DECLARATION STATEMENT

Budapest Declaration: IADR-GOHIRA®

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Introduction

The International Association for Dental Research (IADR) Global Oral Health Inequalities Research Agenda (IADR-GOHIRA®) was established in 2010 by IADR, with the endorsement and support of the World Health Organization (WHO) and the World Dental Federation (FDI). Its origins included the formation of six expert task force groups in different disciplines whose expert reports on oral health inequalities were published in *Advances in Dental Research* in May 2011. At the IADR General Session in June 2012, the resulting Network (Global Oral Health Inequalities Research Network, GOHIRN) was approved by the IADR Council and had its first symposium at the IADR General Session in Seattle in March 2013. At the World Congress on Preventive Dentistry (WCPD) in Budapest in October 2013, the Network convened a successful Workshop preceded by “A Call to Action” (Sgan-Cohen *et al.*, 2013), from which the Budapest Declaration emerged. The key objectives of the Network include

advocacy, stimulation, promotion and fostering of inter-sectoral collaborative research on oral health inequalities, and involving the wider health community.

Budapest Declaration

The following statement emerged from the discussions at the GOHIRN meeting at the WCPD in Budapest, October 9-12, 2013.

Oral health is a basic human right, fundamental to people's quality of life and contributions to society, and the oral health of children and older people merits particular attention. The existing inequalities in oral health within and between countries are unfair, unjust, and avoidable.

The goals of the Global Oral Health Inequalities Research Network (GOHIRN) are to focus future research and networks to strengthen or build capacity for research on reducing global health inequalities through oral health.

- An estimated 3.9 billion people suffer from poor oral health, as measured by untreated dental caries, severe periodontal disease, and extensive tooth loss (Marcenes *et al.*,

2013). The population prevalence of oral cancer, oral infections, cancrum oris, craniofacial trauma, and developmental disorders also should be included to cover the full scale of the global burden of oral diseases and disorders. All of these compromise lives of people as measured using Years Lived with Disability (YLLS) and Disability Adjusted Life Years (DALYS).

- In refining and understanding the nature of the problem, estimating the global costs resulting from oral diseases and disorders should include not only economic costs related to treatment or management of those conditions, but also psychological and societal costs through inability to enhance development of the population, *via* the loss of hours at school and work or other measures of dysfunction.
- A multi-sectorial approach to oral health inequalities research needs to be applied in the future, linking the health sector with sectors of society such as education, agriculture, trade, environment, energy, social welfare, housing, and others that have an impact on oral health. Given that the links between oral health and general health reflect shared risk factors, those factors should be considered in

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the design of intervention studies to reduce inequalities.

- Implementation research on targeted public health programs tailored to addressing inequality in oral health is urgently required in all countries. The effective translation of knowledge into upstream health-promoting approaches should be encouraged, identifying important barriers to and facilitators of effective actions.
- The oral health workforce should gain capacity in research methods and in implementation of actions for reducing inequalities in oral health through intervention on shared risk factors for dental, oral, and general health, applying the principle of proportionate universalism. The skills associated with implementation sciences include epidemiological,

psychological, and social science skills as well as those in health services and communication sciences.

- Communication strategies and research on communication strategies should be targeted to addressing oral health inequalities, thus enhancing the probabilities of successful advocacy and dissemination of evidence-based information. This work should be pursued in close collaboration with IADR, WHO, and FDI.

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on behalf of IADR-GOHIRN

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