

Platform for Better Oral Health in Europe

Statement on COVID-19 and its impact on oral health: Now is the time to accelerate prevention and oral health promotion.

Good oral health is an essential part of general health and wellbeing for all EU citizens.

The COVID-19 pandemic has had an impact on health and wellbeing, disproportionately affecting oral health and access to care.

During lockdown in many EU countries, all provision of dental services was effectively ceased. This has both current and long-term impacts on oral health.

There has been little or no provision of dental services for several months in many EU countries, and where this was present, it was limited to emergency services. As lockdowns are lifted in many EU countries and services return to a new normal, the number of patients being seen, despite backlogs, is severely reduced due to additional necessary cross-infection procedures required in dental practices to prevent the potential spread of COVID-19. In many cases only a fraction of the normal number of patients is being seen. Full provision of services is also being impacted by the continuing shortage of personal protective equipment (PPE) and particularly dental health provision not being a priority in PPE supply.

As a result of a lack of access and provision, oral care is being neglected, and the opportunity to make early diagnosis of serious life-threatening conditions such as oral cancer is lost. This means that many sufferers will be diagnosed at a later stage than normal and as a result be much more likely to die from their condition. As with other health conditions, some secondary care centres are reporting a substantially reduced number of referrals for these serious conditions.

The pandemic will have a profound negative impact on the population's oral health for several reasons:

- Reduced access to care as a result of reduced capacity;
- Reduced access to care due to increased costs;
- Increased adoption of unhealthy (high sugar) diets and snacking during lockdown;
- Reduced personal oral hygiene regimes as a result of lockdown;
- Fear of returning to dental practices while COVID is still active in the community;
- Increased costs of dental provision due the costs of additional PPE and cross-infection control procedures;
- A widening of inequalities in oral health as the abovementioned impacts will have a greater impact on the more deprived and vulnerable groups in all societies;
- Reduced emphasis on oral health against the wide-ranging general health demands;
- A COVID-induced economic crisis will further impact European societies and increase inequalities in oral health.

The dental health workforce is also going to be impacted long term with the closure of many educational institutions. A recent survey carried out by Association for Dental Education in Europe (ADEE) showed that nearly 75% of dental schools were considering delays in evaluation of student's clinical competencies and dental schools across the board reported that activities in university dental clinics have been very much limited and will continue to be so.

Despite this major impact on oral health, these issues have largely been missing from political attention and action during the crisis.

As we now look at how we recover and manage the way forward, the Commission's proposal for an EU4Health Programme, which we [welcome](#), shows the EU's commitment to adequately funding public health. Oral health must form an essential and integral part of this programme.

The programme must ensure that the essential provision of oral health services is adequately supported and prioritised to meet the Sustainable Development Goal of Universal Access to Care.

Oral health inequalities are manifest from childhood where vulnerable populations are at higher risk of developing oral diseases, setting them up for a lifetime of poor oral health and placing an unnecessary demand on the provision of oral care. Oral disease is entirely preventable and more emphasis needs to be given to oral health promotion and prevention.

When considering health and wellbeing throughout the life course policymakers must recognise that oral health is a key component. This priority has not disappeared during the crisis and it should therefore be included in any actions for the recovery, including in public health, research and education.

These actions must be comprehensive to be effective. They must include everything from oral health promotion, guaranteeing access to urgent and intermediate care, ensuring the appropriate prevention policies are in place, and all the way to guaranteeing appropriate protective equipment is made available for health care professionals working in oral care.

Dental research needs to be supported so that dental care professionals are able to make decisions around dental care and COVID that are fully evidence based.

The Commission's proposal for an EU4Health Programme offers a unique opportunity for the EU to support these actions and address health inequalities in the Union.

We are ready to play a role in supporting this. As stated in our [manifesto](#), the Platform looks forward to continuing to work with policymakers to promote oral health in Europe, both through the recovery from the crisis and beyond.

For more information on COVID-19, please see the World Health Organization (WHO) dedicated webpage: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

More information on COVID-19 and oral health can also be found at:

Oral Health Foundation

<https://www.dentalhealth.org/blog/covid-19-our-guide-to-looking-after-yourselves-and-others-through-better-oral-hygiene>

International Association for Dental Research (IADR)

<https://www.iadr.org/COVID-19>

Association for Dental Education in Europe (ADEE)

<https://onlinelibrary.wiley.com/doi/abs/10.1111/eje.12542>

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