



## FDI DRAFT POLICY STATEMENT

### Providing Basic Oral Healthcare for Displaced Persons

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Final Draft 2

1

#### 2 **CONTEXT**

3 The world is witnessing an era in which the scale of global forced displacement is  
4 increasing. According to the United Nations High Commissioner for Refugees  
5 (UNHCR), by the end of year 2017, 68.5 million individuals had been forcibly displaced  
6 worldwide as a result of persecution, armed conflict, generalized violence, natural  
7 disasters, famine, and economic changes. Almost 25 million of them were refugees, 40  
8 million were displaced internally and 3 million were asylum-seekers.<sup>1</sup>

9 Displaced persons are among the most vulnerable groups worldwide. They have limited  
10 access to both preventive and therapeutic dental care. The consequences of untreated  
11 tooth decay and dental emergencies include pain, dysfunction, systemic illnesses and  
12 poor quality of life. Barriers to dental care among displaced persons include high cost  
13 of dental treatment, lack of dentists and dental insurance, as well as language barriers  
14 in the case of displaced persons abroad, including asylum seekers.<sup>2,3,4,5</sup>

15

#### 16 **SCOPE**

17 Governments, judicial and legislative institutions should recognize that dental  
18 professionals have the duty to provide dental care based on clinical urgency and need  
19 rather than political, religious, ethnic or civil status. Neither governments nor legislative  
20 bodies should prevent or impede this duty. Non-governmental organizations should be  
21 encouraged to intervene in this public health emergency. All stakeholders should  
22 actively contribute to United Nations Sustainable Development Goal 10: "Reduce  
23 inequalities".<sup>6</sup>

24

#### 25 **DEFINITIONS**

26 Displaced persons are defined as persons or groups of persons who have been forced  
27 to flee, or leave, their homes or places of habitual residence as a result of armed  
28 conflict, internal strife, and/or habitual violations of human rights, as well as natural or  
29 man-made disasters involving one or more of these elements.<sup>1</sup>

30

31 **PRINCIPLES**

32 All people are equal in their right to access oral healthcare.

33 All people, including displaced persons, should have access to appropriate medical and  
34 dental care without prejudice or fear of discrimination.

35

36 **POLICY**

37 FDI:

38 • emphasizes that regardless of political, religious, ethnic or civil status, displaced  
39 persons require appropriate, basic oral healthcare, conditional on consent and  
40 bound by confidentiality;

41 • recognizes that displaced persons may be more susceptible to discrimination and  
42 neglect, and that appropriate treatment shall be provided by dental care  
43 professionals when clinically indicated. The necessary treatment may not be  
44 withheld or diminished on non-clinical grounds;

45 • recognizes displaced persons as a vulnerable group that often have high treatment  
46 needs and multiple barriers preventing their access to appropriate and timely dental  
47 care;

48 • notes that displaced persons may not have access to adequate and continuous  
49 care. Thus, when possible, appropriate treatment plans should be made to ensure  
50 sustainable and effective clinical outcomes;

51 • recognizes that dental professionals have an ethical commitment to provide oral  
52 healthcare to all people, including displaced persons;

53 • recognizes that dental professionals need adequate time and sufficient resources  
54 to assess clinical, physical and psychological needs of displaced persons;

55 • stresses the importance of full cooperation and coordination between governmental  
56 and non-governmental institutions working with displaced persons, and local dental  
57 associations in order to provide the appropriate dental care to displaced persons;

58 • encourages dental associations to promote the right of all people, including those  
59 who are displaced, to receive necessary and appropriate evidence-based dental  
60 care on the basis of clinical need;

61 • discourages legislative and civil practices that limit access to appropriate dental  
62 care for displaced persons;

63 • encourages dental schools to prepare dental students to be competent and  
64 confident in meeting the challenges faced when treating displaced persons.

65 • encourages host countries, in collaboration with local dental associations and with  
66 the support of governmental and non-governmental organizations, to develop  
67 preventive and therapeutic strategies and interventions to reduce the oral disease

68           burden among displaced persons;  
69           • calls for a global approach to meet displaced persons' healthcare needs that  
70           includes oral health as an essential component. Strategies to treat appropriate  
71           dental needs and prevent further disease among displaced persons should be  
72           included in such an approach.

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#### 74   **KEYWORDS**

75   displaced persons; basic oral healthcare; dental ethics

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#### 77   **DISCLAIMER**

78   The information in this policy statement was based on the best scientific evidence  
79   available at the time. It may be interpreted to reflect prevailing cultural sensitivities and  
80   socio-economic constraints.

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#### 82   **REFERENCES**

- 83   1.    United Nations High Commissioner for Refugees. Global Trends: 2017 in  
84        Review. Available from [http://www.unhcr.org/en-](http://www.unhcr.org/en-us/statistics/unhcrstats/5b27be547/unhcr-global-trends-2017.html)  
85        [us/statistics/unhcrstats/5b27be547/unhcr-global-trends-2017.html](http://www.unhcr.org/en-us/statistics/unhcrstats/5b27be547/unhcr-global-trends-2017.html).  
86        Accessed on 23 July 2018.
- 87   2.    Roucka TM. Access to dental care in two long-term refugee camps in western  
88        Tanzania; programme development and assessment. *Int Dent J* 2011  
89        61(2):109–15.
- 90   3.    Ogunbodede EO, Mickenautsch S, Rudolph MJ. Oral health care in refugee  
91        situations: Liberian refugees in Ghana. *J Refug Stud* 2000 13(3):328–35.
- 92   4.    Geltman PL et al. Health literacy, acculturation, and the use of preventive oral  
93        health care by Somali refugees living in Massachusetts. *J Immigr Minor Health*  
94        2014 16(4):622–30.
- 95   5.    Davidson N et al. Equitable access to dental care for an at- risk group: a review  
96        of services for Australian refugees. *Aust N Z J Public Health* 2007 31(1):73–80.
- 97   6.    United Nations Sustainable Development Goals. Division for Sustainable  
98        Development Goals. Department of Economic and Social Affairs. Available from  
99        <https://sustainabledevelopment.un.org/?menu=1300>. Accessed on 23 July  
100      2018.