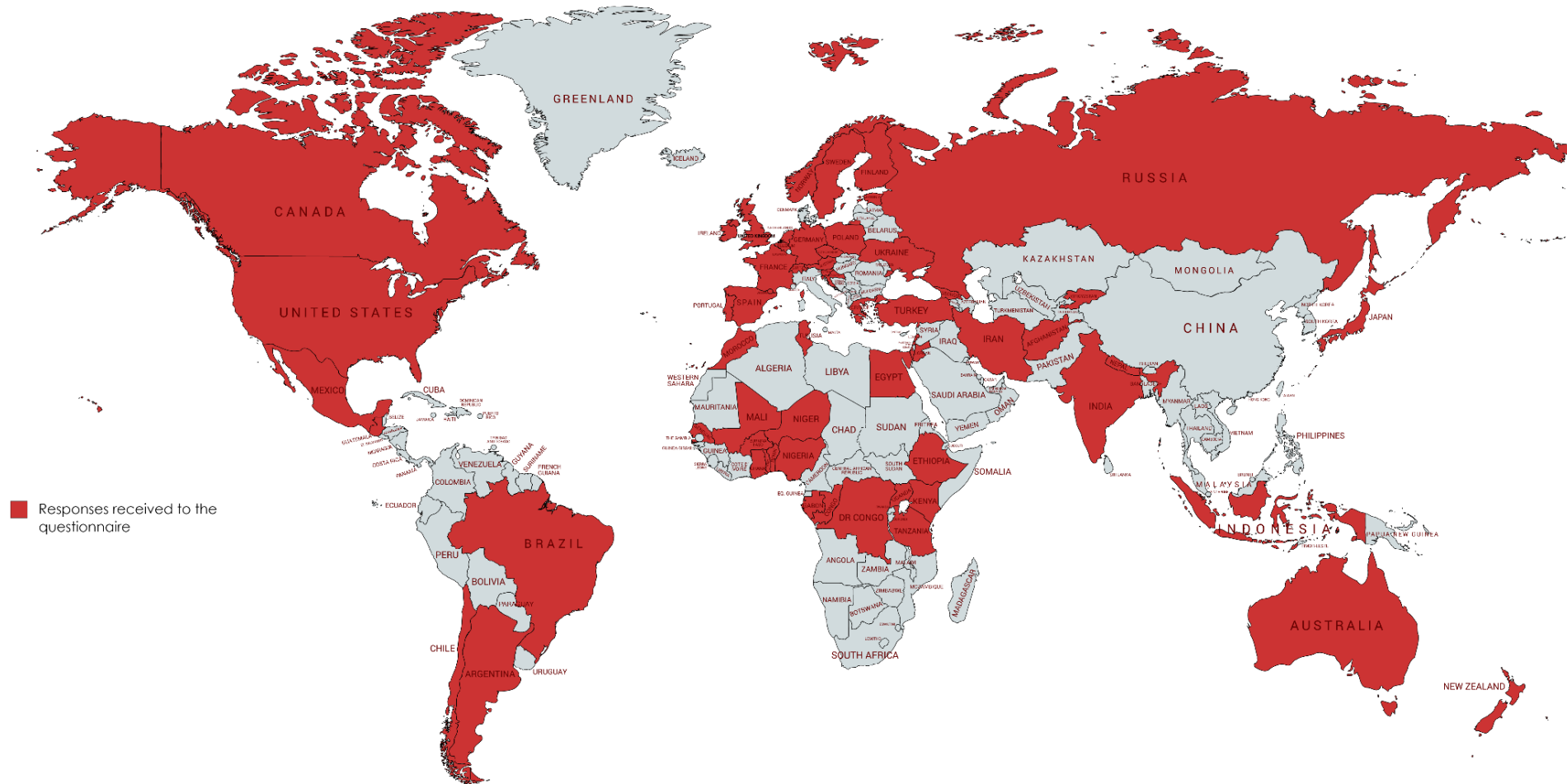


Phase I  
2018-19

Aimed to conduct a need assessment to describe the current policies related to refugee's oral health care in different countries and what dental services offered in these settings.

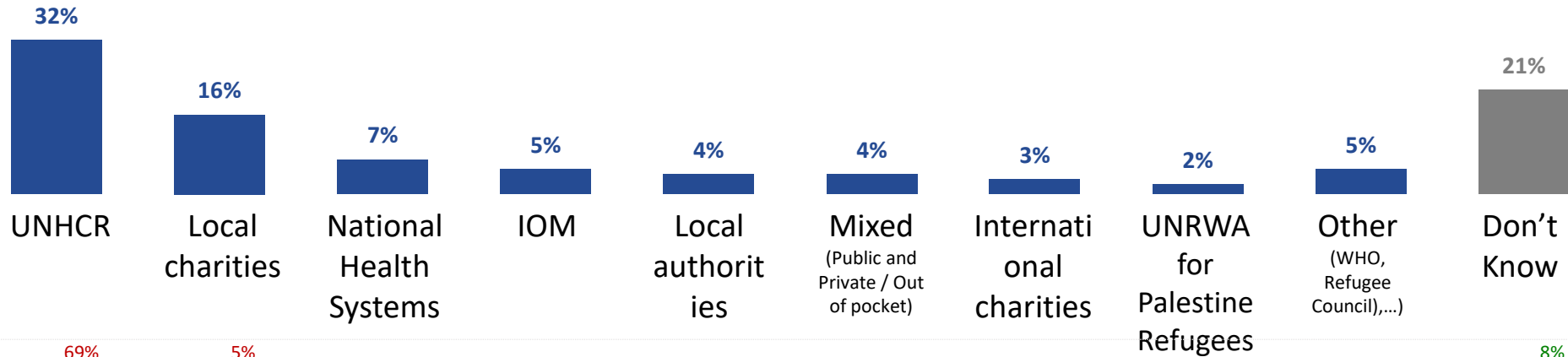







# MAP OF RESPONDENT COUNTRIES



# WHO IS RESPONSIBLE FOR REFUGEES' HEALTH?

United Nations High Commissioner for Refugees (UNHCR) is clearly the main agency responsible for the healthcare of refugees in the most disadvantaged countries. Following them would be other organization and charities.

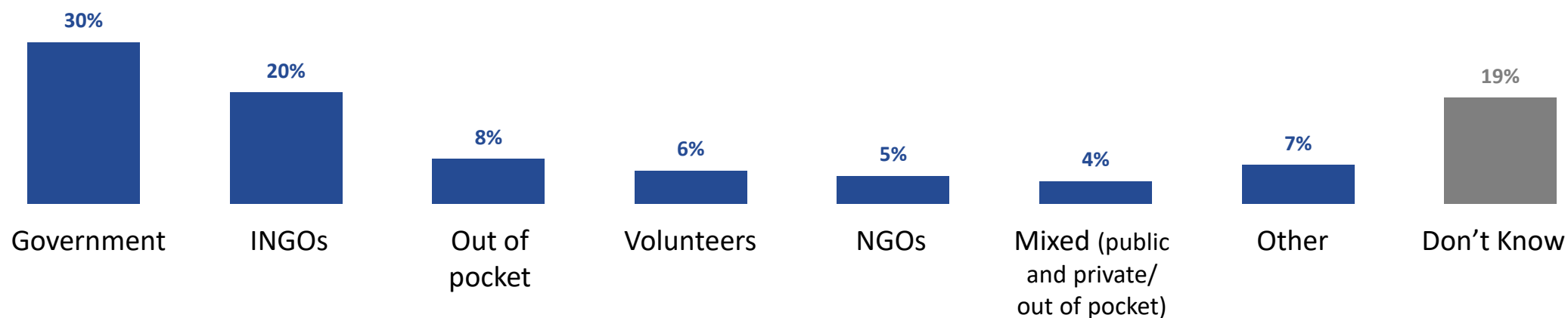


	Africa	69%	5%		8%
	America				58%
	Europe	4%			
	<0,500	74%			
	0,800+	3%			8%
	<10M	15%			
	<1k	78%			
	1k-10k	11%			
	>10k	8%			
	<10k	6%			

## 3. What is the main agency or organization responsible for the healthcare of refugees in your country? (98)

# WHO FINANCES DENTAL CARE FOR REFUGEES?

Unequal financing of dental healthcare for refugees: more government support in more advanced countries and more support from INGOs in countries with lower efficiency levels.

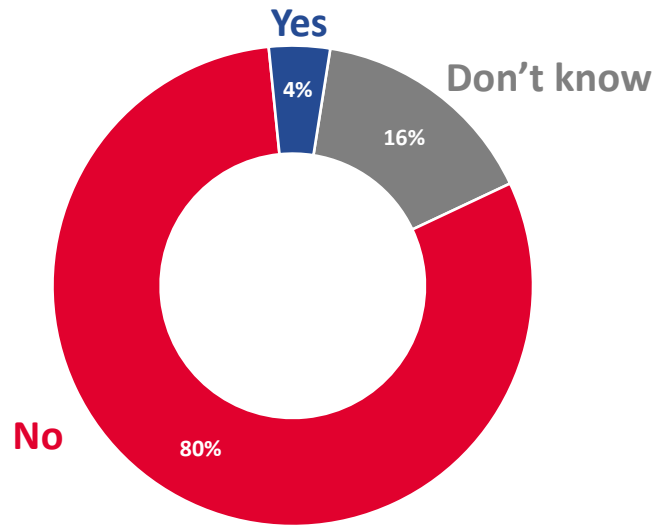


🌍	Africa	10%	
	America	67%	41%
	Europe	52%	
📋	<0,500		48%
	0,800+	52%	
👥	<1k	6%	
	10k+		4%

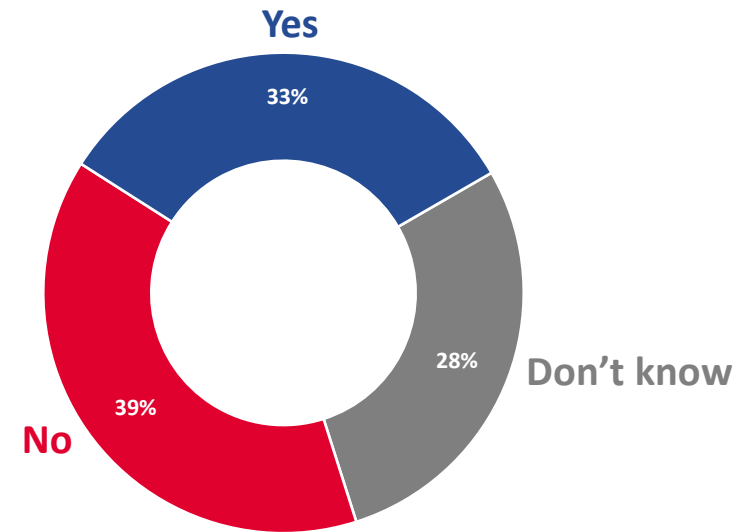
4. How is the dental care mainly funded for refugees in your country? (98)



Only 4% confirm that there is an obligatory health screening for refugees when they first arrive.  
 33% of cases identified through screening is sent for follow up by dentists.

### Obligatory oral healthcare



### Referral if condition is identified



	Yes	No	Don't Know
 America		58%	33%
 <0,500		96%	

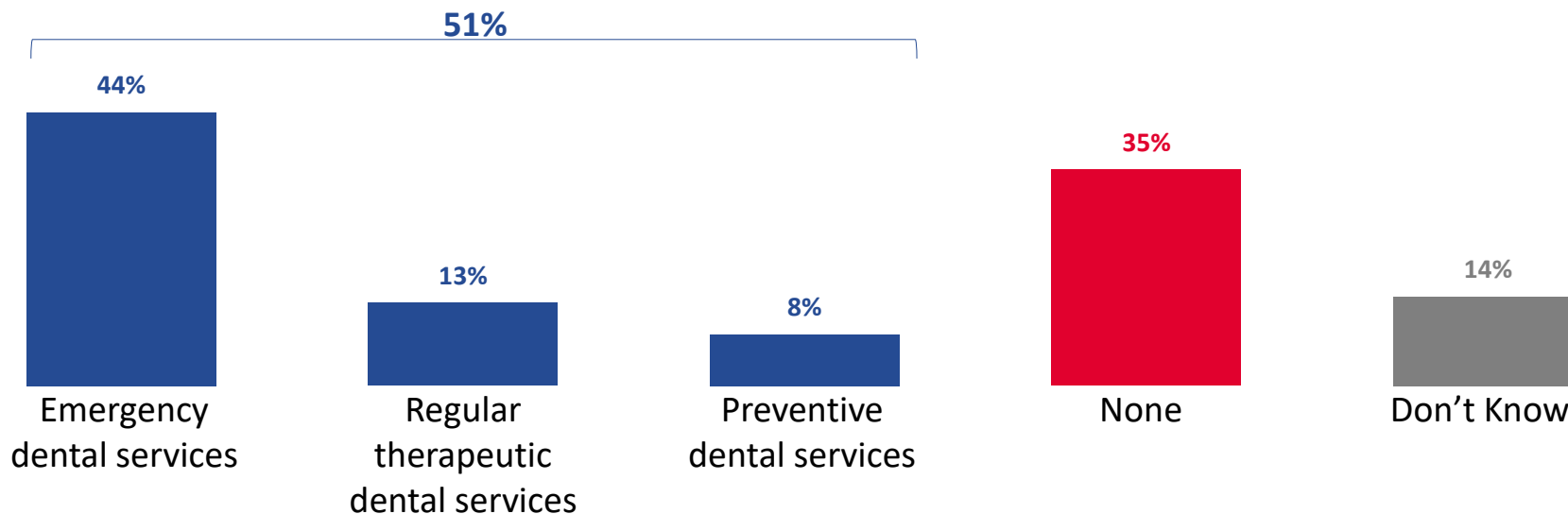
5. Is there an obligatory oral health screening for refugees when they first arrive in your country? (97)

6. If a condition is identified during the oral health screening is there a referral system to dentists in place? (95)

# TYPES OF DENTAL SERVICES OFFERED

Almost 1/3 of respondent countries do not offer any type of dental services to refugees when they first arrive (especially in low HC efficiency index countries)

Emergency dental care is the most provided service .



	Africa	21%	
	America		8%
	Europe	78%	15%
	<0,500	22%	59%
	0,800+	67%	21%
	<1k	19%	

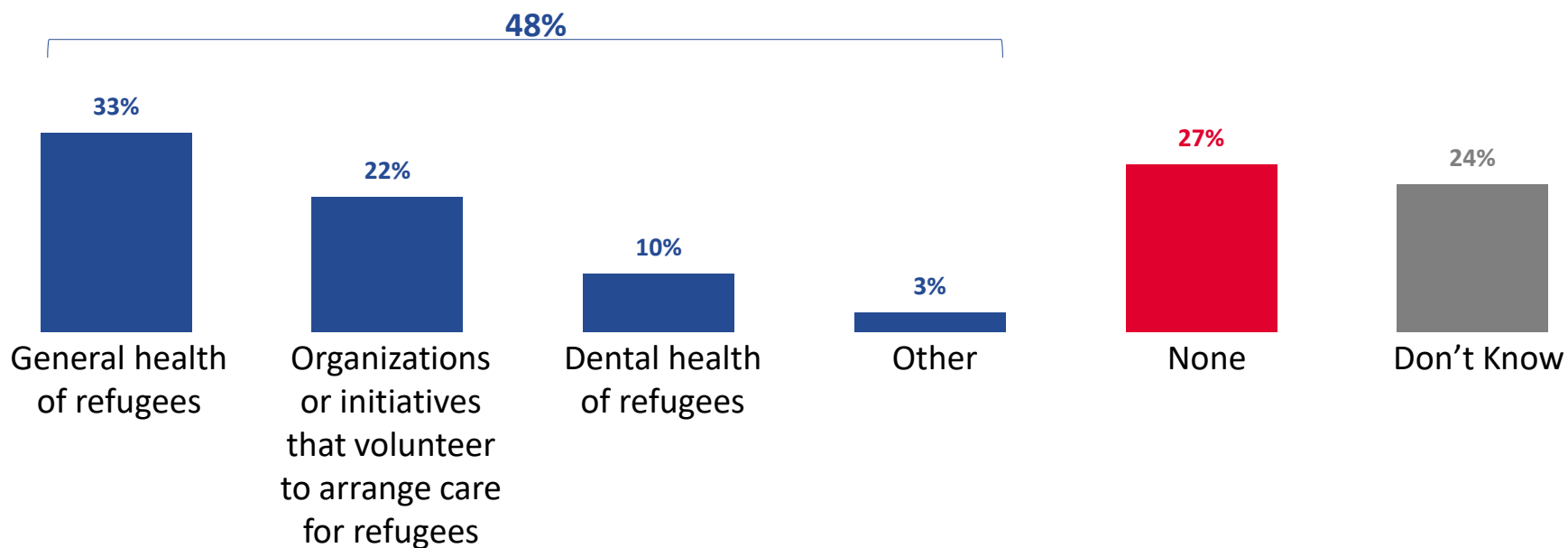
7. What type of dental services are offered to refugees when they first arrive? (98)



# NATIONAL POLICIES ABOUT REFUGEES

Almost half of the respondents believe that their countries have national policies directed at refugee general health.

General healthcare policies are fewer in countries with a smaller number of refugees.



America

9%



<10k

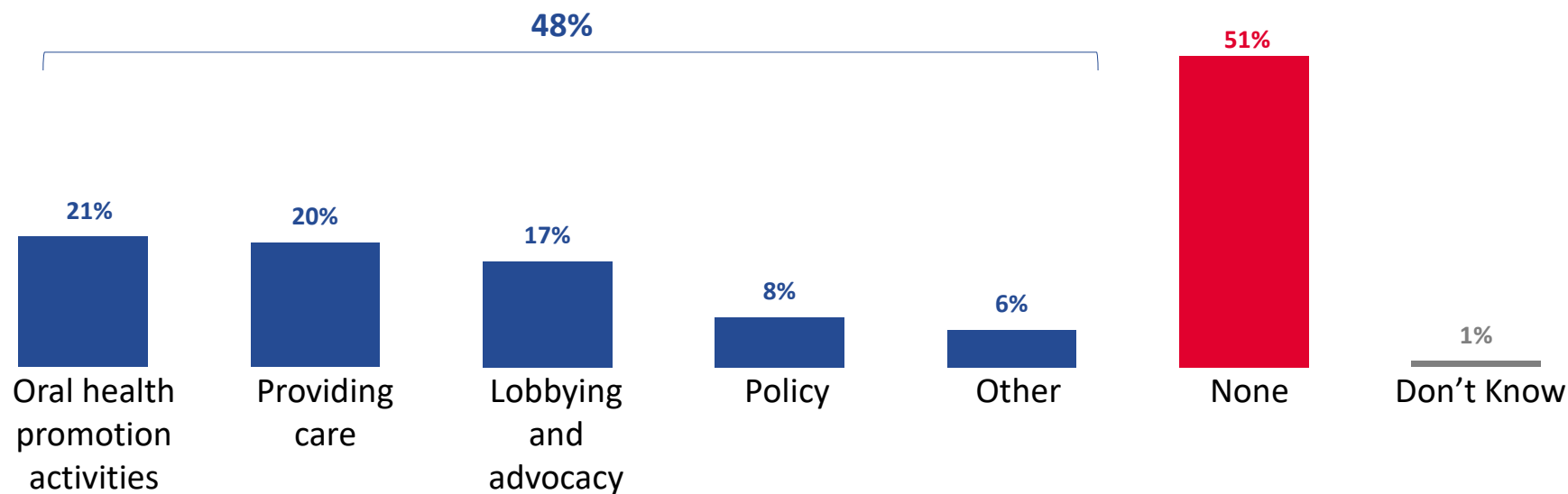
15%

8. Are there national policies or guidelines addressing any of the following issues in your country? (95)

# ROLE OF NATIONAL DENTAL ASSOCIATIONS IN REFUGEES ORAL HEALTH

Almost half of the NDAs are not involved in aspects related to the oral health of refugees.

The most common are oral healthcare promotion activities, providing care, lobbying and advocacy (the latter especially in Europe and countries with a high efficiency index).



Region	Oral health promotion activities	Providing care	Lobbying and advocacy
Asia		5%	
Europe			41%
0,500-0,799			6%
0,800+			39%

9. Are you or your National Dental Association involved in the following aspects regarding the oral health of refugees? (98)



REFUGEE  
**Oral Health**  
Promotion & Care



Phase II  
2019-2020

Phase II of the project aimed to develop an advocacy guide that discusses clinical, policy and societal recommendations and best practices that can be used to influence existing legislation to provide dental care services to refugees,

This guide was released in February 2021.



## Promoting Oral Health for Refugees: An Advocacy Guide

### Authors and contributors

#### Author:

**Assoc. Prof Elham Kateeb**  
Associate Professor of Dental Public Health  
Al-Quds University, Jerusalem, State of Palestine

#### Contributors:

**Dr Khaleda Zaheer**  
Dentist and Program Director  
Refugee Crisis Foundation, London, United Kingdom

**Dr Julian Fisher**  
Research Assistant Professor  
State University of New York, Syracuse, USA

**Dr Ahmad Abd El Ghani**  
Health-Point Foundation, Jerusalem, State of Palestine

**Prof. David Williams**  
Professor of Global Oral Health  
Bart's and The London School of Medicine and Dentistry,  
Queen Mary, University, London, United Kingdom

**Dr Sophie Darteville**  
President  
French Union for Oral Health (UFSBD), Paris, France

FDI is an international, membership-based organization that serves as the main representative body for more than 1 million dentists worldwide, active in some 200 National Dental Associations (NDAs) and specialist groups in close to 130 countries. Founded in 1920, FDI has played a leading role in the field of modern dentistry.



# Promoting Oral Health For Refugees: An Advocacy Guide:

## How to plan your advocacy ?

*This practical guide will allow you to build your own advocacy strategy and translate your objectives into an action plan through the following six steps:*

**1. Setting the context**

**2. Establishing goals and objectives**

**3. Identifying target audiences**

**4. Developing key messages**

**5. Implementing your advocacy plan**

**6. Monitoring and evaluation**

# Supportive Resources

---

- An opportunity for national dental associations:
  - ✓ UNHCR operations and advocacy efforts and results
  - ✓ Integrating oral health into Universal Health Coverage (UHC)
- Successful intervention stories
- Template letter for decision makers
- Template letter for advocacy



# Resources and links

Tools that help in screening and implementing preventive and therapeutic programs:

- ✓ WHO Basic Package of Oral Care
- ✓ Oral healthcare in camps for refugees and
- ✓ Adult Oral Health Standard Set (AOHSS)
- ✓ FDI Policy statements on displaced persons





# Resources and links

---

- Funds available from FDI to finance your refugee-oral-health-related projects
- Organizations that can provide important and updated information about refugees
- Documents that can support your advocacy efforts





REFUGEE  
**Oral Health**  
Promotion & Care



Phase III  
2020-2021

1. Arabic translation of the guide
2. Summary guide
3. Webinar at the Oral Health Campus: UNRWA, RCF, University of Plymouth and the FDI
4. Publications: Article in Journal of Immigrant and Minority Health





# Phase IV 2021-2022

## Raising Awareness activities:

- **Among dental students and residents:**
  - ✓ University of Iowa, USA
  - ✓ University of Georgia, Georgia
  - ✓ University of Egas Moniz, Portugal
  - ✓ European Student Dental association (EDSA)
  - ✓ The global initiative of ReCAP medical students
- **Joint Policy Brief between Lancet Migration and FDI**

X, 2022  
Geneva, Switzerland

### Joint Policy Brief

Lancet Migration and the 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.<sup>1</sup>

Oral health is considered as the well-being of the mouth, including breathing, eating, speaking, smiling and socializing. Experiencing good oral health enables an individual to achieve their full capacity and participation in society. Oral diseases cause pain, infection, and low quality of life for vast numbers of people worldwide. There is also an overlap with poor oral hygiene and health, with sharing similar risk factors as noncommunicable diseases. 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. Prevention is possible for addressing both the risk factors of non-communicable diseases and oral health through a multisectoral 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<sup>2</sup>. Evidence-informed decisions are challenged by fragmented data that predominantly focus on clinical outcome measures.<sup>3</sup>

<sup>1</sup> Ending the neglect of global oral health: time for radical action, The Lancet July 20, 2019

<sup>2</sup> FDI Oral Health Time for Action webinar summary

<sup>3</sup> The WHO global strategy for oral health: an opportunity for bold action, The Lancet July 14, 2021

Phase V  
2022-2023



- **Establishing collaboration with Key Organizations (Joint statements): SHEM**
- **Special Grant:** Dental missions and interventions
- **Implementation of the FDI Guide and Support to NDAs:**
  - ✓ FDI/Pakistan Dental Association: Program to provide care to refugees who are settling in remote villages in Pakistan
  - ✓ FDI/Jordan Dental Association: Support for Zaatari Camp JDA dental clinics
  - ✓ RCF (Refugee Crisis Foundation)/ Bangladesh Dental Association
  - ✓ UNHCR Jordan/ Jordanian Dental Association
  - ✓ Miles for Smiles at Buffalo University/ Lebanese Dental Association



# Evidence-Based Strategies to promote OH among refugees:

1. Raise Awareness
2. Partner with Local and International Organizations
3. Community Engagement
4. Advocate for Policies and Funding
5. Strengthen Dental Workforce
6. Implement Mobile Clinics missions
7. Provide Education
8. Support Research





# Goals to achieve:

1. Increase Access to Dental Care to those populations: diagnostic, preventive and therapeutic
2. Improve oral health knowledge and behavior
3. Reduce the prevalence of oral diseases
4. Address Barriers to Care by policies, interventions/programs and research
5. Include refugee oral health in UHC: ensure that refugees have access to the necessary oral health services they need



# What's is Next?

## 1. Advocates for refugees' oral health:

- The recent inclusion of oral health in the Universal Health Coverage (UHC) agenda [18],
- The establishment of the Lancet Commission on Oral Health [19],
- The release of the FDI Vision 2030:” Developing Optimal Oral Health for All” [20]
- The recent approval of resolutions promoting oral health by the World Health Organization (WHO) Executive Board [21]





# What's Next?

2. Collaborate with your NDAs and other international organizations working on the ground in the refugee camps to implement effective preventive and therapeutic programs to promote oral health.
3. Encourage you to use :
  - ✓ 1. The Advocacy Guide <sup>[16]</sup>: step by step guide to build your advocacy, successful stories and best practices
  2. Plan and volunteer in dental missions
  3. Grants available from the FDI and others



# World Dental Development Fund (WDDF)

- The FDI World Dental Development Fund (WDDF) supports innovative oral health prevention and access programs for disadvantaged communities around the world.
- The fund backs projects that spark a positive impact on oral health in different settings.
- **10,000 CHF** is allocated per selected project for the project duration
- Supported by FDI and Shofu
- Annual application deadline is **June 15<sup>th</sup>**







**Thank you**

Elham Kateeb  
ekateeb@staff.alquds.edu  
elhame20@gmail.com  
Twitter @ElhamKateeb

# REFERENCES:

---

1. World Health Assembly. Promoting the health of refugees and migrants: draft framework of priorities and guiding principles to promote the health of refugees and migrants: report by the Secretariat. Geneva: World Health Organization; 2017.
2. International Organization for Migration. Social Determinants of Migrant Health [online] International Organization for Migration; 2017 [cited November 8, 2019] Available from: <https://www.iom.int/social-determinants-migrant-health>
3. Cote S, Geltman P, Nunn M, Lituri K, Henshaw M, Garcia RI. Dental Caries of Refugee Children Compared With US Children. Pediatrics. 2004;114(6):e733-e40.
4. Davidson N, Skull S, Calache H, Murray S, Chalmers J. Holes a plenty: oral health status a major issue for newly arrived refugees in Australia. Australian Dental Journal. 2006;51(4):306-11.
5. Keboa MT, Hiles N, Macdonald ME. The oral health of refugees and asylum seekers: a scoping review. Globalization and Health. 2016;12(1):59.



# REFERENCES:

---

6. Ghiabi E, Matthews DC, Brillant MS. The Oral Health Status of Recent Immigrants and Refugees in Nova Scotia, Canada. *Journal of Immigrant and Minority Health*. 2014;16(1):95-101.
7. Kohlenberger J, Buber-Enns I, Rengs B, Leitner S, Landesmann M. Barriers to health care access and service utilization of refugees in Austria: Evidence from a cross-sectional survey. *Health Policy*. 2019;123(9):833-9.
8. United Nations High Commissioner for Refugees. World at War, UNHCR Global Trends 2014–2015 [online] Geneva: United Nations High Commissioner for Refugees; 2014 [ cited July 13, 2020] Available from: <http://www.unhcr.org/556725e69.html>
9. Jacobsen K. The forgotten solution: local integration for refugees in developing countries [online] United Nations High Commissioner for Refugees; 2001 [cited July 2, 2020] Available from: <https://www.unhcr.org/research/working/3b7d24059/forgotten-solution-local-integration-refugees-developing-countries-karen.html>
10. Biscaglia L, Di Caccamo P, Terrenato I, Antonietta AM, Seita A, Campus G, UNRWA group. Oral health status and caries trend among 12-year old Palestine refugee students: results from UNRWA’s oral health surveys 2011 and 2016. *BMC Oral Health*. 2019; 19:157.
11. United Nations Relief and Works Agency for Palestine Refugees in the near East. Who we are [online] United Nations Relief and Works Agency for Palestine Refugees in the near East; 2020 [cited July 2, 2020] Available from: <https://www.unrwa.org/who-we-are>