



## Editorial

# Oral Health: luxury or a fundamental human right? The necessity of introducing a dedicated oral health budget and Proportionate Universalism in Greece

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Oral health is an integral part of overall health and critically affects quality of life as well as personal and social well-being. Poor oral health negatively influences general health and creates medical, financial and social burdens for individuals, families and health systems. The US Office of Disease Prevention and Health Promotion (2021) sees use of the oral health care system as a leading health indicator. Oral health improvement is an important step to reduce socioeconomic inequalities and promote the UN Sustainable Development Strategy (Wang *et al.*, 2020, Huang and Chang 2022). Moreover, “achieving the highest attainable standard of oral health is a fundamental human right of every human being” (WHO 2022a).

However, oral health has consistently been underfunded by the Greek state, a situation that has further worsened over the past fifteen years of economic crisis and because of the COVID-19 pandemic. In 2019, Greek public per capita dental outpatient care expenditure was only US\$0.30 PPP, compared to Germany at US\$291.70 (Winkelmann *et al.*, 2022a). Even worse, in 2021 the share of public expenditure in the total dental care expenditure reached 0%. Consequently, almost all dental health cost was covered privately, mainly from out-of-pocket household payments. Private health insurance in Greece is not widespread and does not cover dental care. At the same time, households’ out-of-pocket payments for dental care decreased appreciably by 71.41% (from €207,046 million in 2008 to €591.926 million in 2021) (ELSTAT 2023).

Considering the Greek state sector’s absence from the provision and financing of dental care, it is easy to explain why in 2022, Greece had the highest proportion of unmet dental care needs in the EU (12.1%, up from 7.8% in 2021) (OECD, 2023). The cost of care was by far the main reason for unmet dental care. By contrast, the supply of care was not a factor as Greece has the highest number of dentists per 100,000 population (Eurostat, 2023a).

Due to the social gradient in health, oral health inequalities have an impact on everyone, but the most vulnerable and disadvantaged population groups are

disproportionally affected (Winkelman *et al.*, 2022b). Indeed, in 2022 one in six people (17.4%) in the lowest income quintile had unmet dental care needs, almost 3 times higher than the EU-27 average (Eurostat, 2023b). Inequalities by individual socioeconomic position and area deprivation have also been recorded (Yfantopoulos *et al.*, 2014; Damaskinos *et al.*, 2016). These figures indicate that people from low-income groups are more likely to be excluded from dental care, so increasing oral health inequalities (Eaton *et al.*, 2023). Moreover, oral health inequalities exacerbated due to the effect of the pandemic on personal finances and avoidance of dental care due to the fear of transmission.

The idea of a dedicated National Health System oral health budget was born of this situation. This proposal premises the introduction of a mandatory annual allocation of public health expenditure directed exclusively to oral health. The added value is that it does not necessarily require an increase in public health expenditure and so does not overturn the country’s fiscal policy. Instead, it aims to revise planning and re-prioritize funding in favor of oral health based on current scientific data (Syngelakis, 2014). The proposal was initially adopted by the Hellenic Dental Association and was raised in meetings with various Greek Ministers of Health over the years without progress. Additionally, the adoption of the dedicated oral health budgets was supported by the vast majority of experts that participated in research of the terms and conditions necessary to successfully implement the WHO Resolution on oral health in Greece (Tsarnava *et al.*, 2022).

In 2021, immediately after the adoption of the historic Resolution on Oral Health by the World Health Assembly and in the context of the Consultation on the WHO Global Oral Health Strategy, member states were asked to submit proposals and observations. The Hellenic Republic officially proposed the adoption of Dedicated Oral Health Budgets: “Financial protection through expanded health insurance coverage - including coverage of oral health services - is one of the cornerstones of universal health coverage. *A guaranteed minimum share of public health expenditure*

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directed exclusively to oral health and dental care is crucial for the above". This proposal was adopted by WHO and included in the Global Oral Health Strategy. More specifically, "Strategic objective 1 seeks the recognition and integration of oral health in all relevant policies and public health programs as part of the broader national NCD and UHC agendas. Increased political and resource commitment to oral health are vital at the national and subnational levels, as is the reform of health and education systems. Ideally, this would include a guaranteed minimum share of public health expenditure that is directed exclusively to national oral health programs" (WHO, 2022a). This proposal was also included in the Global Action Plan on Oral Health (WHO, 2023).

For Greece and other countries without a tradition of public health spending for oral healthcare, dedicated oral health budgets are the key to promote oral health and include oral health in Universal Health Coverage. To understand the economic impact of this intervention, one can consider three different scenarios for dedicated oral health budgets in Greece: 1% for 2025, 3% for 2028 and 5% until 2031, corresponding to €103.54, €310.59 and €517.65 million of public expenditure dedicated to dental health. These sums provide sufficient resources for radical reform of oral healthcare in the country.

In the light of the WHO Resolution, some initial steps have been made in Greece. Our parliament held a public debate on oral health (21.3.2022), and the National Oral Health Committee was re-legislated (4.4.2022). A universal, free of charge, preventive program for children 6-12 years old (*Dentist Pass*) came into force in May 2023, with a €27 million budget. This program is being implemented for the first time and is in full agreement with WHO guidelines. In addition, funding to improve infrastructure in public and private dental offices, Primary Health Care Mobile Teams staffed with dentists are planned, as well as Mobile Dental Units for remote and vulnerable populations.

The Hellenic Republic bears a moral obligation to introduce the dedicated oral health budgets, which, combined with multiple sources of funding for dental care, will contribute toward the resources necessary to implement imperative reform of the Oral Health System. Of course, increases in public health spending to reach the EU average are also important for the National Health System to meet the multiple challenges of the post-COVID era.

However, addressing the challenge of underfunding alone is not enough. Wider reform is needed, based on a coherent and evidence-based National Oral Health Strategy. This will focus on universal oral health coverage and on reorienting the health system towards prevention and oral health promotion, prioritising children and other vulnerable population groups without neglecting the needs of most of the population. The concept of proportionate universalism with universal actions implemented with an intensity and a scale that is proportional to the level of disadvantage is proposed as a guiding principle. In addition, Oral Health will be fully integrated into Primary Health Care. There will be systematic surveillance, monitoring and evaluation of the oral health system through a National Observatory of Inequalities and Oral Health Policies. Public oral health interventions targeting the social and commercial determinants of health are also necessary ingredients for oral health reform (WHO, 2022a; WHO, 2022b; Tsarnava *et al.*, 2022).

In other words, proportionate universalism, investing in children and focusing on prevention will supplement a dedicated oral health budget to create an appropriate framework (or a promising synthesis) for promoting equity, effectiveness and the sustainability of the oral healthcare system.

In conclusion, a rational, evidence-based and fair to oral health distribution of public health funding is needed, but, even more, a paradigm shift based on solidarity and looking to the future to guarantee the human right to health for everyone without discrimination.

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