



## **European Women's Lobby Response and Recommendations to the European Commission's Paper: "Enabling Good Health for all: A Reflection Process for a new EU Health Strategy"**

Founded in 1990, the European Women's Lobby is a non-governmental organisation that brings together over 4000 women's organisations across Europe. **Our mission** is to work together to achieve equality between women and men, to eliminate all forms of discrimination against women, to ensure the respect of women's human rights, to eradicate violence against women, and to make sure that gender equality is taken into consideration in all European Union policies.

The EWL welcomes the reflection process for a new EU Health Strategy and we are pleased to contribute our opinions and recommendations. The EWL welcomes the references in David Byrne's Commission paper '*Enabling Good Health for All, A reflection process for a new EU Health Strategy*' to the importance of understanding how different socio-economic and environmental factors affect health and an awareness that women and men's health choices are based on a number of factors ranging from knowledge and information to socio-economic determinants. EWL welcomes the commitment to building partnerships with civil society in order to achieve good health for all. EWL appreciates the urgent call for action in the area of HIV/AIDS and the strong focus on prevention.

The European Women's Lobby notes Commissioner Designate for Health and Consumer Protection M. Markos Kyprianou's commitment to gender equality. As he stated at the European Parliament hearings for Commissioner Designates, "I wish to assure Parliament that, whatever policy action I shall be recommending in my areas of competence, it will be undertaken taking into full account the implications to gender equality" as a high level political commitment to gender equality in the area of public health is vital for a successful future EU Health Strategy.

The lack of gender awareness by researchers, policy-makers and planners, has resulted in gender bias, which often results in a set of priorities and financial commitments that do not reflect the differences in the life experiences between women and men. This 'gender blindness' leads both individuals and organisations to ignore the realities of gender as a key determinant of social inequality. This problem can only be resolved through the development of 'gender-sensitive' policies that acknowledge the current reality of inequality and also seek to reduce inequalities between women and men.

**No EU Health Strategy would be complete without a specific gender-sensitive focus.** However, David Byrne's Commission paper '*Enabling Good Health for All, A reflection process for a new EU Health Strategy*' does not make any clear connection regarding health and equality between women and men despite the rapidly growing evidence documenting the multiple connections between gender and 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 utilization of health information, care and services.** These differences, in turn have a clear impact on health outcomes for women and men.

**A new EU Health Strategy' should address gender and health equality as a core principle.** To achieve good health in the EU we need to look at all of the grass roots problems – social exclusion, gender inequality, health care access and poverty. The reflection paper proposes mainstreaming health into all EU policies; in doing so it is important to remember EU commitments to mainstreaming gender as well.

It is essential for the future EU health strategy to build upon previous EU efforts to promote women's health. According to the Article 152 of the EC Treaty, the EU has the right to complement national policies, directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health. *Article 3§1 p) of the EC Treaty* states that the activities of the Community shall include "a contribution to the attainment of a high level of health protection". In the current Programme of Community action in the field of public health (2003-2008), there are references to combating inequalities in health and to preparing and implementing gender specific strategies in health, these sorts of initiatives should have been included in the '*Enabling Good Health for All, A reflection process for a new EU Health Strategy*' document.

### **Why is gender an important consideration in Public Health?**

**There are direct links between gender inequality and health:**

- The unequal social position of women and men often produce inequalities in health outcomes and access to or utilisation of health services.
- Women and girls have specific health needs which are often neglected.
- Women carry a disproportionate burden of informal health care provision in households and communities. They are also the main front line health providers in many health service settings.
- Gender-based violence is a major public health issue. 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. Beyond the immediate physical and emotional effects, it has been shown that violence increases women's future risk of various psychological, emotional, behavioural and physical ailments, and negatively affects their ability to enjoy other human rights.
- Gender disparities also exist in the way that responsibilities and power are distributed within health care.

Patterns of health and illness in women and men show marked differences. Most obviously, women as a group tend to have longer life expectancy than men. Yet despite their greater longevity women in most communities report more illness and distress than men. The precise details of female morbidity and the factors that lie behind it will vary in different social groups, but the broad picture is one where women's lives seem to be less healthy than those of men. The explanation for this apparent paradox lies in the complex relationship between biological and social influences in the determination of human health and illness.

## What are the obstacles for women in the EU concerning Public Health?

There are wide variations and inequalities in health status both among Member States' populations and among the different population groups in each country. The most significant obstacle for a better access to health care for women is linked to the **persisting discrimination against women in all areas**.

The draft *Joint report on social inclusion*<sup>1</sup> shows that the **most disadvantaged groups have more, and more serious health problems**: for example, 16% of those in the bottom income quintile say that they are in poor health, compared to 7% in the top quintile.<sup>2</sup> Women belonging to a disadvantaged group often find it more difficult to have access to care, because of long waiting times, high treatment costs in relation to their income, complex administrative procedures and, more generally, insufficient prevention (screening, vaccination).

**Financing of care and access to health care still pose major obstacle for some women across the EU.** Women should not be obliged to contribute financially more than men for their health care due to their reproductive role and their greater longevity.

Every country in Central and Eastern Europe has experienced a **cutback in public expenditure on health services** over the last ten years as a result of economic transition. In this context quality of care is of major concern, including respect for the clients' rights, the availability of gender sensitive services and affordable and easily accessible contraceptives.

The conditions in which women can enjoy **sexual and reproductive health vary significantly throughout the European Union**. The low birth rates in Europe combined with an 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 refusing an abortion, even in those countries where abortion is legal, because of conscientious objection of the medical professionals or 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.

**Gender-based violence is a major public health issue** that does not receive any 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. Beyond the immediate physical and emotional effects, it has been shown that violence increases women's future risk of various psychological, emotional, behavioural and physical ailments, and negatively affects their ability to enjoy other human rights.

Another area that remains an obstacle for women and health is the **gender bias in medical research in the EU**. Most biomedical research continues to be based on the assumption that women and men are physiologically similar in all respects apart from their reproductive systems. Other biological differences are ignored, as are the social/gender differences that have a major impact on health. Few women are currently involved in the male-dominated arena of medical research, either as investigators or as subjects.

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<sup>1</sup>COM (2003) 773 final

<sup>2</sup>In 2000 Source: Joint indicators of poverty and social exclusion, Eurostat, ECHP UDB, December 2002 version.

**Demographic ageing will also pose many problems in the future:** there will be more age-related illnesses and more women in long-term care. To meet the challenges posed by demographic trends, it is vital to have a sufficient number of professionals trained in a gender sensitive manner.

**How can a gender analysis be included when reforming the EU and Member States public health sectors?**

The acknowledgement that gender and health equality is a core principle of the health sector must be translated into commitments at all levels throughout the health sector. To be able to implement gender and health equality policies, gender concerns have to be incorporated into the goals, strategies, tactics, policies, processes, management behaviours, pay systems, job descriptions, budgetary allocations and the cultural practices of organisations promoting health or delivering health services.

**EWL would like to highlight several important ways in which policy makers and planners can include gender issues in the area of EU public health:**

***1. By improving gender aware data collection, monitoring, research and evaluation in the European Union***

Research must be reconfigured to be more gender-sensitive. All data collected should be disaggregated by sex, age and socio-economic background, and women as well as men should be included in the design and implementation of epidemiological and clinical research both as researchers and as those being researched. Innovative quantitative and qualitative methods should be used to document gender inequalities and research should analyse productive and reproductive activities across life spans to provide more concrete evidence of the risks for women and men in the home and in the workplace.

Efforts to understand and respond to gender issues in health sector reform require:

- Gender disaggregated data about key information collected in the public health sector.
- Collecting information about how gender inequalities affect both the 'demand' and the 'supply' side of the health sector, through routine systems or special surveys.
- That the information be analysed and utilised by staff who have received appropriate gender training.
- Developing gender sensitive public health indicators at EU level for setting priorities and for monitoring and evaluation tools.

***2. By building capacity for gender analysis and action into the EU health systems***

In health, gender analysis generates an understanding of differentials in risk factors and exposures, manifestation, severity and frequency of disease, and in social and cultural responses to disease. It also highlights inequalities in access to resources to

promote and protect health, in responses from the health sector and in the ability to exercise the right to health. Applying a gender perspective to health raises questions about both the users and providers of health services. The goal is to ensure that policy, programmes and projects promote better health for both men and women and that they do not create, maintain or reinforce gender patterns that may be damaging to health.

Attention to gender issues in public health sector reform requires sufficient understanding and capacity for gender analysis and planning at all levels of the health system. This requires:

- Widespread gender awareness raising and training at all levels.
- A specific EU institutional structure for 'mainstreaming' a gender perspective within the public health sector, for example, designating gender focal points specialising in health to ensure gender inputs and provide support to staff at all levels.
- Sufficient financial resources.
- Significant political support from key figures.
- Monitoring equal opportunities and gender representation in decision-making.

### ***3. By developing frameworks for improving the quality of service provision for women and men equally***

The aim of highlighting gender in this way is to move towards a position of equality between women and men. This does not mean that both sexes should be treated in exactly the same way since biological and social differences mean that each will have particular sets of needs. Instead it requires adherence to the principle of equity to ensure that women and men have their different interests recognised and their varying needs met with equality as the desired outcome. Nor does it mean that all women should receive the same treatment. A range of strategies will be needed to achieve equality for different groups and this diversity needs to be built into all policies designed to promote equality both between women and men and among women themselves.

Health sector reform provides opportunities to establish new frameworks for defining quality standards, which are sensitive to the needs of both sexes. This requires:

- Workable systems to regulate providers in all sectors.
- Providing appropriate incentives to all EU health workers for providing services which meet these needs.
- More gender sensitive training and curricula in EU training institutions.

### ***4. By greater involvement of stakeholders in planning and management of services***

Users, community organisations and first line providers need to have a greater role in public health sector planning and management. This requires:

- Training and orientation of officials and managers in consultation processes.
- Ensuring that "community" interests are not captured by local elites, leaving women without a voice.
- Encouraging and building new institutional structures, such as user forums and health committees, and creating coalitions with consumer groups,

women's health advocacy groups and other interest groups.

## **5. EWL Recommendations for a new EU Health Strategy**

### **1. Strengthen preventive programmes that promote women's health**

Different patterns in women's health should be taken into account at the time of designing national public policies and European programmes, to ensure that the health needs of the entire population are included, both women and men. Particular attention should be paid to marginalized groups of women such as disabled, migrant and ethnic minority women.

### **2. Intensify gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues**

Women and men within the EU must have uniform access to sexual and reproductive health information, education and services from an early age onwards. Reproductive health services should address women's sexual and reproductive health in a holistic way and throughout the life cycle, including issues such as sexually transmitted infections, HIV/AIDS, unwanted pregnancy, as well as menopause and other women-specific health concerns. Governments should provide free access to all preventive and screening medical services. Governments should also ensure easy access to affordable contraceptives, including emergency contraception. Particular attention should be paid to the quality of service provision, including safe and legal abortion. Women should not be prosecuted for seeking abortion and medical professionals should even in case of conscientious objection, provide the woman with qualitative referrals.

### **3. Mainstreaming gender into occupational safety and health strategy**

Gender should be mainstreamed into all areas of occupational safety and health at EU and national level, as outlined in the European Community strategy 2002-06. The gender element should be well defined and transparent and a comprehensive framework should be created that will serve as a guide for mainstreaming gender into occupational safety and health policies, programmes and practices.

### **4. Capacity building for gender sensitivity**

If policies and programmes are to be gender sensitive, the education of health workers and policy makers in relevant areas is essential. Capacity building programmes will need to focus on the wider question of gender itself and its implications for health. Across the EU, medical and nursing curricula also need to be reshaped to ensure that gender issues will be properly integrated into the planning of delivery of services in the future. Also, all **relevant health statistics must be broken down and analysed by gender.**

### **5. Ban and prosecute Female Genital Mutilation (FGM)**

Any form of female genital mutilation, of whatever degree, is an act of violence against women, which constitutes a violation of their fundamental rights, particularly the right to personal integrity and physical and mental health, and of their sexual and reproductive rights. Preventing, banning and prosecuting FGM must become a priority in all relevant EU policies, and programmes for sexual and reproductive health and rights.

**6. Strengthen role for civil society to participate fully in EU Public Health Debate**

Implement the commitment stated in David Byrne's Commission paper '*Enabling Good Health for All, A reflection process for a new EU Health Strategy*' to build partnerships with civil society by strengthening the role for civil society to participate fully in the public health debate at EU level through adequate funding mechanisms for representative civil society organisations at European level and through open and transparent consultation processes.

**7. Urgently draft a strategy document on how the Commission plans to integrated gender mainstreaming into the policies and practices of Directorate General Health and Consumer Protection (SANCO).**

**In Conclusion, the European Women's Lobby stresses the importance of including a gender perspective the new EU Health Strategy. If the EU is to show leadership in enabling good health then it certainly must recognise the complex relationship between biological and social influences in the determination of human health and illness. It is a great initiative for the EU to make a *real shift from a focus on illness to a focus on health*, in doing so however, **it is imperative to focus on the health of women and men equally, to address inequalities between women and men as a barrier to good health and to promote equality between women and men as a good health initiative.****

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