



European Medical Students' Association

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Inequalities in Access to Healthcare for Children

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The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.

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Problem statement.

Access to healthcare is a fundamental right, yet many children in Europe face significant and multifaceted disparities in receiving adequate medical services. These inequalities in access to healthcare refer to differences in the availability, affordability, geographical reach, cultural adaptability, and quality of care provided to children across different regions and populations. Children living in underserved communities may face barriers due to inadequate infrastructure, language and cultural mismatches, or lack of proximity to healthcare facilities.

These disparities are particularly apparent when comparing different regions of Europe, such as the EU15 countries—Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, and the United Kingdom—with newer EU members and non-EU regions. The causes behind these inequalities are diverse, including socioeconomic status, geographic location, migration and refugee status, and systemic gaps in pediatric care. The consequences of these disparities are profound, leading to preventable illnesses, higher rates of hospitalization, and in severe cases, increased mortality.

Over the past decades, Europe has made substantial progress in reducing child mortality. Between 1990 and 2016, all-cause mortality for children aged 5-9 years declined by 58%, and by 47% for those aged 10-14 years (Kyu et al., 2018). Despite this progress, preventable deaths remain a concern, with injuries (e.g., road traffic accidents and drowning) being the leading cause of mortality in children aged 5-14 years, followed by neoplasms and lower respiratory infections. Mortality rates differ significantly across European subregions, with the Commonwealth of Independent States (CIS) experiencing up to 20 times higher rates of lower respiratory infection-related deaths compared to EU15 countries.

Factors contributing to Healthcare Inequalities

1. **Socioeconomic Disparities** - In most EU countries, children have free access to general practitioners, infant nursing services, and vaccinations, with similar availability for specialist and dental care. However, access to free prescribed medicines varies by household income and country ([European Child Guarantee, 2023](#)). Children from lower-income households are less likely to access preventive and specialized pediatric care, leading to worse health outcomes ([European Parliament, 2020](#)).
2. **Geographical Barriers** - Rural and remote areas often lack essential healthcare infrastructure, making it harder for children to access pediatric services (ESPN, 2020). In the United States,

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there is a notable shortage of pediatricians, particularly specialists, with many parents struggling to find adequate care for their children. This shortage is exacerbated in rural areas, where medical students are increasingly avoiding pediatrics due to lower salaries—up to 25% less than other medical specialties. This disparity is partly because a high number of pediatric patients are on Medicaid, which reimburses less than private insurance or Medicare. Consequently, practices often can't afford additional staff or attract new doctors, worsening the shortage. ([Park, 2024](#))

3. **Migration and Refugee Status** - Migrant children, especially refugees, face legal and financial barriers in accessing healthcare, leading to significant health inequalities (The Lancet Regional Health - Europe, Volume 41, 100939).
4. **Gaps in Pediatric Care** - There is an uneven distribution of pediatric healthcare professionals across Europe, with shortages particularly affecting Eastern and Southern European countries ([WHO & UNICEF, 2024](#)). In 2021, Italy employed approximately 16,200 general pediatricians, the highest number in Europe, followed by Germany ([Statista, n.d.](#))

Our view. Aim

The European Medical Students' Association (EMSA) is dedicated to advocating for equitable healthcare access for all children, recognizing that their health is fundamental to the well-being and sustainability of society. Persistent disparities in pediatric healthcare access lead to preventable illnesses, increased mortality, and long-term inequities. Ensuring timely and comprehensive healthcare for all children—regardless of socioeconomic background, migration status, gender identity, or geographic location—is essential to building a just and equitable future.

EMSA's engagement in this issue stems from our longstanding commitment to health equity, universal healthcare access, and child rights. Through previous policy advocacy on healthcare accessibility and human rights, EMSA has contributed to discussions with European institutions and global health organizations. We have consistently emphasized the importance of early intervention, inclusive healthcare policies, and structural improvements in healthcare systems to eliminate barriers to care. Addressing these challenges is critical to ensuring that children not only receive treatment for illnesses but also benefit from preventive and mental health services that support their long-term well-being and fulfillment of their potential.

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Through this policy paper, EMSA aims to highlight the urgent need for structural reforms that guarantee equitable healthcare for children. By engaging in policy advocacy, capacity-building among medical students, and collaboration with key stakeholders, EMSA seeks to drive systemic changes that improve pediatric healthcare accessibility and quality across Europe. Our goal is to ensure that healthcare systems prioritize child health, address emerging challenges such as mental health disorders and vaccine hesitancy, and integrate inclusive, culturally competent, and sustainable solutions. By doing so, we strive to secure a healthier and more equitable future for all children—who are, undeniably, the future of our societies.

Recommendations

Global organizations United Nations and World Health Organization (WHO):

- Provide technical support to national governments in developing inclusive healthcare policies for children, particularly for those with disabilities or from marginalized backgrounds.
- Establish international guidelines for child healthcare access, ensuring that countries adopt best practices in universal health coverage.
- Encourage international cooperation to strengthen healthcare systems, particularly in low-income and conflict-affected regions, ensuring children have consistent access to medical services.
- Develop funding programs to support healthcare accessibility projects targeting children in underserved communities.
- Support countries in systematic data collection to track disparities in healthcare access for children and to develop data-driven interventions.

European institutions:

- Adopt EU-wide policies to ensure that children, particularly those with disabilities, refugees, or from disadvantaged backgrounds, have equal access to healthcare.
- Promote cross-border healthcare access within the EU to allow children from low-resource areas to receive specialized treatments when needed.
- Encourage public-private partnerships to develop sustainable healthcare models for children, reducing financial and logistical barriers.

Member states, National Governments, Health Ministries and other relevant Ministries:

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- Develop national action plans to eliminate healthcare access disparities for children, prioritizing disadvantaged and disabled populations.
- Ensure financial protection mechanisms such as universal health insurance coverage for children, particularly for those with pre-existing conditions or disabilities.
- Expand healthcare services in rural and remote areas, ensuring equal access to preventive and curative care.
- Allocate sufficient public funding to child health services, prioritizing disease prevention, immunization programs, and early intervention initiatives.

Human rights organizations, NGOs and other associations:

- Advocate for the rights of children to accessible healthcare, particularly focusing on vulnerable and marginalized groups.
- Develop educational programs to inform families about their children's healthcare rights and available resources.
- Launch awareness campaigns targeting healthcare professionals and policymakers to reduce stigma and discrimination in healthcare settings.
- Monitor government policies and programs to ensure compliance with international human rights standards in child healthcare

European medical faculties and university hospitals:

- Integrate modules on health disparities, social determinants of health in underserved communities into the curriculum to increase awareness and sensitivity among future healthcare professionals
- Establish partnerships with community health centers, schools, and NGOs in under-resourced areas to offer practical training experiences for students in these environments
- Encourage and fund research focused on pediatric healthcare disparities
- Provide cultural competence training to help medical students understand diverse family dynamics, cultural differences, and barriers to healthcare
- Support medical students in engaging in pediatric healthcare policy advocacy

Healthcare workforce and facilities:

- Develop multidisciplinary teams that include pediatricians, social workers, mental health professionals, and nutritionists to address the holistic needs of children
- Incorporate telemedical services for pediatric care, especially in remote areas with under-developed healthcare to provide children easier access to adequate healthcare

- Provide continuous education for healthcare workers about the socio-economic, racial, cultural and geographic barriers that affect children's access to healthcare
- Offer extended clinic hours or weekend appointments to accommodate working parents and thus making healthcare more accessible to children from low-income families

healthcare students:

- Volunteer in pediatric clinics and communities lacking resources to gain firsthand experience with healthcare access issues and disparities
- Participate in public health initiatives such as vaccination drives, school health screenings, or outreach programs aimed at improving access to equal healthcare
- Engage in advocacy and public policy discussions on healthcare access, particularly focusing on improving pediatric services in underserved areas
- Focus on the importance of preventive care during medical training, advocating for early screenings and well-child visits to prevent future health problems in children

EMSA members and FMO:

- Organize campaigns within universities and medical communities to raise awareness about inequalities in healthcare access for children
- Partner with NGOs and local health organizations to provide free health screenings, vaccinations, and health education to children in local communities
- Support and engage in research initiatives to better understand the gaps in pediatric healthcare access, focusing on marginalized populations
- Create educational programs that teach families in underserved areas about preventive health practices
- Organize workshops to train fellow students on the cultural and socioeconomic factors that influence healthcare disparities, promoting an inclusive healthcare environment

Definitions

CIS: Commonwealth of Independent States

EMSA: European Medical Students' Association

ESPN: European Social Policy Network

EU: European Union

FMO: Faculty Member Organization

NGO: Non-Governmental Organization

UNICEF: United Nations International Children's Emergency Fund

WHO: World Health Organization

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