



LOBBY EUROPEEN DES FEMMES EUROPEAN WOMEN'S LOBBY

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Communication from the Commission regarding Community action on health services

Comments from the European Women's Lobby

Founded in 1990, the European Women's Lobby (EWL) is the largest alliance of women's non-governmental organisations in the European Union with more than 4000 member organisations. Our influential voice makes a significant difference as we work together to achieve equality between women and men in all areas of public and private life; actively addressing issues of economic and social justice for women, women in leadership and decision-making, women's human rights, violence against women, and women's diversity.

The European Women's Lobby (EWL) welcomes the initiative of the European Commission to consult civil society and other stakeholders regarding Community action on health services. However, EWL is concerned by the technical approach taken which fails to reflect adequately health services as an integral element of services of general interest and which does not include a gender analysis. EWL considers that a comprehensive and realistic analysis of health services in the European Union should include an analysis based on the needs and situation of both women and men.

EWL would like to make the following comments for the European Commission to consider in the context of future Community initiatives on health services:

Gender sensitive health services policies (art.3.2 TEC), as Services of General Interest

Although women's health in the EU has improved significantly over the past decade, there are still many factors hindering equality between women and men in relation to health. **Gender roles and unequal gender relations interact with other social and economic variables, resulting in different and often inequitable patterns of exposure to health risk**, and in differential access to and utilisation of health information, care and services. In all countries of the European Union, the feminisation of poverty, the high unemployment rate among women, and the large presence of women in atypical jobs with little or no social protection, accompanied by an increase of women as heads of single-parent families and disturbing inequalities in health status between social classes are all obstacles for the improvement of the level of health for women.

Good health is not therefore only dependent on access to health services, but is also influenced by gender, social, economic and environmental factors, all of these factors being closely linked. An analysis of the **broader health public services** must therefore be included, such as family planning, care services for persons with additional support

needs (Children, older people, disabled persons), mental health support or healthy eating projects, most of these services being directly linked to women's health. **Services to women victims of violence** (shelters, legal assistance, psychological support) should also be considered and treated as health public services. Gender-based violence is a major public health issue that needs to receive strong attention at EU level. According to the World Health Organization, the consequences of abuse are profound, extending beyond the health and happiness of individuals, to affect the well being of entire communities.

These types of services (often managed and delivered by the NGO sector) are not recognised and addressed by the Commission in its communications on health services or on Social Services. To ensure that the full range of health and welfare services is covered, it is essential to develop a **general framework for Services of General Interest that integrates health and social services as determining elements.**

Sexual and reproductive health services as cross-border healthcare

Question 2, 6 & 7

At international level, sexual and reproductive rights are guaranteed by the **Convention on the Elimination of all Forms of Discrimination Against Women** (1981), article 12.1: "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning".

The **Programme of Action of the International Conference on Population and Development** (Cairo, 1994) specifies that it is important to provide **universal access to health services (before 2015)**, without coercion and free choice of family planning methods, to prevent unwanted pregnancies and to provide counselling for women who have had recourse to an abortion. Particular attention must be given to the specific needs of groups of women in a vulnerable situation (**migrants, adolescents, people with disabilities, indigenous populations**).

The **Beijing Platform for Action** (1995) insists on the development of contraceptive methods that can be **controlled** by women, guaranteed access to information and reproductive health services for **adolescents** and deals with the issue of unsafe abortions.

Women's sexual rights are an integral part of women's human rights and the realisation of these rights is closely linked to the organisation and delivery of health care services. They include the right for women to control their sexuality and the provision of sexual and reproductive health-related services.

The conditions in which women can enjoy **sexual and reproductive health vary significantly throughout the European Union.** The increased influence of religious groups on some governments entails a **risk of undermining women's sexual and reproductive health and rights.** On the rights level this can result in delaying or refusing an abortion, even in those countries where abortion is legal, because of conscientious objection of the medical professionals or in other countries, the prosecution of women who have had an abortion. This can also cause enormous health problems when women do not find professional help in time and have to take refuge to unsafe practices.

Whereas sexual and reproductive rights in the EU are guaranteed in a satisfactory way in the eyes of the rest of the world, an in-depth study reveals that ongoing difficulties and disparities exist between the different European regions and countries.

Cross-border healthcare could therefore intervene as a temporary solution, allowing women in need to have a legal, safe and affordable abortion in another Member State, if in her residing country the legal and administrative conditions for abortion are such that she cannot receive the care needed. In this case, it is critical that prior authorisation for care abroad is NOT required by the residing country, excluding any value judgement of her intimate decision.

On the longer term, EWL thus demands that the Member States of the European Union ensure that advice, **confidential** health care, **without value judgments** is provided on reproductive and sexual health as well as abortion, and recommends a legislative framework for the right to a **safe abortion** for all women in the Union is introduced¹.

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¹ EWL position paper on women's sexual rights, 2003

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