

interventions can improve health equity and public health outcomes. Robust data collection and reporting on the health of child migrants are crucial for developing evidence-based inclusive health-care policies.

The content of this presentation will draw on the authors' paper: Stevens, AJ. et al. (2024). Discriminatory, racist and xenophobic policies and practice against child refugees, asylum seekers and undocumented migrants in European health systems. *The Lancet Regional Health – Europe*, Volume 41,100834.

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**383 Time to act: addressing discriminatory, racist and xenophobic health system policies and practice against forcibly displaced children in Europe**

*Amy Stevens<sup>1</sup>, Yamina Boukari<sup>2</sup>, Sonora English<sup>3</sup>, Ayesha Kadir<sup>4</sup>,*

*Bernadette Kumar<sup>5</sup>, Delan Devakumar<sup>3</sup>*

<sup>1</sup>Yorkshire and Humber School of Public Health, Leeds, United Kingdom

<sup>2</sup>Jesus College, University of Oxford, Oxford, United Kingdom

<sup>3</sup>Institute for Global Health, University College London, London, United Kingdom

<sup>4</sup>Viborg Regional Hospital, Viborg, Denmark

<sup>5</sup>Norwegian Institute of Public Health, Oslo, Norway

**PTH 5: Exclusion and Discrimination, B307 (FCSH), September 4, 2025, 15:15 - 16:09**

**Aims:** To draw attention to the research gap on the impact of racism, xenophobia and discrimination in European health systems on child migrant health inequities, and inspire cross-sector action to prevent and mitigate against potentially harmful policies and practices.

**Methods:** A literature review was undertaken.

**Results:** There are an estimated 9 million children in Europe who have been forcibly displaced because of conflict, persecution, violence, natural or environmental disasters, climate change, and trafficking. They often have increased health needs due to their experiences pre, during, and post displacement. Despite host countries' duty to address these needs, many European states are implementing restrictive and hostile immigration policies that further marginalise this population. Racism, xenophobia, and systemic discrimination within healthcare systems contribute to inequalities in access, entitlements, and quality of care. Healthcare barriers include: discriminatory user-fees; inadequate interpretation services; cultural biases; and discrimination by healthcare professionals. These obstacles limit access to essential medical care and health promotion services, and negatively impact the mental health of child migrants by reinforcing social exclusion and systemic inequities. Studies suggest that providing inclusive healthcare services to displaced populations could be a cost-effective public health approach, yet many countries fail to implement such policies.

**Conclusion:** To combat racism, xenophobia, and discrimination in healthcare and address the inequities experienced by forcibly displaced children an integrated approach is necessary. Prioritising research on health system discrimination and sharing successful