PERSPECTIVE

Integrating Oral and Maxillofacial Prostheses into India's RPwD Act, 2016: A Policy Perspective

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CITATION

Sharma M, Singh R, Singh S, Rana S. Integrating Oral and Maxillofacial Prostheses into India's RPwD Act, 2016: A Policy Perspective. Journal of the Epidemiology Foundation of India. 2025;3(1Suppl):76-82.

DOI: https://doi.org/10.56450//JEFI.2025.v3i1Suppl.011

ARTICLE CYCLE

Received: 08/11/2025; Accepted: 21/12/2025; Published: 31/12/2025

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ABSTRACT

The Rights of Persons with Disabilities (RPwD) Act, 2016, led to a pivotal moment in India, which initiated the journey towards disability inclusion. This further led to the establishment of a society where all individuals with disabilities, regardless of their abilities, participate fully and with dignity. However, within this broad and inclusive vision lies a silent gap - oral and maxillofacial related disability, rehabilitation for which is still not explicitly recognized as an essential assistive service. For people living with craniofacial defects, prostheses like dentures, obturators, speech aids, and facial prosthetics are often out of reach. These devices are far more than just medical interventions; they restore the ability to speak, eat, and express oneself, restoring not just physical health but also confidence, a sense of belonging, and self-worth.

This paper aims to highlight how the formal recognition of Oral and Maxillofacial (OMF) Prostheses could transform India's assistive technology system. These prostheses do much more than just restore function; they help people regain confidence, communicate, and reconnect socially. Backed by growing evidence of their physical, emotional, and social value, this paper calls for a policy change that incorporates OMFP as an essential component of AT, to be included in government-supported rehabilitation programs and promote teamwork among dental professionals, rehabilitation experts, and policymakers. Aligning India's approach with the vision of the RPwD Act (2016) and the WHO's Global Cooperation on Assistive Technology (GATE) initiative would mark a major step toward making oral and maxillofacial rehabilitation not just a legal right, but a lived reality for everyone.

KEYWORDS

Oral and Maxillofacial Prosthesis, Rights of Persons with Disabilities Act (RPwD Act),

INTRODUCTION

Assistive technology (AT) plays a vital role in helping people with disabilities to live with independence, dignity, and equal opportunity. It includes a wide range of products and services such as mobility aids, hearing devices, communication tools, and prosthetic

appliances that enable individuals to participate more fully in education, employment, and community life. AT not only fills the void of physical needs, but it also helps bridge social and economic gaps, allowing people to engage actively in society and realize their full potential. (1) In India, where millions live with various forms of disability, access to appropriate assistive technology and assistive products is not only a matter of health but also of human rights and social inclusion.

The World Health Organization (WHO) defines assistive products as "any external product (including devices, equipment, instruments, and software) that is specially produced or generally available, the primary purpose of which is to maintain or improve an individual's functioning and independence" (2). Despite this broad definition, oral and maxillofacial prosthetic devices that are essential for restoring oral and maxillofacial function are still not recognized within national AT frameworks.

The Rights of Persons with Disabilities (RPwD) Act 2016 is an important legislation that aims to protect and promote the rights of persons with disabilities in India. (3,4). While the act covers various aspects of disability, OMF rehabilitation still remains a neglected domain in disability and AT policies. This omission overlooks a population whose ability to eat, speak, or engage socially depends on oral or facial prosthetic rehabilitation (5).

Oral and maxillofacial prostheses are not merely dental or facial restorations; they are assistive devices that restore fundamental human functions, such as speech, mastication, and appearance, which are crucial to communication, nutrition, and overall psychosocial well-being. These prosthetic devices are crucial for restoring lost functions and enhancing the quality of life among persons affected by congenital conditions (e.g., cleft palate), acquired deformities (e.g., oral cancer resections, trauma), and degenerative tooth loss (6). Including these devices in India's assistive technology policy is essential for public health and a matter of human rights. (7).

Necessity and importance of developing facial prostheses

Facial profile is an important factor of self-perception, and hence, facial deformity and loss of function not only affect the survival of patients but also cause personal psychological and serious public health problems. In recent decades, an increase in facial trauma deformity caused by various reasons like traffic accidents, aging population, increasing tumor incidence, and survival rate of facial tumors has led to an annual increase in the number of patients with facial deformities, thereby increasing the demand for prosthetic rehabilitation. (8)

There are various conditions that are mainly present in patients who need prosthetic restoration. First, a large cranial and maxillofacial defect can be caused by facial tumor surgery, trauma, or congenital malformation, accompanied by the loss of a specific facial organ (such as the eye, nose, or ear), resulting in a very complex anatomical morphology in the local defective tissues and organs. Second, a primary malignant tumor that easily relapses after treatment. Third, poor blood flow in the soft tissue bed of cranial and maxillofacial malformations makes surgical repair difficult. Fourth, the age and time cost of patients are difficult requirements to meet for surgical repair. When patients have part or all of the above conditions, facial prostheses can be considered to improve their appearance and facial function. (9)

Various OMF prosthetic devices include:

Oral prostheses: dentures, obturators, palatal lifts, and speech bulbs

Maxillofacial prostheses: ocular, nasal, auricular, or facial prosthetics restoring anatomical defects (10)

Speech and swallowing aids: appliances that facilitate oral communication and nutrition

These devices meet all WHO criteria for assistive technology, as they restore or compensate for functional loss, promote participation, and mitigate the disabling impact of disease or injury (11). The exclusion of OMF prosthetics from India's assistive technology policies has resulted in inequities, particularly affecting rural and economically disadvantaged populations (8).

Steps that can be taken to achieve the proposal for inclusion and focus of OMF health in the RPwD Act 2016:

Advocacy: Advocate for the inclusion and focus of OMF health in the RPwD Act 2016. This can be achieved through writing letters to policymakers, creating petitions, and engaging with relevant stakeholders, including disability organizations, oral health professionals, and government officials. (12)

Conduct research: Conduct research to gather data on the OMF health status of persons with disabilities in India. This can be done through surveys, interviews, and focus groups. The findings can inform policy and advocacy efforts. (13)

Collaborate with stakeholders: Work closely with relevant stakeholders, including disability organizations, oral health professionals, and government officials, to develop policy recommendations and effective advocacy strategies. (14)

Engage with policymakers: Engage with policymakers at the local, state, and national levels to advocate for the inclusion and focus of OMF health in the RPwD Act 2016. This can be done through meetings, letters, and other forms of communication.

Develop educational programs: Develop educational programs to raise awareness about the importance of OMF health among persons with disabilities. These programs can be targeted towards persons with disabilities, their families, and healthcare providers. (14)

Provide training: Provide training to oral health professionals to improve their understanding of the OMF health needs of persons with disabilities and how to provide accessible OMF health services.

Monitor implementation: Track down the implementation of policies and programs related to OMF health and disability to ensure they effectively address the needs of persons with disabilities.

Each of these steps brings us closer to a future where oral and maxillofacial health is recognized as an essential part of disability rights in India. By making these changes, we open doors for people with disabilities to receive the care, dignity, and opportunities they deserve.

The RPwD Act 2016 is a comprehensive legislation that covers various aspects of disability, including education, employment, accessibility, and social protection. However, it does not specifically focus on OMF health. Therefore, there are no specific sections in the act that deal with OMF health.

Some sections of the RPwD Act 2016 are relevant to OMF health and can be used to promote and protect the OMF health rights of persons with disabilities. (Government of India, 2016) These include:

Chapter 2 Section 3: Right to equality and non-discrimination: This section prohibits discrimination on the grounds of disability in all areas of life, including access to healthcare services. This can be used to ensure that persons with disabilities have equal access to OMF health services, including preventive, diagnostic, and treatment services.(15).

Chapter 5 Section 25: Right to health: This section recognizes the right to health as a fundamental right of persons with disabilities. This can be used to ensure that individuals with disabilities have access to OMF health services, including health insurance coverage for these services.

Chapter 3,4,8 -Section 31-38: Education and awareness: This section mandates the government to undertake measures to promote awareness and education on the rights of persons with disabilities. This can be used to promote awareness and education on the importance of OMF health and preventive measures among persons with disabilities, their families, and healthcare providers.

Chapter 6 Section 44-46: Accessibility: This section mandates that all public buildings and spaces be made accessible to persons with disabilities. This can be used to ensure that dental clinics and hospitals have accessible infrastructure and equipment to cater to the needs of persons with disabilities.

Chapter 5, Section 28: Research and Development: This section mandates that the government promote research and development in the field of disability. This can be used to promote research on the OMF

health status of persons with disabilities and the effectiveness of existing interventions.

The RPwD Act 2016 may not mention oral and maxillofacial health outright, but it still offers pathways for progress. By leveraging key provisions of the Act, we can help ensure that individuals who require OMF care have their rights recognized and protected, thereby ensuring their needs are not overlooked in the ongoing pursuit of health, dignity, and inclusion.

Proposal for inclusion and focusing of OMF health in the RPwD Act 2016:

Inclusion in the Definition of disability: The definition of disability in the RPwD Act 2016 should include OMF health conditions, such as traumatic facial injuries, developmental or acquired jaw deformities, severe dental caries, periodontal disease, and oral cancer. This will help in recognizing OMF health as an integral part of disability and ensure that persons with OMF health conditions receive the same protection and benefits as persons with other disabilities. (16)

Access to OMF health services: The RPwD Act 2016 should ensure that persons with disabilities have equal access to OMF health services, including preventive, diagnostic, and treatment services. This can be achieved by mandating that all dental clinics and hospitals have accessible infrastructure and equipment, trained staff to handle patients with disabilities, and reasonable accommodation measures to ensure that persons with disabilities are not discriminated against. (14)

Health insurance: The RPwD Act 2016 should ensure that health insurance policies cover OMF health services for persons with disabilities. This will help in reducing the financial burden of OMF health care on persons with disabilities and their families.

Public awareness and education: The RPwD Act 2016 should mandate the government to conduct public awareness campaigns and educational programs to promote OMF health among persons with disabilities. These programs can be targeted towards persons with disabilities, their families, and healthcare providers to improve their understanding of OMF health and the importance of preventive measures.

Research and data collection: The RPwD Act 2016 should mandate the government to conduct research and collect data on the OMF health status of persons with disabilities. This will help in identifying the prevalence of OMF health conditions among persons with disabilities, their access to OMF health services, and the effectiveness of existing interventions. (17)

Bringing oral and maxillofacial health into the RPwD Act 2016 is a vital step in supporting the health, confidence, and quality of life of people with disabilities across India. By recognizing OMF health as an integral part of disability and ensuring equal access to OMF health services, health insurance, public awareness, education, and research and data collection, we can improve the OMF health outcomes of persons with disabilities in India.

Gaps in India's Current Assistive Technology Framework

Despite progress in disability legislation and health reforms, several policy and system-level gaps persist (1):

Absence of OMF Prostheses in National AT Lists: India's assistive technology lists do not include oral or maxillofacial prostheses, because of which OMF prostheses are not viewed as standard aids by government agencies. This lack of recognition means that people in need are excluded from public programs that provide or subsidize assistive devices. Many are left to seek expensive private options, which are often out of reach for most families. As a result, vital rehabilitation remains inaccessible to a significant portion of the population. (18)

Lack of Financial Support and Insurance Coverage: OMF prosthetic rehabilitation is largely excluded from public health insurance schemes such as Ayushman Bharat and CGHS, creating affordability barriers. For many families, the high out-of-pocket costs make these devices unaffordable, especially for those already struggling financially. The lack of financial support not only exacerbates health inequalities but also denies affected

individuals the dignity and independence that prosthetic devices can restore. Without insurance coverage, the gap between need and access continues to widen.

Fragmented Service Delivery: OMF rehabilitation services are concentrated in tertiary dental institutions with limited rural reach. Most OMF rehabilitation services are located in specialized dental centers, primarily in urban areas, making them inaccessible to people living in rural or remote regions. The need to travel long distances for treatment adds to the financial and logistical burden. This urban-rural divide means that many individuals lack access to care entirely. Fragmented delivery also leads to inconsistent standards and quality of rehabilitation services nationwide.

Data Deficiency: National surveys on disability (e.g., NSSO, NFHS) rarely capture OMF functional impairments, masking true rehabilitation needs. This lack of information makes it difficult for policymakers to understand the true scale of demand and plan effectively. Without reliable data, resource allocation is often inadequate, and programs fail to reach those most in need. The invisibility of this population in official statistics perpetuates neglect in policy and practice.

Limited R&D and Validation Infrastructure: India lacks designated clinical validation laboratories for assistive technologies, hindering standardization and innovation (Subhash, 2025). This absence hampers the development of innovative, affordable, and high-quality prosthetic devices tailored to local needs. Without proper validation, there's also a risk of substandard products reaching patients. The slow pace of research and limited investment in this area restricts progress and leaves many without effective solutions.

This policy gap not only marginalizes persons with OMF disabilities but also contradicts the RPwD Act's vision of equal participation and accessibility.

Pathways for Policy Inclusion

To achieve meaningful inclusion of oral and maxillofacial prostheses in India's assistive technology framework, a multi-pronged approach is required:

Policy Recognition : Officially recognize oral and maxillofacial prostheses as assistive products within the national AT inventory aligned with the WHO GATE framework. Establish a National Oral Rehabilitation Subcommittee under the Department of Empowerment of Persons with Disabilities to oversee implementation.

Integration with Public Health Systems : Embed oral rehabilitation services into Primary Health Care (PHC) and Community-Based Rehabilitation (CBR) frameworks. Train PHC professionals in identifying patients who require referral for oral or facial prosthetic rehabilitation (1).

Financial Inclusion: Expand Ayushman Bharat benefit packages to include oral and maxillofacial prostheses. Provide financial subsidies for prosthetic rehabilitation in government dental institutions. (1)

Research and Innovation : Mandate the collection of oral functional disability data within national AT and disability surveillance systems. Promote R&D collaborations between prosthodontic departments, engineering institutions, and AT research centers to develop low-cost, indigenous solutions (6).

Accessibility and Infrastructure: Ensure accessible dental environments (ramps, adjustable chairs, inclusive equipment) as per the RPwD Section 28. Develop validation laboratories for testing the safety, biocompatibility, and usability of OMF assistive devices (19).

International and Comparative Insights

Globally, several health systems recognize oral and maxillofacial prosthetics as part of assistive technology frameworks. The UK's National Health Service (NHS) includes oral and maxillofacial prosthetics as part of rehabilitation services, and Brazil's Unified Health System (SUS) includes dentures under its national oral health program, recognizing them as assistive aids (7).

The WHO's GATE initiative urges national governments to contextualize assistive product lists based on local needs—an ideal rationale for India to include OMF prostheses in its AT policy (12).

Conclusion

The inclusion of oral and maxillofacial prostheses in India's assistive technology policy framework is not merely a dental and facial issue; it is a human rights, disability, and public health concern. Oral function is fundamental to communication, nutrition, and social participation. The current policy gap leaves thousands of individuals, particularly those affected by oral cancer, congenital anomalies, trauma, or edentulism, without equitable access to life-restoring rehabilitation.

Recognizing OMF prostheses as assistive technology aligns perfectly with the RPwD Act's vision of equality, accessibility, and inclusion. It also advances India's commitments to the Sustainable Development Goals (SDG 3 – Health and Well-being, SDG 10 – Reduced Inequalities). A rights-based, evidence-driven approach to OMF rehabilitation will ensure that the country's assistive technology policy truly leaves no one behind.

Recommendation

Policy Recognition: Include oral and maxillofacial prostheses in India's National List of Essential Assistive Products. Formally include oral and maxillofacial prostheses in India's National List of Essential Assistive Products, following the WHO GATE framework. This ensures their status as standard aids, opens access to government support, and integrates them into all public health and rehabilitation schemes. Recognition is foundational for equitable access, procurement, and distribution.

Inter-Ministerial Coordination: Establish joint responsibility among the Ministry of Health and Family Welfare, the Ministry of Social Justice and Empowerment, and the Dental Council of India. Create a dedicated task force or committee, including the Ministry of Health and Family Welfare, the Ministry of Social Justice and Empowerment, and the Dental Council of India. This body should oversee the integration, implementation, and monitoring of oral prosthesis-related policies, ensuring expertise from various sectors leads to coordinated action.

Financing Mechanisms: Introduce subsidies, insurance coverage, and inclusion under government healthcare programs. Develop targeted subsidies for oral and maxillofacial prostheses and mandate their inclusion in public health insurance schemes such as Ayushman Bharat and CGHS. Introduce government-funded programs to cover prosthetic rehabilitation for economically disadvantaged groups, ensuring affordability and financial protection for all who need these devices.

Data and Surveillance: Develop national databases tracking oral functional disabilities and rehabilitation outcomes. Establish a national-level database to systematically track the prevalence of oral functional disabilities, the need for prosthetic rehabilitation, and long-term outcomes. Integrate this data with existing disability and health surveys, using insights to guide resource allocation, policy updates, and service expansion.

Research and Validation: Establish national laboratories for testing and quality control of assistive OMF devices. Establish specialized national laboratories for clinical validation, safety testing, and quality control of assistive oral devices. Partner with academic and engineering institutions to foster innovation, develop indigenous solutions, and ensure devices meet international standards for effectiveness and safety.

Capacity Building: Integrate oral rehabilitation into medical, dental, and rehabilitation education curricula to enhance patient care and outcomes. Embed oral rehabilitation as a key component in medical, dental, and rehabilitation education. Develop training and continuing education programs for healthcare professionals, ensuring they are equipped to address the unique needs of persons with oral disabilities and deliver inclusive, patient-centered care.(20)

Authors Contribution

All authors have contributed equally.

Financial Support and Sponsorship

Indian Council of Medical Research, New Delhi,

India under its project National Centre for Assistive Health Technology (NCAHT), All India Institute of Medical Sciences, New Delhi (02/WHOCC/ADR/2019-NCD-II dated 18 /02/2022).

Conflict of Interest

There are no conflicts of interest.

Declaration Of Generative AI And AI Assisted Technologies In The Writing Process

The authors haven't used any generative AI/AI assisted technologies in the writing process.

References

1. Senjam, S. S. (2023). Assistive technology: The current perspective in India. Indian Journal of Ophthalmology, 71(5), 1960–1968.
2. World Health Organization. (2016). Global Cooperation on Assistive Technology (GATE): Priority Assistive Products List (APL). Geneva: WHO Press.
3. Choudhury, Abin. "How the Rights of Persons with Disabilities Act (RPWD) impacts digital accessibility in India." Deque Blog, 26 March 2025. Deque Systems, Inc. Available at: https://www.deque.com/blog/how-the-rights-of-persons-with-disabilities-act-rpwd-impacts-digital-accessibility-in-india/
4. Government of India. (2016).The Rights of Persons with Disabilities Act, 2016 (Act No. 49 of 2016).Ministry of Law and Justice, Legislative Department. https://legislative.gov.in/sites/default/files/A2016-49_1.pdf
5. Rai, S., et al. (2020). Digital technology in maxillofacial prosthodontics – Review. Journal of the Indian Prosthodontic Society, 20(4), 1–9.
6. Cristache, C. M., Tudor, I., & Moraru, L. (2021). Digital workflow in maxillofacial prosthodontics—An update on defect data acquisition, editing and design. Applied Sciences, 11(3), 973.
7. Borg, J. (2011). Assistive technology in developing countries: a review from the perspective of the Convention on the Rights of Persons with Disabilities. Prosthetics and Orthotics International, 35(1), 20–29.
8. Li, X., Xu, J., Fan, J., Xue, Y., & Han, D. (2023). Current situation and development of facial prosthesis. Chinese Journal of Plastic and Reconstructive Surgery, 5(1), 39-42. ([sciencedirect.com][1])
9. Jazayeri HE, Kang S, Masri RM, Kuhn L, Fahimipour F, Vanevenhoven R, Thompson G, Gheisarifar M, Tahriri M, Tayebi L. Advancements in craniofacial prosthesis fabrication: A narrative review of holistic treatment. J Adv Prosthodont. 2018 Dec;10(6):430-439.
10. Elsevier. Facial prosthetic – an overview. ScienceDirect Topics: Medicine & Dentistry.2019. Available at: https://www.sciencedirect.com/topics/medicine-and-dentistry/facial-prosthetic#chapters-articles. Accessed [04/11/2025].
11. World Health Organization. (2016). Global Cooperation on Assistive Technology (GATE): Priority Assistive Products List (APL). Geneva: WHO Press.
12. World Health Organization (2016). Improving access to assistive technology: Executive summary. EM/RC63/4. Regional Committee for the Eastern Mediterranean Sixty-third session, September 2016. Geneva: WHO. ([applications.emro.who.int][1])
13. Mathur, M. R., Williams, D. M., Reddy, K. S., & Watt, R. G. (2015). Universal health coverage: A unique policy opportunity for oral health. Journal of Dental Research, 94(3 Suppl), 3S–5S.
14. Petersen PE, Yamamoto T. Improving the oral health of older people: the approach of the WHO Global Oral Health Programme. Community Dent Oral Epidemiol. 2005 Apr;33(2):81-92.
15. Sender, W. (2025, March 22). Studying with Disabilities in Germany: A Comprehensive Guide. Life-in-Germany.de. Retrieved from https://en.life-in-germany.de/studying-with-disabilities-in-germany-a-comprehensive-guide/ ([en.life-in-germany.de][1])
16. Mehta, V., et al. (2024). Oral health status of children with intellectual and developmental disabilities in India: A systematic review and meta-analysis. BMC Pediatrics, 24, 143. ([BioMed Central][4])
17. Krishnan, L., Thomas, A., & Varghese, J. Oral health status of people with locomotor disability in India: A systematic review. Special Care in Dentistry, 2021;41(3), 253-261. ([Lippincott Journals][1])
18. Aggarwal, H. Recognizing maxillofacial prosthetics as a subspecialty in India: Need of the hour. International Journal of Prosthodontics and Restorative Dentistry, 2023;13(2), 76–79.
19. Subhash, V. Evaluating the cost-effectiveness of prosthetic rehabilitation. Journal of Prosthodontic Research, 2025;69(2), 112–120.
20. Kulsum, S. T., Gopal, K. M., Aggarwal, A., & Prasanth, K. S. Assessment of the Rights of Persons with Disabilities Act, 2016 in India: A comprehensive study on implementation and impact. International Journal for Multidisciplinary Research (IJFMR), 2024;6(6), 1–11.

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