Racism, discrimination and health: 2026 Edition

Gender-Based Violence, Discrimination and Women's Health



OHCHR Representation Office to the European Union, and the European Public Health Alliance, together with its DisQo: anti discrimination and health equity network, held the 4th annual Seminar on Racism in Health: "Gender-based Violence, Discrimination and Women's health" on 8 October 2026. It forms part of a series of participatory-consultative seminars on racism and health running since 2023, through which the convening institutions have addressed racism and discrimination as key determinants of health in Europe, and have strengthened the positioning of the right to health in the EU agenda through the EU Anti-Racism Strategy 2026-2030.

The objectives of the current event were to:

- Raise awareness of gender-based discrimination and gender-based violence in healthcare as a public health and health equity issue
- Explore how discrimination and structural inequalities shape racialized women and girl's experiences of healthcare, zooming into obstetric violence.
- Discuss trauma-informed, gender-sensitive, and anti-discriminatory approaches to healthcare care
- Identify policy and advocacy solutions for the implementation of the EU Anti-Racism Strategy 2026-2030

As one background to the discussions, the 2026 Secretary-General Report addressed the issues of systemic racism in health systems, including in maternal, mental health and intergenerational trauma.

Outcomes of the discusssion

While addressing the wider experiences of racialized women and girls, the over 70 participants in the seminar reached the following outcomes, which are grouped under the objectives of the Second Decade for People of African Descent: Recognition, Justice, Development.

UNITED NATIONS HUMAN RIGHTS OFFICE OF THE HIGH COMMISSIONER
Representation Office to the European Union

epha european public health alliance

DisQo anti-discrimination & health equity

RECOGNITION

1 Recognise racism, sexism and obstetric violence as structural health determinants

Violence in healthcare is not an isolated incident but a systemic pattern of unequal treatment, disbelief, coercion and exclusion that disproportionately affects women of African descent and other racialized women.

2 Recognise and name harm in all its forms

Healthcare-related violence includes physical, psychological, institutional, relational, procedural and structural harm. Naming harm clearly is a prerequisite for prevention, accountability and redress. Obstetric violence is a form of violence that must be addressed by policy.

3 Recognise the continued impact of colonial legacies and racial stereotypes in healthcare

Persistent assumptions about pain tolerance, compliance, fertility and credibility continue to shape diagnoses, treatment decisions and patient-provider interactions, with harmful consequences across the life course.

4 Recognise overlooked inequalities in healthcare outcomes and experiences

Inequalities remain invisible when systems fail to collect meaningful equality data or document patient experiences, including in areas such as maternal health, sickle cell disease, mental health and pain management.

JUSTICE

5 Guarantee informed consent and bodily autonomy in law and practice

Meaningful consent, the right to refuse treatment, clear information and support from a chosen companion must become enforceable standards across healthcare settings.

6 Establish independent, accessible and trusted reporting mechanisms

Women and girls must be able to report discrimination, violence and mistreatment without fear of retaliation, loss of care or institutional defensiveness.

7 Ensure accountability through monitoring, equality data and oversight

Health systems should be assessed against measurable anti-racism and gender-equity standards, supported by independent audits, complaints procedures and transparent follow-up.

DEVELOPMENT

8 Embed lived experience and community leadership in health governance

Women and girls affected by racism and violence must participate as decision-makers, not only consultees, in the design, implementation and evaluation of healthcare policies and services.

9 Deliver culturally safe, trauma-informed and equitable care

Healthcare systems should provide interpretation, culturally adapted services, trauma-informed communication and continuity of care, recognising that equal treatment does not always produce equitable outcomes.

10 Move from individual awareness to structural reform

Sustainable change requires reforms in education, professional standards, workforce diversity, institutional governance and cross-sector cooperation, supported by civil society and community expertise.