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Circle U.
Student Union

Public stance.

Health Equity

Purpose of the Paper

The goal of this paper is to shed light on inequities in Healthcare access for exchange and international students, and to encourage universities in the alliance to improve care for their students. While challenges differ across member institutions, common pathways to improvement include providing clarity, and practical information on student health rights and removing barriers to accessing healthcare services. By strengthening the student welfare, wellbeing and support services – and by ensuring that policies and practices reflect the needs of diverse student populations – student mobility within and beyond the alliance will inherently become easier, thus improving several alliance ambitions.

This paper supplements CUSU’s Student’s Wellbeing paper on Mental Health¹ by further addressing the procedural access to healthcare services. While the Student Wellbeing paper outlines Mental Health frameworks and initiatives across the alliance, this document focuses on access, structural clarity, institutional responsibility, and systemic barriers to general Healthcare. Together, the documents provide a more comprehensive understanding of student health within the Circle U. .


Motivation and Background

Navigating life as an international student has become significantly more challenging than it was before the Covid-19 pandemic with the rise of living costs, the global Trust Crisis, and the decline of our Healthcare systems.

Additionally, the increasing complexity of international crises, political polarisation, and emerging barriers to education, are all putting a strain on the higher education sector.

Understanding why Health Equity affects our Student Body means looking at what typical barriers exist, and how these have worsened over time:

- **Language and Cultural Disparities** can hinder one’s ability to understand healthcare information and procedures. Limited institutional resources and insufficient multilingual support can further exacerbate such disadvantages, particularly as student needs become more complex.

¹  [PAPER] Students' Wellbeing in Circle U..pdf

- **High Costs and Appointment Difficulties** can create significant barriers for international students. Increasing reliance on AI-based triage may improve efficiency, but also raises concern regarding misdiagnosis and delayed treatment, particularly when students lack the knowledge to advocate for themselves in unfamiliar spheres.
- **Lack of Coordination** between healthcare providers, regulatory bodies, insurance schemes, and higher education institutions can result in inconsistent communication, confusion, delayed care, and unmet needs. Post-pandemic, this has only worsened, with higher levels of stress and anxiety in collaborating potential being displayed by healthcare leaders.
- **The Need for Education** and tackling the rise of misinformation is a critical issue for foreign students. They often lack clear guidance and knowledge on how healthcare systems operate in their host country, including how to register with a general practitioner, access specialist care, or seek emergency services. Without structured guidance and accessible info, students may rely on inadequate or unverified sources.
- **Seeking Support** in and of itself does not guarantee success. Even when services exist, cultural stigma, social isolation, and bureaucracy can discourage students from seeking support – particularly in the area of mental health.

Health Equity in a student context

Health equity, according to the World Health Organisation, is defined as follows.

*Equity is the **absence of unfair, avoidable or remediable differences among groups of people**, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). [...] Health and health equity are determined by the conditions in which people are born, grow, live, work, play and age, as well as biological determinants. Structural determinants (political, legal, and economic) with social norms and institutional processes shape the distribution of power and resources determined by the conditions in which people are born, grow, live, work, play and age.*²

² [Health equity - WHO](#)

Health equity is reached when all members of society can attain their full potential for health and wellbeing. For students across our alliance, it means there is a need for easy and equal access to basic healthcare services, regardless of the country and its administrative bodies. Mobile students, as well as domestic students with different citizenship from the host country, are especially vulnerable to fall through the cracks of national or institutional services, thereby failing to attain health equity.

Rights, responsibilities, and minimum standards

To achieve Health Equity, each Circle U. university must provide clear and straightforward procedures to navigate the Healthcare system of each country. While students are responsible for providing the necessary documentation to access services, universities and national authorities share responsibility for ensuring that procedures are transparent, understandable, and supported by appropriate guidance. Failure to do so places students at risk of inadequate care.

Primary care, including general practitioners, vaccinations, sexual health services, and occupational healthcare services must be provided to students, especially mobile ones. Emergency services may experience increased strain when preventive care provision is inadequate, or when students lack sufficient information to seek preventive care in time.

Health equity also includes Mental Health as a central component. University students are especially vulnerable when it comes to mental health challenges, such as depression and anxiety. For example, financial constraints, social isolation, heavy study loads, and additional language and cultural barriers may negatively affect the mental health of students, particularly mobile ones. Mental health conditions and learning disabilities may significantly affect academic progress.

Access to mental health services is therefore crucial. Universities must ensure that students can access mental health professionals, especially in case of emergencies.

The Role of Circle U. Institutions

To ensure effective and inclusive mobility across the alliance, Circle U. and its member universities need to take active steps to address access to healthcare. This information should be made available before a student's arrival to their host country. Information available should be:

- inclusive of our alliance languages, in addition to standardised English material;
- be available from a centralised location;
- ideally on its own website;
- include descriptions of student's rights;
- an overview of estimated costs.

During a student's stay, trained university staff should be available to guide them through procedures, and inform on health-related issues, keeping language barriers in mind. While universities may not directly provide National Healthcare services – and English language provision may not always be guaranteed – institutions should actively support multilingual accessibility. This may include assistance with translation and/or accompanying students in appointments, whether in person or digitally.

Additionally, we believe that Circle U. universities should provide online tools for feedback of their healthcare services during or after the student's stay. This could help identify best practice, recurring challenges, and gaps. Repeated concerns should be addressed as soon as possible. Including students' perspectives and needs is quintessential to achieving a sustainable healthcare policy development.

Several barriers remain, primarily relating to regulatory bureaucracy. Mobile students are often excluded from national healthcare services; each national healthcare system must be accessible to every student, regardless of their national or cultural background. Given the substantial variation between national systems, institutional guidance is essential. Tackling financial barriers should also be considered. Circle U. and each university can play an active role in removing these barriers.

Going forward: Objectives

Information sessions prior to arrival

Circle U. universities should hold information sessions for international students, explaining how the healthcare systems in their host countries work. They should also explain how to acquire healthcare while on exchange and what rights they have.

Centralised information (“One-stop shop”)

A good practice is to have all necessary information at a “one-stop shop”. An example of this is [Aarhus University’s webpage](#) for international students, which has a collection of available information for the students prior to arrival and throughout their stay. Furthermore, there are also resources for social settings, to make sure the student is prepared for how to engage in the community, to ensure mental wellbeing.

Multilingual guides

A guide in a variety of languages, explaining how one accesses Healthcare, should be available on the university webpages, and/or be shared as a pamphlet upon arrival. This ensures language barriers do not result in the loss of Healthcare and medical treatment for international students. University and Healthcare staff should also be sensitive towards crosscultural issues, to ensure necessary accommodations are made where needed.

Accessibility through university-affiliated services

A good way to ensure students have access to Healthcare is to integrate it as a part of the university’s sphere. All enrolled students should have access to effective university-affiliated medical entities, such as the Health Centre at KCL, SSE at UPC and the SiO at UiO.

Conclusion

To improve Healthcare access for all students and achieve Health Equity, it is crucial to provide clear and transparent pathways to treatment. Students must be supported in navigating administrative procedures, insurance frameworks, and reimbursements systems that may differ significantly from those in their home countries.

Institutional blind spots must be systematically documented to be properly addressed. While good practices are already in place across the Circle U. alliance, these should be shared and adapted across member universities to promote equitable access.